

## Bachelor Thesis

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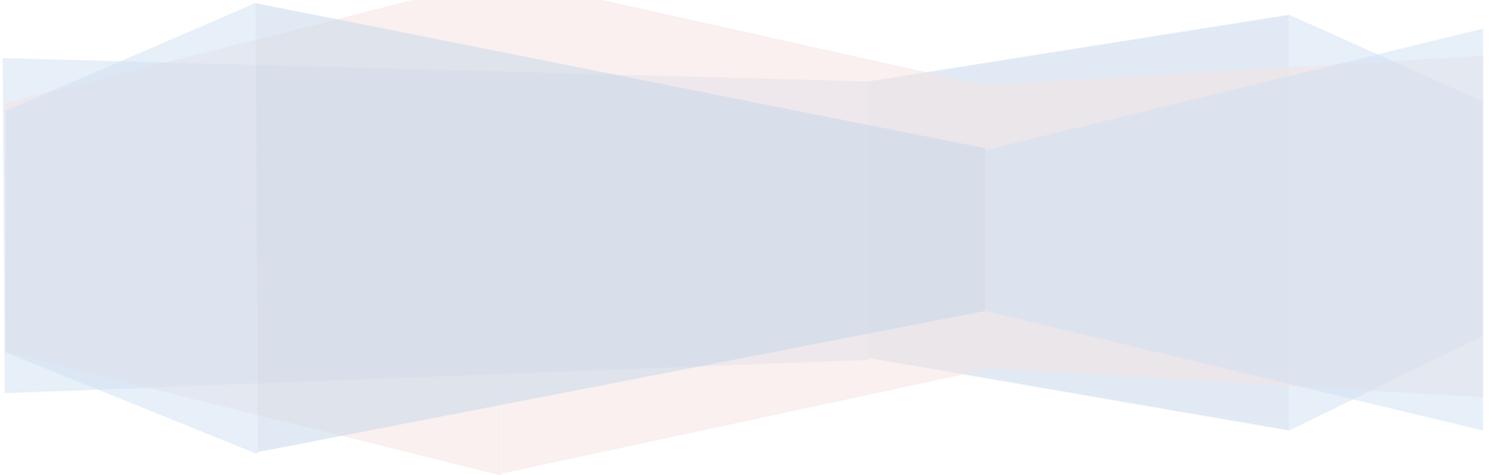
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# NaturalCycles

**Contraceptive Methods and Products: Consumer Decision Making and the Implications for the Company Natural Cycles**

Olivia Scheibelreiter



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## Abstract

Marketing a contraceptive product is complex due to the controversial nature of the topic, accessibility and the perceived high risk associated with it. As a young company entering the German speaking markets, the company *Natural Cycles* is faced with this challenge. Understanding consumer's decision-making process behind a contraceptive product enables companies to actively intervene and leverage marketing efforts.

Having scrutinised the five-step model of decision-making, the first three have been identified as most relevant for the purposes of marketing intervention. These include need recognition, information search and evaluation of alternatives, which have all been identified as influential by external sources. Media, mostly negative so to speak, can be used in order to trigger need recognition. Contraceptives are experience goods and although not all information can be gathered prior purchase, most turn to numerous sources to reduce perceived risk. Friend's opinion and personal testimonies have been identified as highly influential, as well as communication and presentation of the product being vital for gaining trust.

These findings have resulted in implications for the company *Natural Cycles*. Increased media attention regarding the negative impacts of hormonal contraceptives and the intrusion of the body by devices such as the copper IUD can be used to trigger need recognition. Lack of trust toward *Natural Cycles* may be lessened by clearly communicating information regarding risks such as external influences on body temperature. Consumer's trust regarding contraceptives is often due to a lack of self-trust, rather than the product itself, and can be influenced by positive communication efforts. Hormone free and passive methods, that do not require consumer's active engagement on a regular basis, are highly sought out for. This trend poses high opportunities for the company; technological advances to turn the product into a passive method and increase ease of use would allow *Natural Cycles* to turn the contraceptive market upside down.

# 1 Introduction

## 1.1 Context of Research

Without a doubt, hormonal contraception has been the most popular method of contraception over the past years. Personal experience with products, studies and focused media attention, however, have caused women to question the norm. A study has shown that the second most common reason for not using contraception at all is hormone avoidance. (Gynmed Ambolatorium Vienna, 2015) Elina Berglund, founder of the company *Natural Cycles*. is among those women who have questioned hormonal contraception. Having identified the need for alternatives in the Swedish market, the company combined traditional methods of contraception - the fertility awareness method - and highly advanced technology to provide a hormone-free alternative. (Business Wire, 2014) In order to remain competitive on a global scale and to provide a larger market with their product, the company has decided to expand into international markets. According to the company a focus market throughout 2016 is the German speaking market. The company already introduced the product onto the German market at the beginning of 2016 and aims to gain significant market share (Selguson, 2015) in the near future.

In order to achieve this goal, understanding consumer behaviour and attitudes throughout the process of introduction, and identifying implications for the company is of vital importance. This process is vital due to the innovative nature of the product, the controversial aspect of contraception and the fact that *Natural Cycles* is not an established brand within the German speaking market. The Author's personal interest in the topic of contraception and the aspect of marketing internationally, as well as her close proximity (Austria) to the target market led to the exploration of research.

## 1.2 Aim of the Study and Research Question

Having identified the area of research, further findings online, in literature and an interview with the marketing manager of the company led to the definition of the underlying problem. Due to a widespread 'hormonal scare' in recent years, studies have found that the number of people not using contraception is rising and the risk of unwanted pregnancy as well as a potential increase in abortions is at stake. The second most common reason for non usage is

due to women seeking to avoid hormonal contraception. (Gynmed Ambolatorium Vienna, 2015) Although alternatives exist, a relatively high number do not apply any method of birth control. One of these alternative methods is the fertility awareness method for contraceptive reasons, which is applied by a mere number of women (around 2%). (Gynmed Ambolatorium Vienna, 2015) A more in depth explanation of these methods and alternatives follows.

The findings previously mentioned indicate that overall awareness and usage of fertility awareness methods is relatively low compared to conventional methods of contraception. Marketing and creating brand awareness within this field will, therefore, prove challenging.

The use and/ or purchase of a product as well as product awareness are vital steps within the decision making process. (Kotler & Keller, 2012, p. 188) It is, therefore, the aim of the paper to fully understand the decision-making process of individual consumers concerning contraceptive methods and products. For this reason the main research questions such as; what type of consumer behaviour and attitudes can be witnessed amongst consumers within the contraceptive market? How does the process of decision-making in particular work? What implications does this process have for marketing a contraceptive and, in particular, for the company *Natural Cycles*? arose. These research questions acted as a guideline for research procedures throughout the entire paper. An in depth description of the methods applied is described in the following chapter. These methods were applied in order to respond to the questions posed and achieve outcomes.

### **1.3 Methodology**

The following section outlines the steps that were taken to explore the area of research previously discussed. For the purpose of this paper a combination of methods were used to analyse the topics of consumer behaviour, decision-making and attitude towards contraceptive products and methods. Firstly, definitions relevant to the comprehension and clarity of the paper were outlined. Then a detailed description of the company *Natural Cycles* and its mobile application product ensued, giving the reader relevant knowledge and perspective in order to analyse the case study and implications. Next the topic of general theory behind the consumer decision-making process initiating the theoretical framework is developed. Furthermore, a detailed analysis of secondary data regarding consumer behaviour within the German and Austrian contraceptive market was carried out. These markets were taken into

consideration for a number of reasons. Germany has been identified as a focus market for the company *Natural Cycles*. The Author's location and resources lie within the Austrian market; moreover, studies within the Austrian market are more up to date. As both markets are in close proximity regarding location and cultural factors, the analysis of both markets has proven beneficial for the purposes of research.

Having analysed background information on the company, literature and secondary data, research gaps became apparent. The limited resources within the topic of discussion initiated the compilation of primary research, derived from qualitative interviews. By combining literature review with primary and secondary data analysis, a comprehensive exploration of the topic was achieved. This led to the conclusive discussion of the paper which brought the theoretical framework of decision-making and primary data analysis together in order to deduct implications.

## **2 Conceptual Background**

The second section of the paper outlines vital information for the purpose of not only understanding important definitions that lay the groundwork of the entire paper, but also the current situation of contraceptive markets in Germany and Austria. Moreover, a detailed company description outlines background information, product description and categorisation. This was done not only for the purpose of extracting subsequent implications for the company, but may also be useful for products within the same category.

### **2.1 A woman's menstrual cycle and fertility awareness**

The fertility awareness method (a natural contraceptive method) is the underlying method of contraception used in combination with advanced technology for the production of the mobile application product *Natural Cycles*. As these terms are not commonly known or knowledge is limited, the following section outlines important definitions and information for the purpose of the reader's understanding.

The menstrual cycle is defined as a series of changes a woman's body goes through to prepare for a possible pregnancy. The beginning of the menstrual cycle is indicated by the first day of menstrual bleeding and a cycle lasts for an average of 28 days. Length of cycles, however,

can vary between individuals. Hormones determine and control menstrual cycles. (WebMD, 2016)

Fertility can be defined as ‘the ability to become pregnant through normal sexual activity.’ (MedicineNet, 2016) At a particular point in time during the menstrual cycle, fertilisation occurs – the days around this occurrence are when a woman is most likely to conceive i.e. become pregnant. This is known as the ‘fertile window’ of a woman’s menstrual cycle and reflects the lifespan of a woman’s egg (24 hours) and that of sperm (5days). (Fertility Coalition, 2016)

Certain indicators can determine the woman’s current stage of the menstrual cycle and fertility status. (Natural Cycles - Science, 2016) The fertility indicators – cervical mucus, basal body temperature and LH levels (amongst others) – have been classified by scientific research as major indicators that can detect either the beginning or end of the fertile phase. (Moghissi, Syner, & Evans, 1972) Knowing how to ‘read’ your body, through the method of fertility awareness, allows a woman to determine whether she is fertile or not. (Fertility Awareness Center, 2016) By observing these biological changes associated with hormones, a woman can determine her fertile window. Having gained this information it can be used effectively to either prevent or increase the chances of conceiving – fertility awareness collectively describes methods that make use of either one or more of these indicators. (Ransom, 2016)

A change in basal body temperature is just one of the biological indicators that can be observed during the menstrual cycle and used for the identification of the fertile window. (Moghissi, Syner, & Evans, 1972) Varying hormone levels throughout the cycle cause a woman’s menstrual cycle to consist of three phases; the pre-ovulatory phase, the ovulatory phase and the post-ovulatory phase. During the pre-ovulatory phase oestrogen hormone levels are relatively high, causing a decrease in body temperature. Two days before ovulation occurs a surge in luteinizing hormones (LH) can be witnessed. The post-ovulatory phase can be identified by a rise in body temperature between 0.2 and 0.45 degrees Celsius, which is caused by the release of the hormone progesterone. (Natural Cycles - Science, 2016)

When a woman takes her resting body temperature at the same time each morning, she gathers the data necessary to apply the basal body temperature method. Typically the numbers are recorded on a graph, which allows for visual identification of the three phases of the

menstrual cycle and, subsequently, the fertile window. (Family Planning - A Global Handbook for Providers, 2016)

By determining the time of the fertile window in a woman's menstrual cycle, the information can be used to an advantage, such as using the fertility awareness method as a means of contraception. Women trying to conceive will seek this information to deliberately have sexual intercourse during the determined time of fertility, which is likely to increase the chances of conception. Others will use this information as a means of contraception, deliberately avoiding unprotected sexual intercourse throughout the fertile phase or using alternative methods of contraception to avoid pregnancy. (Ransom, 2016) Throughout this paper it is assumed that the fertility awareness method and application of the product *Natural Cycles* are used for the purposes of contraception.

## 2.2 The Company Natural Cycles

In the following the company taken into consideration for the topic of research is outlined. *Natural Cycles* has used aspects of the fertility awareness method, the basal body temperature method to be precise, for the development of their product. The following section describes the company and its mobile application in further detail, to assist in the reader's understanding as well as the deduction of implications.

By applying mathematical techniques the founders were able to produce the *Natural Cycles* algorithm, the underlying technology of the product. The mobile application was initially released in August 2014. (Business Wire, 2014)

As previously mentioned, fertility awareness methods take various body signs into consideration to identify a woman's fertility. *Natural Cycles* implements the main factor of basal body temperature and LH testing (which is optional). These indicators form the underlying data used in combination with the *Natural Cycles* algorithm to identify a woman's fertile window of the menstrual cycle. (Natural Cycles - Science, 2016)

*Natural Cycles* has developed a mobile and web based application whereby users can interact with and view their individual cycles on a mobile, tablet or computer. Within the app a general overview of the individual user's menstrual cycle is given in the form of a calendar

and a graph. The graph illustrates recorded temperatures and the calendar depicts current and predicted fertility statuses. Based on data entry, the algorithm causes days to be highlighted with a red or a green colour in the calendar, which indicates whether or not there is a risk of pregnancy on that particular day. Increased data entry will typically increase the number of attributed green days during a woman's cycle. (Berglund Scherwitzl, Lindén Hirschberg, & Scherwitzl, 2015). The company aims to elevate the method even more so with their new apple watch compatible app. (Business Wire, 2014)

To identify a woman's fertile stage in the menstrual cycles an algorithm was developed. This underlying technology uses extractions from particle physics to predict outcomes using mathematical models. The algorithm calculates the following parameters: day of ovulation, menstrual cycle length, luteal/follicular phase length and average basal body temperature. (Berglund Scherwitzl, Lindén Hirschberg, & Scherwitzl, 2015)

According to the company, their mobile application based product uses analytical and algorithmic methods to provide the world's most accurate fertility tracking. This is based on the more commonly known method of basal body temperature method as previously described. Readings of a woman's basal temperature are measured every morning using a thermometer and data is entered into the app manually. The algorithm then calculates the 'fertile window' and informs her when it has occurred or accurately predicts the time frame of the fertile window for the upcoming cycle. (NaturalCycles, 2016)

Goods or products can be differentiated between search and experience goods. The major difference between search and experience products is the amount of information available prior to purchasing. Product attribute information regarding search goods can all be found before the product is purchased or used. For experience products on the other hand, not all information can be gathered before initiating a purchase or applying the product. (Klein, 1998) Contraceptive products can be identified as experience products as the effectiveness and side effects vary from one individual to another. Moreover, prescription drugs have been categorised 'credence' products, whereas non-prescription drugs were categorised as 'experience' products. Given that *Natural Cycles* does not require a prescription for usage, it has been identified as an experience product. (Kim & Whitehill King, 2009) For the purpose of this paper implications derived may also prove relevant for alternative experience products.

## 2.3 Consumer Behaviour and the Decision Making Process

This chapter entails extensive literature review regarding consumer behaviour and the decision-making process. Firstly, the theoretical framework, a step-by-step process of consumer decision making is described and analysed. From this the most vital steps were identified in order to influence consumer's decision-making regarding contraceptive methods. Moreover decision-making regarding health products is taken into consideration due to *Natural Cycles* being a healthy option to alternative contraception. (Natural Cycles - For Health Care Professionals, 2016) What is more, oral contraceptives are classed as medication and drugs, typically applied in a health care context. (Medicine Net, 2016) Contraceptives also impact health due to significant side effects. (Gynmed Ambolatorium Vienna, 2015) There then follows an analysis of representative studies undertaken throughout the German and Austrian contraceptive market in the past to highlight behaviour and attitudes expressed.

### 2.3.1 The Five Stages of a Purchase Decision

Until a consumer reaches an actual decision of which contraceptive to use, he/she goes through an entire process to eventually come to a conclusion. Understanding this process fully will enable a company to gain marketing intelligence and strategically intervene in this process. (Kotler & Keller, 2012, p. 188)

The decision making process can be explained using a step-by-step model that describes the phases an individual goes through in order to come to a purchase decision (see figure 1). This model comprises of five stages that review the basic psychological process. The consumer typically passes through all five stages of the model when there is a purchase of high involvement taken into consideration. High-involvement decisions are associated with a high risk for buyers if the product fails, is complex and/or has a high price tag. Similarly the frequency of purchase has an impact – with high involvement products being purchased less often. (Kotler & Keller, 2012, p. 188) From this it can be concluded that contraceptive products are high involvement products for a number of reasons. They are associated with high risk due to possible unwanted pregnancy, they are complex in scientific nature, accessibility is often limited and prices are relatively high.

It is therefore assumed that a consumer making a contraceptive purchase decision passes through all five stages of the consumer decision-making process. Although the process should not be seen as static, a consumer may skip certain steps or pass through them following a

different order. The following stages describe the entire process of going from initial need recognition, all the way through to post purchase behaviour. This process is carried out to describe each phase in detail and highlight the importance of each phase, especially for the purposes of this paper, within the consumer decision-making process.



*Figure 1 Buyer decision process adopted from (Kotler & Keller, 2012)*

The decision making process is initiated by an event; namely the recognition of a need or identification of a problem; meaning the consumer has identified a lack of substance, which differentiates the current situation with the one sought out. This can be due to a variety of reasons usually due to internal (e.g. discomfort) and external (e.g. media scandal) stimuli. Initially the recognition of a problem or a need by the consumer is triggered (Kotler & Keller, 2012, p. 189). The consumer then actively seeks to solve his/her problem in order to change the current state into the desired one. The reason for the need for a certain product can be attributed to several reasons. Firstly, it may be due to a lack of a product, a bought product which has not met expectations, purposes or needs, or alternatively the need has been identified for the first time. (Solomon, 2013, p. 308) Further action taken by the individual consumer will involve focussing on trying to satisfy the identified need or the state of dissatisfaction. In the case of contraception the basic need sought out to satisfy is the prevention of pregnancy, but further attributes such as ease of use and safety may also influence consumer decision-making.

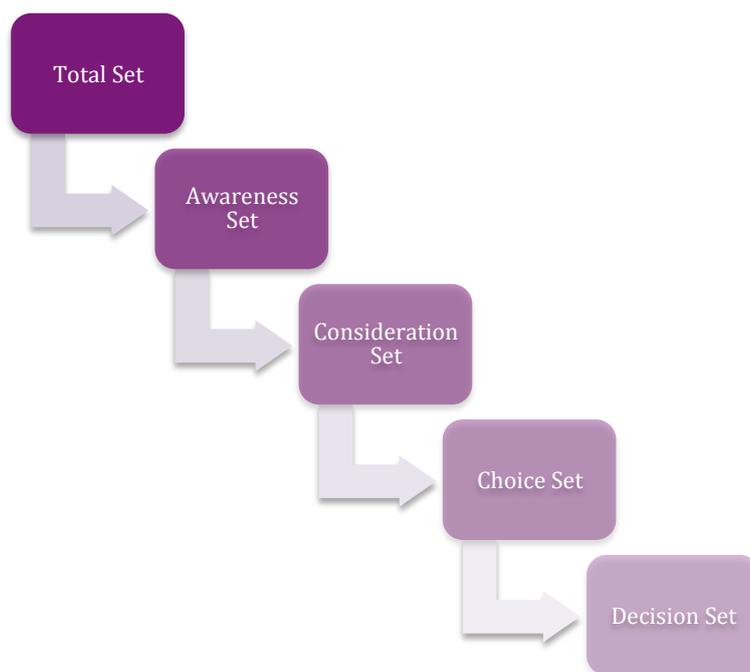
Following the initial need recognition, consumers seek information – a process whereby individuals search for information within their surroundings and social circles to find data necessary for further steps. (Solomon, 2013, p. 309) If purchase intention is relatively high and the product is easily accessible, consumers tend to buy products without extensive information search. Whereas if purchase intention is relatively low, the consumer might choose to remember the need and not take action, or seek out information. (Kotler & Keller, 2012, S. 189). The process of information search can also be divided into internal and external search. Similar to internal stimuli, this implies the consumer seeking information with his/her own memory. Every individual consumer's internal will differ, depending on past experiences

and information sought out in the past regarding a particular product or its alternatives. External information search implies seeking out sources of information such as advertising, recommendations from peers and family etc. relevant for making this particular purchase decision. (Solomon, 2013, pp. 309-310) Regarding contraceptive methods and products it may be assumed that the gynaecologist is the main information resource, a more in depth analysis of this behaviour follows. The study - Product Category Effects on External Search for Prescription and Nonprescription Drugs by Kim & Whitehill King - was carried out investigating consumer's external information search regarding prescription and non-prescription drugs indicating the following behavioural patterns. Professional and Internet sources were regarded as more important for prescription drugs, whereas mass media and interpersonal sources were ranked as more important concerning non-prescription drugs. (Kim & Whitehill King, 2009, p. 14) Any information received throughout this process is combined with existing information. Information search correlates with the level complexity and risk involved by making a particular purchase decision. (Kotler & Keller, 2012, p. 189)

The major sources of information that consumers will turn to can be divided into the following four groups; personal such as acquaintances, neighbours, friends and family; commercial influences such as web sites, salespersons, dealers, packaging, displays and advertising; public sources consumer-rating organisations and the mass media and lastly, experiential, which entails actual testing of the product through examining, using and handling it.

Individual consumers' characteristics, as well as product category, impact the relative amount of information gathered, and how much influence this has on the decision making process. (Kotler & Keller, 2012, p. 189) Following an analysis of information search behaviour amongst prescription and non-prescription drugs, it was found that consumers are more likely to consider and analyse packaging with regard to experience goods (non-prescription drugs) as opposed to prescription drugs. Moreover, consumers consider mass media and interpersonal sources to be more important for non-prescription drugs, whereas internet sources are considered to be more important for prescription drugs. It was also found that pharmacists should not be underestimated as a source of marketing communication. Because they are the most accessible and highly trusted health resource, they are arguably as important as physicians especially with regard to non prescription drugs and products. (Kim & Whitehill King, 2009, p. 15)

The process of information can be further broken down into search dynamics, further describing information evaluation processing. Consumers learn about competing brands and their features by collecting information. (Kotler & Keller, 2012, p. 189) For the purposes of this paper it is assumed that the consumer gathers information regarding contraceptive methods and products. The total set represents the entire range of contraceptive products and methods available. Of this set an individual consumer will only become aware of a certain sub set, and only a limited amount of these will meet the consumer's initial buying criteria. As more information is gathered only a few remain within the choice set, these are strong competitors. This is followed by the final choice of the consumer, the decision set. (Kotler & Keller, 2012, p. 189) It is clear that a company must get its brand (product) into the prospect's consideration and choice set. Additionally, information sources and relative importance should be identified; this enables a company to effectively implement communication relevant for the target market.



*Figure 2 Information Search Dynamics from (Kotler & Keller, 2012)*

The following is an example of consumer information search dynamics, and has been outlined to highlight a possible process of making a decision regarding contraceptive products. It must be noted that reasoning behind every step varies from consumer to consumer. The total set for example according to Gynmed, 2015 for contraceptive products may be; hormonal IUD, 3 month injection, copper IUD, sterilisation in men / women, hormonal implant, pill, contraceptive ring (Nuvaring), contraceptive plaster, 'taking care', rhythm method, fertility

awareness, abstinence and other methods. This is in accordance to the study, an actual total set is near impossible as there may always be products unknown of. The awareness set includes contraceptives which a consumer is aware of, this may include for example; the pill, the hormonal IUD, the condom, the contraceptive ring and the plaster. From these only a certain amount come into question, for example; the pill, the condom and the hormonal IUD, eliminating the others due to reasons such as cost, effectiveness and ease of usage. The choice set often consists of two products that are weighed up against each other, for instance the pill and the copper IUD, whereby the pill has advantages such as safety and can be used short or long term, the IUD on the other hand involves a procedure and is seen as a long term method. The decision set outlines the final choice of purchase, which may be the copper IUD due to long term usage, this might be suited to an individual wishing to avoid pregnancy for the next 3-5 years.

In order to come to such a decision the process of information search is undertaken – a set of alternative solutions is considered. Products are seen to have a bundle of attributes with different abilities to deliver the benefits sought out. These attributes vary from one product to the next. Consumers will pay the most attention to the products that meet the most important benefits the individual is seeking. (Kotler & Keller, 2012, p. 190) For example, contraceptive consumers may seek attributes such as; ease of use, safety against STDs, effectiveness, cost, side effects etc. Particular attributes within one product may cause another to become less important. This evaluation process differs from person to person and is influenced by a variety of factors such as a consumer's personality, product type and decision making situation. (Solomon, 2013, pp. 309-310)

Typically, having gone through the stage of information search and evaluation of alternatives, a final purchase decision is made – a product is chosen. This action is followed through once a consumer feels he/she is capable of making the decision, having gone through previous phases. However, two major factors can influence the process of going from alternative evaluation to purchase decision. Firstly there is the other people's attitude towards a product and how willing the individual is to agree or disagree with them. In addition, unexpected situational factors (e.g. pregnancy) may change a consumer's needs and priorities. A consumer's decision to avoid, modify or postpone a purchase is related to the perceived risk involved. This individual perception is influenced by functional, physical, financial, social, psychological and time risks. Understanding the factors that provoke the feeling of risk should

be identified for marketing purposes. By providing information and support regarding these matters the perceived risk is reduced. (Kotler & Keller, 2012, S. 192)

Having made a purchase decision the consumer will notice information either supporting or going against their purchase decision. It is therefore very important to monitor post purchase satisfaction and actions. Post purchase satisfaction is closely related to expectations.

Expectations depend on information, the provider's messages, peer recommendations etc. If the product meets expectations the consumer is satisfied, if it exceeds expectations delighted. However, if the purchase experience falls short of expectations the consumer is dissatisfied. Bad experience of negative product information may lead to a negative purchase dissonance. This is more commonly known as regret in having chosen a product over an alternative which may have potentially met the individual's expectations. Satisfaction levels subsequently cause post purchase actions such as talking favourably or unfavourably about the product. (Kotler & Keller, 2012, S. 194)

To conclude, from this analysis the Author has extracted that the first three stages of the decision-making process have been identified as the most influential and important regarding the product *Natural Cycles*. This can be attributed to a number of reasons, the aim of the study is to analyse and understand consumer behaviour within the contraceptive market in order to extract implications for the company. These implications will define how *Natural Cycles* can intervene in the process of decision-making in order to gain customers. A method of influence may be advertising or a particular communication channel. The first three stages of the decision-making process; need recognition, information search and evaluation of alternatives can be influenced by external factors, whereas the last two stages; purchase decision and post-purchase behaviour are closely correlated to internal factors having passed initial stages. The focus of this paper therefore lies within the first three stages of the decision making process, understanding these will allow for implications to positively effect the achievement of passing all three stages, and therefore continuing onto the last two stages.

### **2.3.2 Consumer Decision Making in Health**

The aspect of health has been a primary focus of consumer trends for numerous years; which is reflected through the high performance of health products. Health has become a lifestyle, as opposed to avoiding sickness and services within this sector are becoming vital. It has become a megatrend so to speak. (Lakner Cosultancy AG, 2014)

Research has found that inclusion of testimonials in advertising have helped to increase trust and utilisation intentions in a health and credence product context. The study also highlighted that ordinary consumer testimonials with product experience was a very persuasive element when advertising. These testimonials submitted by typical consumers offered informational influence and increased trust and acceptance. It was also noted that testimonies initiate more credibility when typical consumer's testimonies with illicit minimal emotion are used. Individuals tend to be more trusting toward an account by someone with existing product experience. (Kemp, Min, & Joint, 2015, p. 446)

In order to gain an overall understanding of the contraceptive market and consumer behaviour, an analysis of inferential statistics of past studies was carried out. This entails an evaluation of quantitative studies undertaken in the German and Austrian market regarding contraception.

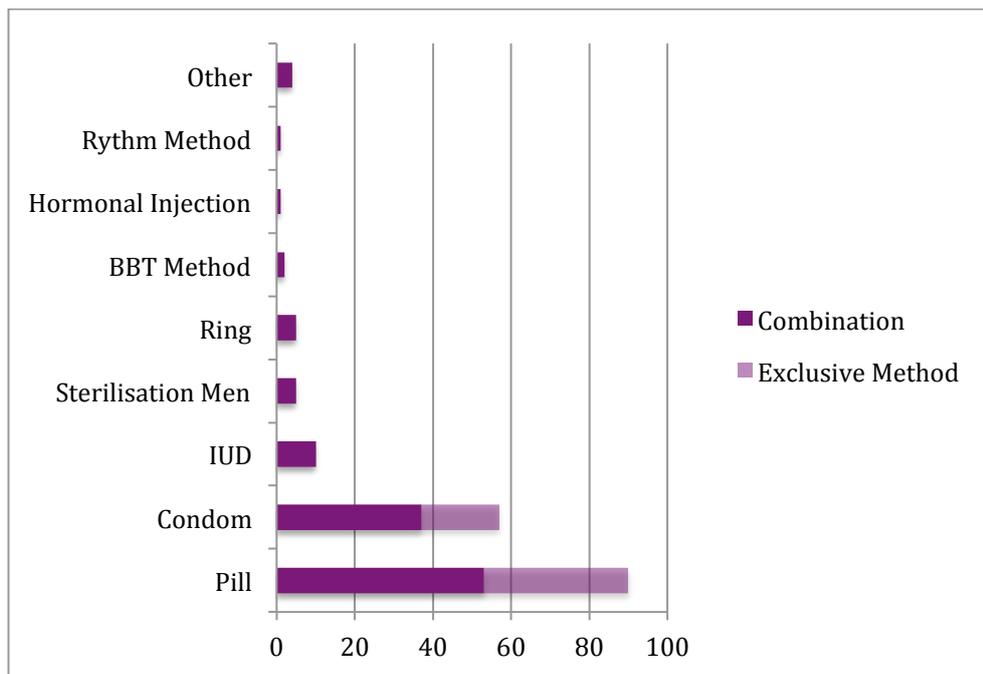
### **2.3.3 Contraceptive behaviour in the past - Germany and Austria**

The following analysis is based on a compilation of reports regarding contraceptive consumer behaviour within the German and Austrian market. Both sources of information the ( Federal Centre for Health Education, 2011) and the (Gynmed Ambolatorium Vienna, 2015) display data that has been gathered through a representative survey. Very similar topics and questions, as well as comparable data, have been found in both markets. This allowed a direct comparison and compilation of data within the consumer markets of Germany and Austria. The following section discusses the most relevant findings for the purpose of this research paper.

The first aspect to be taken into consideration is contraceptive usage in general within German speaking markets, as this enables companies to potentially identify important referential information for marketing purposes such as market potential, volume and shares. Moreover, trends and development of usage could be identified. In Germany around 76% of both genders use contraception. There is a correlation between the percentage of non-users of contraceptives and rising age. ( Federal Centre for Health Education, 2011, p. 9) Similarly, in Austria a total of 72% of the sample used contraceptive methods in the past year, either him/herself or by partner application. It was also found that younger women and men tend to be more careful regarding contraception, and rising age as well as increasing length of a

relationship tends to correlate with a lower rate of contraceptive usage. It should also be noted that the percentage of contraception usage amongst women dropped significantly from 81-71% between the years of 2012 and 2015, whilst men's usage remained the same. The most dominant reason for non usage is the lack of sexual intercourse (11%), followed by the avoidance of hormonal intake (7,5%). (Gynmed Ambolatorium Vienna, 2015, pp. 19-20)

Of the percentage using contraceptive the following findings could be made. Within the German market the pill has ranked high above all other methods of contraception – with a total of 53% using a combination of the pill and alternative solutions, 37% of the questioned sample using the pill alone. The second most preferred method is the condom, with a total of 37% naming it as a method of contraceptive amongst others, and 20% using this barrier method alone. The IUD totalled at 10% and sterilisation in both genders at around 5% each. The vaginal ring summed up a mere 2% and other methods such as the BBT Method, hormonal injection and rhythm method were least popular totalling around 1% each. It must be noted that for 4% of the entire sample no result was recorded. According to the study all other methods of contraception including femidome, cervical fluid analysis, chemical contraceptive methods and coitus interruptus were not mentioned by any of the participants. (Federal Centre for Health Education, 2011, p. 15) Throughout the Austrian market the condom is the most widely used method of contraception amongst men, a total of 46% of the sample claiming its usage. Condom users tend to be of younger age, between 20 and 30 years old. Other methods such as coitus interruptus, avoiding vaginal intercourse and vasectomy are weighted with 5% each amongst men. The Pill is the most popular contraceptive used in Austria with a total of 38% of women using it, especially amongst women under the age of 30. This method of contraception seems to sink in popularity as women get older. The second most popular method of contraception has been identified as the hormonal IUD with a total of 8% of the sample using this method of contraception. This method's popularity correlates positively with the rising age of women – mostly applied by women over the age of 40. The third most frequently used method of contraception amongst women is the hormonal injection totalling at 5%, this method is also more popular amongst older women – above the age of 30. (Gynmed Ambolatorium Vienna, 2015, p. 15)



The reason for choosing a particular method was taken into consideration as this highlights factors influencing the evaluation of alternatives and subsequent purchase decision. Safety, ease of use and side effects are the main reasons for choosing a particular contraceptive. The most important criteria for choosing a contraceptive method for Germans is the perception of how safe the method is – 38% have named safety as the reason for choice of contraceptive. Closely followed by the criteria – practical, easy, comfortable to use – 31% of the sample have agreed to this statement. 17% have named the side effects (including the pill not agreeing well with them or refusal) as a reason for contraceptive choice. The lower ranking reasons between 4-7% were: protection against aids, habit and experience, doctor’s recommendation, moneys worth, family planning completed, partner’s wishes and easy accessibility. These were ranked from highest to lowest as written. ( Federal Centre for Health Education, 2011, pp. 17-19) Similar to the German market, the issue of safety is the most dominant criteria when choosing a method of contraception (64%) amongst Austrians. On the other hand protection against disease follows, and undisturbed sexual intercourse comes in third. (Gynmed Ambolatorium Vienna, 2015, p. 26)

As part of the survey carried out by the Gynmed Ambolatorium, Vienna for the Austrian population, participants were questioned regarding their attitude towards hormonal contraception. Of all women questioned 5.3% avoid using hormones as a method of contraception and use alternative methods instead, more than half of these women (3.3%) do so due to negative experiences and side effects caused by hormonal contraception. Side

effects mentioned were low libido, weight gain, headaches, mood swings, thrombosis and breast span.

A total of 7.5% do not use any contraception at all due to the perceived risks of hormone intake. A large number of these women – 37% - haven't had bad experiences using hormonal contraception, but are of the opinion that 'hormones cannot be healthy'. According to the report fear of hormonal contraception and media attention regarding this matter is widespread. (Gynmed Ambolatorium Vienna, 2015, pp. 32-35)

In Germany and Austria hormonal contraceptives are only available on prescription; this includes the pill, mini pill, hormonal IUD, contraceptive injection, hormonal implant, vaginal ring and contraceptive patch. (Familienplanung.de , 2016) Although it must be noted that this does not include the morning after pill, an emergency contraceptive, (Apotheken Umschau, 2015) which costs between thirteen and thirty two euro and is available at every pharmacy. (Österreichische Gesellschaft für Familienplanung, 2013) Most women have to cover the cost of hormonal contraceptives themselves, exceptions apply in cases of prescriptions due to skin conditions such as acne and for women under the age of twenty. Women under the age of fourteen must have parental agreement for the prescription of hormonal contraceptives. (Familienplanung.de , 2016)

Overall the following analysis can be made within the German and Austrian contraceptive market. Approximately 75% of both nations use contraceptives overall. Although it must be noted that contraceptive usage in general has dropped significantly in Austria due to firstly lack of sexual intercourse and secondly due to hormonal avoidance. In Germany and Austria hormonal contraceptives are only available with a prescription, except the emergency contraceptive pill. The issue of avoiding hormones, along with safety and ease of use (comfort), is also one of the key attributes sought out when seeking a contraceptive method. The trend reflects an attitude assumed and scrutinised by the Gynmed Study – a phenomenon known as the 'hormonal scare'. According to the report, fear of hormonal contraception and media attention regarding this matter is widespread. The studies have displayed consumer behaviour and purchase decisions made in the past within the target market. The following influences within the first three stages of decision making could be derived. Need recognition was not discussed throughout the studies and became a topic of discussion during empirical research, similarly information search was not analysed, the evaluation of alternatives however was highlighted. The most important product attributes identified regarding

contraceptive products were safety, ease of use and side effects caused by particular contraceptives. It must also be noted that a significant number of people do not use any means of contraceptives due to the avoidance of hormones, the question poses what is the reasoning behind this.

### **3 Empirical Study**

Having analysed the theoretical framework of the decision-making process and contraceptive market, the following conclusions were derived. The process of purchase decision-making is initiated by problem recognition. If the consumer, therefore, subjectively does not view a situation as problematic, he or she will not enter the process. Moreover, having identified the problem, a consumer enters the stage of information search. Having analysed the search dynamics, it has become apparent that this is amongst the most vital stage of the decision making process. This can be said for a number of reasons. Within this stage it is not only determined whether or not a product is taken into consideration, but if the consumer is even aware that it exists at all. The evaluation of alternatives is not only affected by a product's displayed benefits but also attitudes and beliefs.

Although consumer behaviour and attitudes were observed through the quantitative surveys analysed, an in-depth analysis of the decision-making process, in particular the first three stages, has not been explored. A series of qualitative interviews were undertaken in order to further understand this process and extract implications for the company *Natural Cycles*.

#### **3.1 Method**

The empirical research was carried out through exploratory research by carrying out a number of qualitative interviews in order to gain insight into consumer's thinking processes. (Kotler & Keller, 2012, S. 126)

An in depth analysis of literature and secondary data found reasoning behind the evaluation of alternatives regarding contraceptive products. However, it was the intention to further test this subject and analyse the reasoning behind these attributes that contribute to the decision making process. Furthermore, understanding need recognition and information search sources was not highlighted throughout secondary research. To do so, a series of ten qualitative interviews were carried out within the time frame of the 03.03.2016 – 16.04.2016. Content and topics of discussion will be discussed in the following sections. All interviews were

transcribed accordingly for further data analysis. The theoretical framework following the literature review set the foundation for the empirical study carried out. Information previously gained was used as a guideline for interview question design and to gain insight into topics whereby research gaps were evident.

For the purpose of this research paper a purposive sample of twelve women within the target group of the company *Natural Cycles* were interviewed. This target group have been described as the following: ‘A progressive target group – people who are open to new things, because we are online and have an app they have to be digitally active – be online, and also in a relationship...’ (Selguson, 2015) As the responsibility of contraception mostly affects women - especially when it comes to natural contraceptive methods such as the BBT Method – for the purpose of the research sampling was restricted to the female gender. Smartphone usage was also identified as a key demographic factor due to the nature of the *Natural Cycles* product – a mobile application. Similarly interview partners were chosen given that they were in a long term relationship, as natural cycles does not protect against sexual transmitted diseases.

The random sample was chosen according to the target group in order to fully understand contraceptive behaviour, attitudes and the decision making process of women who fall into the company’s target group. This allowed a more in depth analysis and understanding, as well as giving the study a focal point.

The following characteristics have therefore been identified as relevant: gender, age, smartphone usage and relationship status. Women between the ages of 20 to 31 with a variety of occupational backgrounds were questioned. All women are in a long-term relationship, length varying between a minimum of 1 year and a maximum of 14 years. Although women were asked to participate in the study, a dispersion of demographics and contraceptive usage was achieved. All women are smartphone users and have been identified as progressive due to the willingness to openly speak about such a personal matter.

In order to provide a holistic analysis of the topic, qualitative interviews were carried out to compliment findings within the literature review. These have issued in-depth descriptions of experiences and viewpoints of participants. Qualitative interviews can be carried out in a variety of forms, which can be categorized into (i) informal conversation (ii) general interview guide approach and (iii) standardised open-end interview. The informal

conversational interview is a rather unstructured approach with spontaneous generation of questions and compares to a natural interaction between two individuals. Standardised open-ended interviews contrast hugely, as it is extremely structured in terms of wording and questioning. The general interview guide approach, which was the interview design chosen for the purpose of the research carried out throughout this paper, composes a structured yet flexible interview approach. This method ensures the most important information is extracted and topics are covered, yet follow up questions can be adjusted accordingly. (Turner, 2010)

One of the most crucial components of effective research was composing interview questions to obtain the best possible outcome. Here it should be noted that questions should tap into interviewee's personal experiences and/or knowledge to gain maximum data. (Turner, 2010) The following criteria were taken into consideration during the construction of research questions; open-ended wording should be used (avoid influential wording), questions should be as neutral as possible, one question asked at a time and clear wording.

In the event of the interview partner not answering the question implied, it was the interviewee's responsibility to ensure information needed is extracted by asking certain follow up questions. (Turner, 2010)

The following topics of discussion were conducted during the interviews:

#### Part 1 : Personal Experience

The first part of the interview focuses on the decision making process of consumer behaviour regarding contraceptive products. In particular, the first three stages known as need recognition, information search and evaluation of alternatives as they have been identified as possible stages that can be intervened in by companies. Interview partners were asked to remember and relive past purchase decisions regarding their current product of contraception. This was achieved by asking the interview partners to remember the last time they switched contraceptive products and what were the reasons that caused her to even think about switching product. This gave the interview an initial situational setting and a structure to hold onto throughout the first phase of the interview. Step-by-step the phases of the decision making process were discussed up until the point of making a purchase decision. Hereby it was the intent to highlight factors influencing need recognition, the consideration set and reasoning as well as indicating favourable attributes.

## Part 2: Attitudes

The second part of the interview entailed discussing individual attitudes toward hormonal contraception and the basal body temperature method in general. This was asked in order to gain insight into interview partners attitudes expressed, and if they differ to behavioural aspects. Moreover, possible influences on attitudes were identified.

Following this structure the general interview guide was derived. (General Interview Guide - Qualitative Research Natural Cycles Case Study, 2016) Interviews were held for the duration of 15-25 minutes per participant. Data were gathered by means of recording and transcription of interviews. This data was the foundation of extraction whereby inductive category development was used. Having completed data compilation, the process of data analysis was initiated by repeatedly reading data to achieve immersion and an extensive overview. Subsequently, notes and comments were derived which were the basis of codes derived throughout data analysis. Inductive category development was chosen due to its suitability to the research that has been undertaken, whereby literature and existing theory on a particular phenomenon is limited. (Mayring, 2007, p. 74)

### **3.2 Outcomes Empirical Study**

The following chapter displays the results of the empirical study and an in depth description of data analysis. Interview data was transcribed and organised in the form of an excel sheet and is depicted below.

Coding was derived through the means of the following process. Firstly, interviews were read thoroughly numerous times in order to gain an overview and an in depth immersion of gathered data. Having identified need recognition, information search and evaluation of alternatives as the most influential steps of the process of decision making throughout literature review, these three categories were used as main pillars of analysis. Subcategories were subsequently chosen subjectively by the Author reasoning with identified patterns and frequently mentioned topics and phrases. Keywords were also used to tag statements, for the purposes of more efficient data analysis and comparative means. The following code was derived, a detailed description and examples follow:

**Code derived:**

1. Need Recognition
  - a. Internal simulation
  - b. External stimulation
2. Sources of information:
  - a. Media: research through the internet, and references to Google, blog and forum insights.
  - b. Variety of sources of info.
3. Evaluation of alternatives
  - a. Consideration set
  - b. Product attributes
  - c. Hormonal attitude
  - d. Lack of trust

Transcripts of the Interviews carried out;

Details	Name: Anna Age: 25 Length of Relationship: 3 years
<b>Q1:</b> 1. Try to put yourself into the following situation – the last time you switched method or product of contraception. What motivated you to think about using an alternative?	Well the reason was that I just didn't feel well or comfortable with my body, but I didn't exactly know why. But I knew something isn't right, and then I thought that maybe the hormones have something to do with it. Then I thought about how long I've been taking the pill for, which was around 5-6 years. Then I decided to stop taking the pill to see if I felt any different or better without it. I already stopped taking it a year before that for half a year, but my Gynaecologist said that you should stop taking it for more than half a year - that's when things get back to normal. So yeah, that was when I decided to stop taking the pill. <b>(1a: discomfort, experience)</b>
<b>Q2:</b> Where did you gather information about alternatives?	I started with internet research, to find out what's out there and what alternatives I have. Then mainly I asked amongst friends, because quite a lot of friends my age also said that they're looking into switching. And also my Gynaecologist - but that wasn't my first go to - they don't have that much time (the private one's too) and although they can tell you what's out there they don't really have the first hand experience or reviews - I think that's something you can talk to your friends about much better. <b>(2b: variety - internet, friends, gynaecologist)</b>
<b>Q3:</b> What alternatives came into consideration at the time?	Well relatively few came into question but more so the IUD and the Gynefix - those two came into the last considerations. The Nuvaring didn't come into question for me at all, because it also has hormones and when it comes to usage - it's just not for me. And the IUD, many of my friends and my mum also have it and that was the one was most likely to come into consideration. The Gynefix didn't come into question then either when I heard about how it's inserted, it wasn't really for me. I'm still considering the Copper IUD, but don't have a new Gynaecologist yet - and I only want to do it once I'm 100% sure. <b>(3a: Copper IUD, Gynefix)</b>
<b>Q4:</b> Which method of contraception have you chosen?	Right now I'm using condoms but in future the copper IUD probably.
<b>Q5:</b> What were the main reasons for this?	The main reason was that I didn't want to have any hormones. <b>(3b: avoidance of hormones)</b>
<b>Q6:</b> What are the main characteristics a contraceptive should have - so that you are happy with it.	Well for me it's important that I don't have to think about it, it shouldn't be a big factor in my life - I don't want to always think about it. It would be great if it just happened one time and then it's done. And I don't want to take any more hormones, in the long run I want to be rid of hormones. Of course that it's safe too, but that it doesn't impact my daily life. <b>(3b: passive contraceptive)</b>
<b>Q7:</b> 1. How do you judge if a method of contraception is safe or not?	Well I don't think you can really say, apart from that score - there's a score right? That tells you how many women become pregnant, you should be able to rely on that - but you should also know yourself. You have to know yourself if you're able for it - you have to know what to do too. So it also depends on the individual.
<b>Q8:</b> What's your attitude toward hormonal contraception in general.	Generally I think that it's good that the choice is there, in the long run we don't really know what effect these hormones have and there isn't just hormones in the pill. There's hormones in

	drinking water and food too, there's just a hype with the pill at the moment and I think it's good that it's there. But when you're younger it's the only option, but you don't really question it either because if one of your friends has it then everyone else has it too. And when you come to a certain age you can choose whether you want that or not. That's why I think that it's good because I think that quite a few more unplanned pregnancies would happen. I think it's good that you have the choice, one doesn't have to take it - you have a choice. <b>(3c: positive: option of hormonal contraception, negative: lack of awareness at young age)</b>
<b>Q9:</b> Have you heard about the BBT Method / Temperature Method - tell me a little bit about what you know and your opinion about it.	I've heard about it, but I've never applied it myself and yeah.. I think it's actually good because you don't need anything and you can say you can avoid pregnancy naturally. But my opinion is that I think that people nowadays, as we live in a stressed society which impacts our bodies, that most people can't even do it - temping. Because there are a lot of influences and you have to know your body quite well. I think there's a computer that can show that too, so you're not relying on your own abilities alone. But yeah. I think in the past it was a good method, especially for stay at home mums - because they have a daily routine, in comparison to us students. We travel so we don't have a routine and all these factors influence the body's temperature - and that's why I think it's too unsafe for me. I would only do it if I'm at an age where I can say having a child would be ok - but right now with studying and travelling I think the method would be too unsafe for me.
<b>Q10:</b> Let's say the method is safe - could you imagine measuring your temperature every morning?	Don't see that as the problem, although when traveling and stuff it would be annoying.

<b>Details</b>	<b>Name: Beatrice</b> <b>Age: 23</b> <b>Length of Relationship: 1.5 years</b>
<b>Q1:</b> 1. Try to put yourself into the following situation – the last time you switched method or product of contraception. What motivated you to think about using an alternative?	Well, I take the Nuvaring - I sometimes had some problems with irregular bleeding and irregular cycles, and that's when I first started thinking about maybe using an alternative hormone free option. And also the hormone because you gain weight through hormones, I'm not even sure how much it was for me - or if it would change much if I stopped using it. But now things have settled again with my cycle, although I'm still talking to my Gyno about potentially switching to Gynefix or the Copper IUD. But I want to inform myself a little more about it first, other than that I would stay with the Nuvaring right now. And before the Nuvaring I used condoms - I switched because it was safer, condoms rip and it's less stress, I don't have to take care of it everyday. <b>(1a: irregular bleeding and cycles)</b>
<b>Q2:</b> Where did you gather information about alternatives?	Well amongst friends mainly, I talk to them about what they're using, what works well and what not, what experiences they've had. Once I've gathered that info and formed an opinion I go to my Gyno and seek more information there, and talk to him about it. And over the internet a little too of course. (Any particular sites/forums) Well there's plenty of forums like netdoktor.at or women's forums, and there's often contributions and reviews and I read through them. I prefer experts opinions, but it depends - I just google and whatever sounds informative I read up on. <b>(2b: friends, gynecologist, online forums, google)</b>
<b>Q3:</b> What alternatives came into consideration at the time?	I'm considering the Gynefix or the gold chain, but definitely something without hormones. But that's only if I do want to switch. When I first went about getting contraception everyone started taking the pill, but a friend of mine was on the Nuvaring and I asked my Gyno and he reckoned I could try it out if it goes well. And it went well - so I stuck to it until now. <b>(3a: Gynefix, gold chain, nuvaring)</b>
<b>Q4:</b> Which method of contraception have you chosen?	The Nuvaring.
<b>Q5:</b> What were the main reasons for this?	That it's uncomplicated, that I'm not restricted within my daily life and routine - like the pill which you have to take everyday around the same time and then you don't have it with you one day and can't take it til later and then it's dangerous. That it's effective - but it doesn't affect my body too much like weight gain or mood swings, yeah I do and that my immune system isn't affected. Reliability goes above all. <b>(3b: passive, effective, less side effects)</b>
<b>Q6:</b> What are the main characteristics a contraceptive should have - so that you are happy with it.	
<b>Q7:</b> 1. How do you judge if a method of contraception is safe or not?	
<b>Q8:</b> What's your attitude toward hormonal contraception in general.	Basically I think it's cool that you can take into your own hands that you can live a controlled sexual life so to say. But bad is that hormones can also have negative effects, and there's people who have long term health damages from them like a lung embolism - that scares me quite a bit. But for many women it works well - they've never had any health problems with it, and it just depends on the individual. I find it good, if you can say that. <b>(3c: positive: option of hormonal contraception negative: lung embolisms)</b>
<b>Q9:</b> Have you heard about the BBT Method / Temperature Method - tell me	Yeah yeah I've heard of the NFP method - I even know a few that do it, but I've never talked to her in person about it. Well it works with measuring your temperature and you have to know

a little bit about what you know and your opinion about it.	your cycle like the back of your hand. And according to the temperature you determine when you are ovulating and when you can have sex or not, and you even learn to feel when you're ovulating. That's about it. I've heard of this new company that has a ring with a thermometer that you insert - Ovulating it's called I think.
<b>Q10:</b> Let's say the method is safe - could you imagine measuring your temperature every morning?	I know quite a few success stories and it seems to work quite ok, but for me personally it wouldn't be an option because the temperature depends on levels of stress, alcohol, cigarettes and if you leave all that out and lead a healthy lifestyle then I think it can work yes. It would all be a little too risky for me and you're always dependant on the thermometer - when you can have sex or not. <b>(3d: internal: self trust external factors: stress, alcohol, cigarettes)</b>

<b>Details</b>	<b>Name: Celine</b> <b>Age: 23</b> <b>Length of Relationship: 2 years</b>
<b>Q1:</b> 1. Try to put yourself into the following situation – the last time you switched method or product of contraception. What motivated you to think about using an alternative?	Well the first time I switched was from the pill to the nuvaring and that was mainly because it was too stressful for me to think about taking a pill everyday, and I also had a friend back then who became pregnant with the pill around that time. Now I have been taking the ring around 6 years but now I want to switch because of the hormones and it's cheaper. In the long run the ring is very expensive and I don't know, I'm considering the copper IUD because you insert it and don't have to think about it for 3 years then. I'm interested to see the effects of stopping with the ring because I've heard that psychologically most people seem to feel better after, and I'm tired a lot - if that has had an effect. <b>(1a: taking pill irregularly) (1b: friend's pregnancy) (3a: copper IUD)</b>
<b>Q2:</b> Where did you gather information about alternatives?	I first talked to my closest friends about their experiences, with what they've been unhappy and happy with and then I looked up further info online - I was already pretty sure that it would go somewhere in the direction of hormone free IUD. I googled the differences between the gold and the copper IUD then and it was pretty much a sure thing because there aren't that many options without hormones. I then directly went to my Gyno and asked him about it and what his opinion is and he said he's had quite good feedback about the copper IUD and generally with the IUD - but he also talked about the risks like acne or stronger periods etc. <b>(2b: friends, online, gynecologist) (3a: gold IUD, copper IUD)</b>
<b>Q3:</b> What alternatives came into consideration at the time?	The copper and gold IUD <b>(3a: copper IUD, gold IUD)</b>
<b>Q4:</b> Which method of contraception have you chosen?	I'm still on the ring but I have an appointment for the copper IUD.
<b>Q5:</b> What were the main reasons for this?	Right now hormones - is with or without, how often I have to think about it - it's a safety but also a laziness aspect, I just don't want to have to think about it every day and when you're on holidays you might forget it or whatever, cost doesn't really play a role. <b>(3b: avoidance of hormones, passive)</b>
<b>Q6:</b> What are the main characteristics a contraceptive should have - so that you are happy with it.	
<b>Q7:</b> 1. How do you judge if a method of contraception is safe or not?	
<b>Q8:</b> What's your attitude toward hormonal contraception in general.	My opinion is a split with this - I know many that are happy with the pill etc. especially regarding skin and acne and it's great that it works, but on the other hand it's crazy what you do to your body with hormones and it changes a lot like your mood - it goes against nature. It's disappointing that they didn't have a better solution back in the day like the copper IUD - I didn't know about it back then - I probably would have switched to something like this rather than the Nuvaring. <b>(3c: hormonal contraceptives go against nature)</b>
<b>Q9:</b> Have you heard about the BBT Method / Temperature Method - tell me a little bit about what you know and your opinion about it.	Yeah I don't think it's very reliable - just measuring your temperature isn't very tangible for me and again the laziness aspect. I don't think that I would think of it everyday and it affects your daily life when you have to take your temp at 8am every day. <b>(3b: passive contraceptive) (3d: intangibility)</b>
<b>Q10:</b> Let's say the method is safe - could you imagine measuring your temperature every morning?	Don't think that would be the problem.

<b>Details</b>	<b>Name: Dora</b> <b>Age: 30</b> <b>Length of Relationship: 14 years</b>
<b>Q1:</b> 1. Try to put yourself into the following situation – the last time you switched method or product of	That was with the Nuvaring, I completely lost libido that's why I stopped using it. And since then we've been using condoms. I didn't want to use hormonal contraceptives, that was the reason. <b>(1a: loss of libido) (3b: hormone free contraceptive)</b>

contraception. What motivated you to think about using an alternative?	
<b>Q2:</b> Where did you gather information about alternatives?	I didn't really look for information, I just thought it has to be because of the Nuvaring and thought to myself – I don't want to use hormonal contraceptives. And other alternatives like, I dono, inserting something into my body – I didn't want that either. That was pretty much the only alternative for me in that moment. I didn't really ask anyone else about it. <b>(2: internal)</b>
<b>Q3:</b> What alternatives came into consideration at the time?	None really, I didn't look into it that much at the time, Condoms were the most tangible and easy option for me.
<b>Q4:</b> Which method of contraception have you chosen?	Condoms.
<b>Q5:</b> What were the main reasons for this?	Basically because of the hormones, I've also tried the pill in the past that was even longer before the Nuvaring. I don't think I would like to use hormones in the future either, postponing your menstruation with the pill and the manipulation of the body just seems kind of scary to me. That's why I don't like it and in the future aswell – when I have kids I would probably think about an alternative. So far I've been quite happy with this method and my partner too. It doesn't bother me, the only issue I have with it is that you always have to have something at hand. That you need something with you, which may not usually be the norm. <b>(3c: hormonal contraceptives go against nature)</b>
<b>Q6:</b> What are the main characteristics a contraceptive should have - so that you are happy with it.	
<b>Q7:</b> 1. How do you judge if a method of contraception is safe or not?	
<b>Q8:</b> What's your attitude toward hormonal contraception in general.	I've read some things, for example regarding family planning as well. It's not even related to a particular time frame but when you do decide to have a child and you're on the pill (and it's probably no different with the nuvaring) it takes about a half a year for your body to get into the normal rhythm again. The fact that you bring your body out of the natural cycle - I think that it can't be very good for the body in the long term. I find it a little scary actually, like I already mentioned taking the pill and being able to postpone your menstruation – that just can't be good for the cycle and your body.
<b>Q9:</b> Have you heard about the BBT Method / Temperature Method - tell me a little bit about what you know and your opinion about it.	Yes I've heard about it – but it seems a little vague for me. I don't know a lot about it, but I've heard that there's a method whereby you measure the temperature and that this changes a little throughout the cycle. According to that you know whether you have fertile days or not and the probability of getting pregnant. I'm not very informed it though. But for me it seems to unsafe. I think that you can also get pregnant on days where you are not fertile, for example kids that are born although the pill was used. I just think it's too unsafe. I think I probably need something tangible, I probably need something in my hand where I know that this protects me from becoming pregnant when I don't want to. But as I said I don't know much about the subject, so maybe - I would be willing to learn about a better method, but haven't looked into the topic much. <b>(3b: tangible product)</b>
<b>Q10:</b> Let's say the method is safe - could you imagine measuring your temperature every morning?	I don't know – I'm always stressed in the mornings because I always get up so late and every minute counts, it was always like that. I know that it's not really much of an effort – but I'm not sure if I myself would manage to do it everyday, cause I'm always hectic. I'm not sure. The pill for instance I forgot very often, with the pill it wasn't much of a problem with libido but that I forgot. <b>(3d: internal factors: self trust)</b>

<b>Details</b>	<b>Name: Eleanor</b> <b>Age: 25</b> <b>Length of Relationship: 2 years</b>
<b>Q1:</b> 1. Try to put yourself into the following situation – the last time you switched method or product of contraception. What motivated you to think about using an alternative?	First I took the pill, and then I decided I don't want to take any more hormones. Then we decided to use condoms and their not 100% safe either and other than that it's not great during intercourse. Because I have a long term relationship we decided that it can't go on just with condoms. <b>(1a: discomfort, experience)</b>
<b>Q2:</b> Where did you gather information about alternatives?	I found out about it from friends first, and then I did some research online. I googled for infos and I looked for prices in forums – I mainly found infos over the gynefix homepage. Going to the Gynaecologist for advice is a bit of a drag with making an appointment and he never takes enough time to explain. Once I asked him about it he gave me some brochures and then I came to the final decision. <b>(2b: variety - internet, forums, friends, gynecologist)</b>
<b>Q3:</b> What alternatives came into consideration at the time?	None really, because the IUD is supposed to be very painful and the gold chain – I dono, because I knew that I wasn't allergic to copper and the gold chain is way more expensive. I already had experience with the pill and condoms – there's not much more that I can take into consideration. <b>(3a: Gynefix, gold chain, pill, condoms)</b>
<b>Q4:</b> Which method of contraception have you chosen?	Gynefix a half a year ago.

<b>Q5:</b> What were the main reasons for this?	Yeah the main reason was because of the hormones, and that condoms aren't comfortable in the long run. I don't have to do anything, I don't have to think about anything I don't feel anything – it's like there's nothing. <b>(3b: passive contraceptive, hormone free)</b>
<b>Q6:</b> What are the main characteristics a contraceptive should have - so that you are happy with it.	
<b>Q7:</b> 1. How do you judge if a method of contraception is safe or not?	
<b>Q8:</b> What's your attitude toward hormonal contraception in general.	I think that in our society it has been the norm that the first thing what girls do is take the pill, I personally don't have a high opinion of hormones. But I do think it's safer than condoms, especially when you're young. <b>(3c: positive: safety, negative: lack of awareness at young age)</b>
<b>Q9:</b> Have you heard about the BBT Method / Temperature Method - tell me a little bit about what you know and your opinion about it.	Yes I've heard about it – but I wouldn't do it. I think it's a lot of effort and more of a burden. I think you have to measure your temperature every time, and depending on whether it rises or falls – you can become pregnant. I wouldn't really trust it, and I don't want to plan when I have sex or measure my temperature in the morning before having sex. I don't know I just think that the probability of becoming pregnant is higher, compared to the gynefix or the pill. But I don't know. <b>(3d: internal: planning sex, measuring)</b>
<b>Q10:</b> Let's say the method is safe - could you imagine measuring your temperature every morning?	

<b>Details</b>	<b>Name: Florine</b> <b>Age: 23</b> <b>Length of Relationship: 2 years</b>
<b>Q1:</b> 1. Try to put yourself into the following situation – the last time you switched method or product of contraception. What motivated you to think about using an alternative?	Well until now I've only taken the pill when it comes to contraception and twice I've stopped taking it for around 6 months because I was abroad and I wanted to give my body a break. But I switched pill too because there was a lot going around in the media about the Yasminelle about thrombosis etc. and then I took the Dianemite because it was recommended to me - but with that one I had a bad reaction and then I stopped taking it and the I did the ABC thrombosis test and it was negative so I decided to take the Yasminelle again up until a couple of months ago. <b>(1a: experience) (1b: thrombosis)</b>
<b>Q2:</b> Where did you gather information about alternatives?	A little bit online but not much, mainly at the Gyneacologists. <b>(2b: variety - gynecologist)</b>
<b>Q3:</b> What alternatives came into consideration at the time?	Yeah I'm probably going to start with the Nuvaring soon and I was at the Gyneacologist recently and asked for some advice about non-hormonal contraceptives - the copper IUD and Gynefix, I looked for information about those too. <b>(3a: Nuvaring, copper IUD, Gynefix)</b>
<b>Q4:</b> Which method of contraception have you chosen?	Right now we're using condoms but I'm gonna start with the Nuvaring soon.
<b>Q5:</b> What were the main reasons for this?	It was more so a process of elimination, the main reason was that - well actually I kind of wanted to go with the copper IUD or Gynefix but I'm afraid of the procedure and I'm not ready for that yet and then I thought I didn't want to take the pill cause it goes through the digestive system and everything and condoms are crap too - there's not much left. Then I decided to with the Nuvaring, but at that stage I did do a lot of research online and ask friends and so on. <b>(2b: friends)</b>
<b>Q6:</b> What are the main characteristics a contraceptive should have - so that you are happy with it.	I haven't found the best method for me to be honest, I think it also depends on if you can even apply a certain method - like the Gynefix and the copper IUD have to fit - and the Gyneacologists advice and that you go through all options. I haven't taken anything other than the pill, but I think you can only try it out and judge after using it. You have to be well informed about the products, but I haven't found an ideal option for me. Safety is an issue that's for sure, I don't mind taking the pill everyday that's not a problem for me - it's just the fact that it goes through your digestive system and the ring is just as safe. When it comes to the IUD and Gynefix it's just a big intrusion into the body. I must say that most options are nearly equally safe. <b>(3b: safety, less side effects, no bodily intrusion)</b>
<b>Q7:</b> 1. How do you judge if a method of contraception is safe or not?	
<b>Q8:</b> What's your attitude toward hormonal contraception in general.	Well basically it's the easiest option and because we get a prescription from the Gyno and everybody takes it - we know much too little about it and we take it due to habit. But I don't think it's the best alternative and that you receive way too little information about it. In the long run, I definitely don't want to take it because it changes your entire hormonal levels, I just stopped taking it and I've been losing hair, have acne and all sorts of symptoms. Although the fact that I'm going to be using the Nuvaring doesn't coincide with my opinion, I just think that our options are limited and that people receive way too little information - that's why we use the

	easiest option. Generally speaking very few Gynos take enough time to actually discuss the topic and inform the patient but just briefly mention issues and topics. They often just say what's written in their contracts and suggest a certain pill. <b>(3c: positive: easy negative: lack of information, side effects neutral: options apart from hormonal contraceptives are limited)</b>
<b>Q9:</b> Have you heard about the BBT Method / Temperature Method - tell me a little bit about what you know and your opinion about it.	Yeah I've heard about the temperature method - you take your temp and on days when the temp varies on specific days - thats when you're fertile and you shouldn't have sex. I dono I think for me it's too unsafe, what if you're sick or something? <b>(3d: external: sickness)</b>
<b>Q10:</b> Let's say the method is safe - could you imagine measuring your temperature every morning?	

<b>Details</b>	<b>Name: Gretta</b> <b>Age: 29</b> <b>Length of Relationship: 1.5 years</b>
<b>Q1:</b> 1. Try to put yourself into the following situation – the last time you switched method or product of contraception. What motivated you to think about using an alternative?	That was the switch from pill to nothing, before that I took the pill for I don't know...ever...since I was 16 and I didn't want to take any hormones any more it just kind of came out of nowhere, there wasn't a specific reason or some sort of external influences but internally I just said no thanks. I was afraid too because it's not known what the long term effects are and I didn't want to have anything or get it, and eat hormones on a daily basis. <b>(1a: internal decision, experience)</b>
<b>Q2:</b> Where did you gather information about alternatives?	Yeah I have, but more so more recently - online and at my Gyno, but there's just hormonal contraceptives and non-hormonal contraceptives and the one's without are a very very small group. I weighed up the IUD but you also have the hormonal and the normal one but because I also have a strong menstruation he advised me to go with the hormonal IUD, but because I don't want something in or near my ovaries that just emits hormones there, that's why not much comes into question. <b>(2b: variety - internet, friends) (3a: hormonal and copper IUD)</b>
<b>Q3:</b> What alternatives came into consideration at the time?	I thought about the IUD but because of my period pains I went against it, then of course I knew about the Implant and the hormonal injection and the ring but that's all hormonal so that all didn't come into question. Then there's the diaphragm, but that's a little stupid when it comes to usage and not so safe. What I really considered was the IUD or nothing. <b>(3a: implant, hormonal injection, diaphragm)</b>
<b>Q4:</b> Which method of contraception have you chosen?	I'm using condoms.
<b>Q5:</b> What were the main reasons for this?	Well what I forgot to say was that when I stopped taking the pill that my body just worked differently, I felt more like myself and I had maybe a little more weight like 2-3 kilos with the pill but I definitely noticed that I just felt a lot better without.
<b>Q6:</b> What are the main characteristics a contraceptive should have - so that you are happy with it.	Just that there are no hormones involved. <b>(3b: hormone free)</b>
<b>Q7:</b> 1. How do you judge if a method of contraception is safe or not?	
<b>Q8:</b> What's your attitude toward hormonal contraception in general.	Well everyone can do it the way they want, hormonal is a negative thing because you're not yourself and you swallow hormones everyday. And it's widespread that women have to take care of it, it's not explained to you - it's just the norm that you take it when you're 16 and that's it. And it's not questioned at all, and the entire contraception is left to the girls. <b>(3c: negative: lack of awareness at young age, women's responsibility)</b>
<b>Q9:</b> Have you heard about the BBT Method / Temperature Method - tell me a little bit about what you know and your opinion about it.	Yeah I have actually, I found it very fascinating - a friend of mine did it that's where I heard about it for the first time and checking cervical fluid etc. and she did it for 2 years with her ex boyfriend and nothing ever happened, and when the stupid days were there they used condoms. I thought oho there's that too, so I had a bit of a look into it online, but I think I wouldn't trust myself to say - that's the day X I can't have sex. Especially with any partner that you're just getting to know, probably just after a year of a relationship or so - otherwise it's a bit of a russian roulette. <b>(3d: internal factors: self trust)</b>
<b>Q10:</b> Let's say the method is safe - could you imagine measuring your temperature every morning?	Yeah I can imagine that wouldn't be a problem at all, I just dono how reliable it is - what thermometer to use and where etc.

<b>Details</b>	<b>Name: Holly</b> <b>Age: 20</b> <b>Length of Relationship: 1 year</b>
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<b>Q1:</b> 1. Try to put yourself into the following situation – the last time you switched method or product of contraception. What motivated you to think about using an alternative?	Well I switched from Condom to pill just because it's more comfortable and less complicated, it's been a while but I'm thinking about looking for an alternative to the pill because of the high amount of hormones. In the long run I don't want to use it, I'm looking for an alternative at the moment but I'm not sure what I'm gonna take. <b>(3b: hormonal avoidance)</b>
<b>Q2:</b> Where did you gather information about alternatives?	Well usually when I have questions like that I talk to my Gyno about it. Well actually my Gyno had talked about other alternatives to the pill even before I began taking it because of the high hormone dose etc. and then I thought to myself - ok let's try it out and see how I react to the pill and I must say I don't have any symptoms - it agrees quite well with me actually. Then the subject got a lot of media attention, that certain ingredients are bad - people dying from thrombosis etc. and that these incidents became more popular. Then I had a closer look into the topic online and realised that it's health risks are too dangerous for me and to live with such a risk. I also found out about alternatives and went to see my Gyno and talked about possibilities like the IUD- although I don't think that that's the option I want to go with but that's what I'm considering at the moment. So the main culprit was because I read about incidents in the media. <b>(2b: variety - internet, gynecologist)</b>
<b>Q3:</b> What alternatives came into consideration at the time?	Other than the IUD - I haven't really looked into the topic that much, I mean it pops up every now and then, but no. <b>(3a: copper IUD)</b>
<b>Q4:</b> Which method of contraception have you chosen?	The pill.
<b>Q5:</b> What were the main reasons for this?	
<b>Q6:</b> What are the main characteristics a contraceptive should have - so that you are happy with it.	If I had a choice - I'd love something like the pill but without the side effects.
<b>Q7:</b> 1. How do you judge if a method of contraception is safe or not?	
<b>Q8:</b> What's your attitude toward hormonal contraception in general.	In general I'm not the biggest fan of it because there are many cases that were caused by the pill. I do know however that hormonal contraception is very practical and safe. But basically I would just prefer something that is just as safe but without the side effects. <b>(3c: positive: safe and practical, negative: side effects)</b>
<b>Q9:</b> Have you heard about the BBT Method / Temperature Method - tell me a little bit about what you know and your opinion about it.	Yeah I've heard of it - not in great detail, but I think you can only do that once you're older right? It's not very reliable when you're younger, that's what I heard. I don't know in school we briefly talked about it that women who stop taking the pill can also use this method - but how it works, I don't know - I've heard about it but yeah...
<b>Q10:</b> Let's say the method is safe - could you imagine measuring your temperature every morning?	

<b>Details</b>	<b>Name: Ingrid</b> <b>Age: 21</b> <b>Length of Relationship: 5.5 years</b>
<b>Q1:</b> 1. Try to put yourself into the following situation – the last time you switched method or product of contraception. What motivated you to think about using an alternative?	I was taking the pill for about 5 years (without break) and then I went to the Gyno again recently to talk to him about taking a break from hormones - because I've been taking them since I was about 16 and I want to know what it feels like, what I look like etc. when I don't take the pill. <b>(1a: internal decision, experience)</b>
<b>Q2:</b> Where did you gather information about alternatives?	Internet and the Gyno. Well mainly I read up on blogs online, like 'my clean journey' she did a detailed write up about it. And then I just made an appointment at my Gyno to ask about it. But first internet. <b>(2b: variety - internet, blogs, gynecologist)</b>
<b>Q3:</b> What alternatives came into consideration at the time?	Yeah condom maybe - but that's not ideal when you're in a long term relationship. Other than the pill and condoms and now the copper IUD - I haven't used any other method of contraception. <b>(3a: condom, copper IUD, pill)</b>
<b>Q4:</b> Which method of contraception have you chosen?	The copper IUD.
<b>Q5:</b> What were the main reasons for this?	Well basically because it's more comfortable and maybe a cost factor - because the pill that I had was quite expensive, a 3-month pack cost me 40-50 euros and I didn't dare to try out another one cause I heard from friends that they gained weight or whatever. I was quite happy with that one and my skin was good too, so I was scared to try another. Just having to think about whether I've taken it or not is such a stress factor for me, even now I forget that I'm not

	taking it anymore and get a fright about not having taken it. Just being controlled by it, it's a stress factor. <b>(3b: comfort, cost, passive)</b>
<b>Q6:</b> What are the main characteristics a contraceptive should have - so that you are happy with it.	
<b>Q7:</b> 1. How do you judge if a method of contraception is safe or not?	
<b>Q8:</b> What's your attitude toward hormonal contraception in general.	Generally I think there's many advantages because it agrees well with many women - there's relatively few complications, and when you have an inexpensive pill it's not that costly - it's very reliable. But what annoys me is that other than with condoms, when it comes to hormonal contraception it's always the woman's responsibility. Or the fact that it takes about a year for my natural cycle to get back into it's routine after taking the pill, that's a bit scary. <b>(3c: positive: agrees with large number of women, not that costly, negative: women's responsibility, hormonal contraceptives go against nature)</b>
<b>Q9:</b> Have you heard about the BBT Method / Temperature Method - tell me a little bit about what you know and your opinion about it.	Yeah, I've only heard about it when we did it in school but for me that's so... I dono for eco-friendly people, it's very time intensive, not reliable...yeah - if there would be studies to state that it's reliable maybe but...and actually I know many that have had a child using this method <b>(2b: school, friends) (3b: scientifically proven)</b>
<b>Q10:</b> Let's say the method is safe - could you imagine measuring your temperature every morning?	I wouldn't mind measuring my temperature, but I say that now since I've been learning a lot more about my body lately and I think it would be interesting to know how my body reacts etc. but if someone had said it to me at the age of 16 even if it was safe, I would have said I'm not interested. Especially because you don't have a regulated routine, especially as a student. <b>(3d age related lack of routine)</b>

<b>Details</b>	<b>Name: Jennifer</b> <b>Age: 31</b> <b>Length of Relationship: 2 years</b>
<b>Q1:</b> 1. Try to put yourself into the following situation – the last time you switched method or product of contraception. What motivated you to think about using an alternative?	Well, it was because I used condoms before that and that's impractical and too unsafe for me and I used to take the pill when I was younger and I just thought it's more practical and it seems more safe to me. <b>(1a: internal decision, experience)</b>
<b>Q2:</b> Where did you gather information about alternatives?	Well first I googled a lot, then I asked my friends and family - my mom too and her friends and then I went to my Gyno. Pretty much in that order. I feel like the doctors sort of want to sell you something sometimes so I wanted to objectively research before getting another opinion on it. Online I looked at all types of forums and websites - nothing in particular. <b>(2b: variety - friends, family, internet, google, forums gyneacologist)</b>
<b>Q3:</b> What alternatives came into consideration at the time?	I was thinking about the copper IUD and other than that not really - I googled a bit and with the 3 month hormonal injection you gain a lot of weight apparently and the implant is kind of weird as well, and the with the plaster I'm scared that it'll fall off. The IUD is relatively safe, but firstly I think it's weird to have something foreign inside my body and secondly if I want to spontaneously decide - I want a kid, that would have been more complicated. <b>(3a: copper IUD, 3 month injection, plaster, implant)</b>
<b>Q4:</b> Which method of contraception have you chosen?	The pill.
<b>Q5:</b> What were the main reasons for this?	I used to take it back in the day and never had problems, it's pretty easy to apply and I know what happens when a problem pops up like when I'm sick or I forget to take it and I know the risks in those situations. It's easy, that's pretty much it. <b>(3b: ease of use)</b>
<b>Q6:</b> What are the main characteristics a contraceptive should have - so that you are happy with it.	
<b>Q7:</b> 1. How do you judge if a method of contraception is safe or not?	Google and basic trust, I also talked to my Gyno about it. I take the mini pill and with that you don't get your period at all and I asked him how do I know if I'm pregnant or not. Nothing is 100% I don't trust anything fully. <b>(3b: trust)</b>
<b>Q8:</b> What's your attitude toward hormonal contraception in general.	Well I would prefer if I didn't have to put any hormones into my body, because I do think it's crazy and mood wise I definitely noticed some changes when I started taking it again but there's no other option - for me it's probably the option with the least side effects. <b>(3b: less side effects)</b>
<b>Q9:</b> Have you heard about the BBT Method / Temperature Method - tell me a little bit about what you know and	Yeah, well you measure your temperature everyday - I think around the same time. For me personally I think it's a little complicated, cause what if you're ill or you don't feel well or your temp is higher due to ...I don't know...the hot weather outside. For me personally I think it

your opinion about it.	would be too unsafe although I do know my body quite well, or the thermometer is broken. I don't know..there's so many factors where I think - no that's too safe. <b>(3d: external: weather, sickness, thermometer accuracy)</b>
<b>Q10:</b> Let's say the method is safe - could you imagine measuring your temperature every morning?	It really depends on if I have to measure at the same time every morning, cause I don't always get up at the same time and I feel like that would limit my daily routine and be a burden for me. I take the pill around the same time to, but that's in the evening and it's not as bad if I take it an hour or two later, but with the temperature 2 hours later - I think it's a problem yes.

<b>Details</b>	<b>Name: Kathrine</b> <b>Age: 21</b> <b>Length of Relationship: 2 years</b>
<b>Q1:</b> 1. Try to put yourself into the following situation – the last time you switched method or product of contraception. What motivated you to think about using an alternative?	I actually took the pill since I was 19 and that actually worked quite well until last summer but then I wasn't well health wise. Up until then the pill agreed well with me, but I had gained a lot of weight. Then I decided to switch products, I took another brand of pill and it got even worse. Back then I used condoms as well, so I was doubly protected and now I just use condoms. <b>(1a: experience)</b>
<b>Q2:</b> Where did you gather information about alternatives?	I study medicine, so I just checked the pharmacology book and then I went to the Gyno - she advised me to take this new pill and I got a prescription. Before taking it though I googled and read blogs, and a lot of people write up their experiences with it and I just wanted to find out how it works for the majority. I wanted to find out if the new pill I received worked well or not for people. Read through blogs too. I didn't really look at a particular one or anything, I just read through many so that I have numerous opinions on it. I didn't actually buy the pill until after googling. <b>(2b: books, gynaecologist, blogs, google)</b>
<b>Q3:</b> What alternatives came into consideration at the time?	Well I read up in the pharmacology book about the hormonal IUD, I talked to my gyno about it though and I can't take it because I have endometriosis. My other option was a gestagen pill or nothing. And then I decided to take nothing, and the Gyno gave me a prescription for the gestagen pill just in case I wanted to start with that. <b>(3a: pill, hormonal IUD)</b>
<b>Q4:</b> Which method of contraception have you chosen?	Condom.
<b>Q5:</b> What were the main reasons for this?	
<b>Q6:</b> What are the main characteristics a contraceptive should have - so that you are happy with it.	
<b>Q7:</b> 1. How do you judge if a method of contraception is safe or not?	Safety that's for sure, and the costs. For instance the IUD is extremely expensive and what's also important is the user experience and as few problems as possible. <b>(3b: safety, cost, ease of use, less side effects)</b>
<b>Q8:</b> What's your attitude toward hormonal contraception in general.	Well there's study and the pearl index - that's a good indication.
<b>Q9:</b> Have you heard about the BBT Method / Temperature Method - tell me a little bit about what you know and your opinion about it.	In general I find it good, but to also be cautious about it because I think not everyone knows that for instance if you have diarrhoea or vomited that it doesn't work. I think it's good once no problems pop up, but once systemic problems come up I would strongly advise against it. Unfortunately the pill has a lot of side effects and I hope something can be done against it. I definitely think that it should be explained properly in school, cause for instance my Gyno didn't really go into great detail about it. <b>(3c: lack of information, side effects)</b>
<b>Q10:</b> Let's say the method is safe - could you imagine measuring your temperature every morning?	Is that where you measure the temperature and using this you can identify the fertile and infertile days? Yeah I know about it but is completely crazy - it's so unsafe, I would never try it. I heard about it in class, when we had Gyneacology at Uni and a friend of a friend uses it. I've heard that it doesn't work because there's always temperature fluctuations and you can't safely say it. And the idea of just having sex on infertile days, you can never say if it works or not. <b>(3d: external: due to influences on body temperature)</b>

<b>Details</b>	<b>Name: Lauren</b> <b>Age: 23</b> <b>Length of Relationship: 6 years</b>
<b>Q1:</b> 1. Try to put yourself into the following situation – the last time you switched method or product of contraception. What motivated you to think about using an alternative?	That was 5 and a half years ago, I've been taking the pill for 5 years now and before that we used condoms. Because I had already taken the pill because of my skin when I was even younger, I was open to using it again and I knew that I didn't have to worry about STDs with him and I find condoms extremely uncomfortable and he does too. I did switch pill brands once because there were cases in France that caused thrombosis and many switched at the time - it was like 3 years ago. My Gyno actually asked me to come to her office and wanted me to switch to another brand. <b>(1a: discomfort, experience) (1b: Gyneacologist initiated switch)</b>

<b>Q2:</b> Where did you gather information about alternatives?	Well my Gyno advised me to take that pill and I pretty much took that advice, I did do a little research online but she's a family friend and very honest so I trust her fully. <b>(2b: variety - gynecologist, internet)</b>
<b>Q3:</b> What alternatives came into consideration at the time?	Back in the day I didn't really consider alternatives but right now I am. Actually I wanted to go to the Gyno 2 weeks ago but postponed and then I was sick again and had to reschedule again, gonna try and go to her this week because I'd like to switch to the Gynefix. I know that I don't want to have kids within the next 5 years and I have taken the pill for so many years now, I would prefer to switch to something without hormones. I found out about it through a work colleague, she switched from the pill to the Gynefix and then I researched online. Then I realised what advantages it has and since then I've been trying to schedule an appointment at the the Gynos office, for advice. <b>(3a: Gynefix)</b>
<b>Q4:</b> Which method of contraception have you chosen?	The pill.
<b>Q5:</b> What were the main reasons for this?	That it's effective, that there's no risk for pregnancy and that the side effects are as low as possible. I actually don't have a problem with the pill, I'm consistent and take it at the time I'm supposed to but still I have the feeling that so many hormones in the long run are not safe. <b>(3b: safety, less side effects) (3c: negative: hormonal contraceptives go against nature)</b>
<b>Q6:</b> What are the main characteristics a contraceptive should have - so that you are happy with it.	
<b>Q7:</b> 1. How do you judge if a method of contraception is safe or not?	How easy it is to use the product, if I can make a mistake or something. For instance the diaphragm when that is placed wrongly it doesn't protect you at all, or the condom - you have to be careful that it doesn't burst. Then I would decide against it, it should be understandable for everyone. <b>(3d: application mistakes)</b>
<b>Q8:</b> What's your attitude toward hormonal contraception in general.	I think that it's generally ok because it works, but when you can you should consider alternatives that aren't as extreme. <b>(3c: positive: effective)</b>
<b>Q9:</b> Have you heard about the BBT Method / Temperature Method - tell me a little bit about what you know and your opinion about it.	Nope never heard of it, I've only heard of the 'pull-out' method.
<b>Q10:</b> Let's say the method is safe - could you imagine measuring your temperature every morning?	

Having identified the code, a thorough data screening was undertaken, by reading statements objectively. For the purposes of data reference key words and fictive names were assigned accordingly, as results are to be kept anonymous. The following section discusses the main categories of decision-making taken into consideration; need recognition, information search and evaluation of alternatives. Statements have been attributed to these categories by the means of coding and key wording.

## **1. Need Recognition**

Throughout analysis two main reasons for need recognition regarding contraceptive products were identified.

### **1.a. Internal Stimulation**

*(Keywords: discomfort, experience, irregular bleeding and cycles, taking pill irregularly.)*

Internal stimulation was often mentioned due to a feeling of discomfort, but also in some cases interview partners could not pin point the reasoning behind wanting to switch. Another

situation depicted was the frequent occurrence of taking the pill irregularly. These are typical experience based need recognition phenomena. Other physical effects such as irregular bleeding and cycles were also mentioned. This indicates that contraceptives, hormonal in particular, have a significant impact on internal factors such as health, emotions and well-being. Companies may not be able to influence these factors directly, but a need for a healthier alternative or technological advantage can be witnessed. Regarding contraceptives, internal stimulation is mostly initiated by experience-based conclusions. Interviewees have trialed the product and have identified dissatisfaction and therefore sought an alternative solution.

*Anna: "Well the reason was that I just didn't feel well or comfortable with my body, but I didn't exactly know why"*

*Dora: "That was with the Nuvaring, I completely lost libido that's why I stopped using it."*

### **1.b. External Stimulation**

(*Keywords: media, gynaecologist initiated switch.*)

External stimulation, on the other hand, was mainly due to media attention. Mentioned external stimuli include media sources that have caused consumers to question their purchase decision and consider alternatives, in some cases even to switch to alternatives;

*Florine: "I switched pill because there was a lot going around in the media about the Yasminelle, about thrombosis etc..."*

*Holly: "Then the subject got a lot of media attention, that certain ingredients are bad - people dying from thrombosis etc. and that these incidents became more popular. Then I had a closer look into the topic and realised that its health risks are too dangerous for me and to live with such a risk. I also found out about alternatives and went to see my Gyno and talked about possibilities like the IUD...So the main culprit was because I read about incidents in the media"*

*Lauren: "I did switch pill brands once because there were cases in France that caused thrombosis and many switched at the time - it was like 3 years ago. My Gyno actually asked me to come to her office and wanted me to switch to another brand"*

Closely linked to this media attention was a situation of one interviewee whereby her gynaecologist initiated the switch due to scandals.

### **2. Information Search**

(*Keywords: internet, friends, gynaecologist, internal, blogs, books*)

Throughout the interviews it became apparent that a variety of sources of information were combined by every single individual to subsequently form an opinion and/or make a purchase decision. The main areas of search have been identified as friends, internet sources such as blogs, websites, forums and seeking Gynecologist's advice.

*Anna: "I started with internet research, to find out what's out there and what alternatives I have. Then mainly I asked amongst friends, because quite many friends my age also said that they're looking into switching. And also my Gynaecologist but that wasn't my first go to - they don't have that much time (the private one's too) and although they can tell you what's out there they don't really have the first hand experience or reviews - I think that's something you can talk to your friends about much better."*

*Kathrine: "...I went to the Gyno...and got a prescription. I googled and read blogs before taking it though"*

The process of information search cannot be seen as static and consists of numerous iterations. This became apparent during interviews as the high number and variety of information sources sought out for indicates the consumer's high involvement in the decision making process.

*Jennifer: "Well first I googled a lot, then I asked my friends and family - my mom too and her friends and then I went to my Gyno. Pretty much in that order."*

*Ingrid: "Internet and at my Gyno's"*

*Eleanor: "I found out about it from friends first, and then I did some research online. I googled for infos and I looked for prices in forums"*

*Ingrid: "Well mainly I read up on blogs online, like 'my clean journey' she did a detailed write up about it. And then I just made an appointment at my Gyno to ask about it"*

*Celine: "I first talked to my closest friends about their experiences, with what they've been unhappy and happy with and then I looked up further info online - I was already pretty sure that it would go somewhere in the direction of hormone free IUD. I googled the differences between the gold and the copper IUD then and it was pretty much a sure thing because there aren't that many options without hormones. I then directly went to my Gyno and asked him about it and what his opinion is"*

*Beatrice: "Well there's plenty of forums like netdoktor.at or women's forums, and there's often contributions and reviews"*

Some similar patterns in statements can be displayed regarding the value of information sources, which ones are ranked more highly and which are rather a last resource. It must be noted that all questioned took numerous sources into consideration and didn't rely on one. This indicates that there is no predominant importance regarding sources of information. Although friends and family's opinion tend to be taken closely into consideration and often initiate further information search.

*Eleanor: "I found out about it from friends first, and then I did some research online."*

*Beatrice: "but a friend of mine was on the Nuvaring and I asked my Gyno and he reckoned I could try it out"*

Experience based information is also sought out for, which correlates with literature findings that testimonials are a great means of advertising health products. (Kemp, Min, & Joint, 2015) Similar behaviour in online research can also be witnessed, google being the first go-to point of interaction and subsequent websites and forums from then on.

*Jennifer: "Well first I googled a lot, then I asked my friends and family - my mom too and her friends and then I went to my Gyno."*

Gynaecologists don't seem to be the most vital source of information but rather a secondary information base.

*Anna: "they don't have that much time (the private one's too) and although they can tell you what's out there they don't really have the first hand experience or reviews."*

*Beatrice: "Once I've gathered that info and formed an opinion I go to my Gyno and seek more information there"*

### **3. Evaluation of alternatives**

Throughout the analysis of data some the following subcategories were identified as being influential regarding the evaluation of alternative contraceptive products.

#### **3.a .The consideration set**

(*Keywords: copper IUD, Gynefix, gold IUD, implant, hormonal injection, diaphragm, plaster, implant, injection, hormonal IUD*) This refers to the means of contraception that were mentioned within the consideration set, the popular mentioning of the copper IUD reflects the trend toward non-hormonal and passive contraceptives. There is a tendency to (at least consider) Copper IUD / Gynefix.

Being a non-hormonal option, a long-term solution and as it does not require daily effort or impacts daily routine, some even mentioned cost as a factor of choice.

*Lauren:* “Back in the day I didn't really consider alternatives but right now I am...gonna try and go to her this week because I'd like to switch to the Gynefix.”

*Jennifer:* “I was thinking about the copper IUD” “What I really considered was the IUD or nothing.”

*I don't have to do anything, I don't have to think about anything I don't feel anything – it's like there's nothing.”*

Others have omitted this option from their consideration set due to the avoidance of bodily intrusion (insertion of a foreign device.)

*Florine:* “When it comes to the IUD and Gynefix it's just a big intrusion into the body.”

### **3.b. Product attributes sought out for**

(*Keywords:* avoidance of hormones, passive, effective, tangible, no bodily intrusion, cost, ease of use, less side effects, scientifically proven)

A very big influence regarding contraceptive choice is the avoidance of hormonal contraception, reflecting previous findings within literature.

*Eleanor:* “The main reason was that I didn't want to have any hormones”

Another attribute that was emphasised during interviews was ‘not having to think about’ the contraception, interviewees sought out an option whereby they don't actively have to engage with the product of contraceptive on a regular basis. This is the reasoning behind the popular mentioning of the copper IUD - it is placed by the Gynecologist once and lasts up to five years. This type of contraception could be coined as a ‘passive’ contraceptive; similar to the implant it does not require active user engagement. The opposite of this would be the pill or *Natural Cycles* whereby the user has to actively engage by taking a pill or measuring her temperature on a daily basis.

*Celine:* “I just don't want to have to think about it every day and when you're on holidays you might forget it or whatever”

*Ingrid:* “Just having to think about whether I've taken it or not is such a stress factor for me”

Although others seek an option that does not intrude the body;

*Florine: "When it comes to the IUD and Gynefix it's just a big intrusion into the body."*

Another factor mentioned was product tangibility, which may also indicate reasons for preference or lack of trust towards certain methods.

*Dora: "I think I probably need something tangible, I probably need something in my hand where I know that this protects me from becoming pregnant when I don't want to."*

### **3.c. Attitude toward hormonal contraceptives**

(*Keywords - positive: option of hormonal birth control, safety, easy, agrees with large number of women, not that costly*)

Attitudes differ from person to person yet similarities in statements could be found that determined the option of taking hormonal contraceptives is seen positive, yet it is highlighted that at a young age women are not aware of possible side effects and alternative options.

*Anna: "Generally I think that it's good that the choice is there...but when you're younger it's the only option, but you don't really question it either because if one of your friends has it then everyone else has it too."*

(*Keywords - negative: hormonal contraceptives go against nature, lung embolism, lack of information, side effects neutral: options apart from hormonal contraceptives are limited), womens responsibility*)

*Beatrice: "But bad is that hormones can also have negative effects, and there's people who have long term health damages from them like a lung embolism"*

*Dora: "I don't think I would like to use hormones in the future either, postponing your menstruation with the pill and the manipulation of the body just seems kind of scary to me."*

This attitude is also more so reflected within the interviewees purchase behaviour, as most women are avoiding hormonal contraception or considering to switch. The satisfied women spoken of are questionable, although it must be said that a generalisation cannot be made from this sample group. As displayed throughout the representative studies, hormonal

contraception remains most popular, in particular the contraceptive pill. (Gynmed Ambolatorium Vienna, 2015)

### **3.d. Lack of trust**

(*Keywords* - internal: self-trust, planning sex, measuring, application mistakes)

Throughout the interviews it became apparent that trust was a big issue when it came to contraceptive products. Mistrust can also be attributed to internal and external factors identified throughout the data. Internal trust refers to the lack of self-trust in order to apply a certain method of birth control, hereby the user is not concerned about the effectiveness of the contraceptive product itself but rather the usage mistakes that oneself could make throughout the process of application. For example forgetting to take the pill.

*Celine:* “Well the first time I switched was from the pill to the nuvaring and that was mainly because it was too stressful for me to think about taking a pill everyday”

*Eleanor:* “I wouldn’t really trust it, and I don’t want to plan when I have sex or measure my temperature in the morning before having sex.”

*Jennifer:* “How easy it is to use the product, if I can make a mistake or something. For instance the diaphragm when that is placed wrongly it doesn't protect you at all, or the condom - you have to be careful that it doesn't burst. Then I would decide against it, it should be understandable for everyone.”

*Gretta:* “but I think I wouldn't trust myself to say - that's the day X I can't have sex”

(*Keywords* - external: stress, alcohol, cigarettes, due to influences on body temperature, age related routine, intangibility, sickness, weather, thermometer accuracy)

What is more a few interviewees reasoned scepticism regarding the BBT method due to perceived influences of external factors on body temperature such as stress, smoking or drinking alcohol.

*Beatrice:* “because the temperature depends on levels of stress, alcohol, cigarettes and if you leave all that out and lead a healthy lifestyle then I think it can work yes.”

*Anna:* “I think that people nowadays, as we live in a stressed society which impacts our bodies, that most people can't even do it - temping.”

*Jennifer:* “what if you're ill or you don't feel well or your temp is higher due to ...I dono...the hot weather outside.”

Several statements have led to the conclusion that there is a lack of trust towards the BBT method due to it being an intangible method of contraception i.e. you do not have a pill to swallow, something inserted in your body or to apply.

*Celine: "just measuring your temperature isn't very tangible for me"*

Throughout interviews it became apparent that partners were externally triggered by media, be it during the need recognition process or information search. It should also be noted that all interviewees sought out more than one source of information, rather all of them mentioned 2-3 sources. These included Media sources such as the Internet i.e. Google, blogs, forums and website, interpersonal sources such as family and friends and professional Gynaecological advice. When it came to the evaluation of alternatives certain contraceptive trends were highlighted, such as a tendency to avoid hormonal contraception, a high rate of copper IUD consideration and seeking the product attribute to 'not have to think about it'. Moreover, although awareness of the BBT method was very high amongst the questioned participants, reasoning for the lack of acceptance and usage was found. This can be attributed towards the perception of external influences on body temperature such as stress, smoking and alcohol, the lack of trust within the individual herself and the intangible nature of the method of contraception.

## **4 Discussion and Implications**

This chapter discusses the outcomes of the research paper, and subsequently derives implications for contraceptive products, in particular *Natural Cycles*. To do so outcomes of literature review and the empirical study were analysed, compared and discussed.

The decision making process is a complex process consumers go through when purchasing products. This process can be broken down into five major steps. These include problem recognition, information search, evaluation of alternatives, purchase decision and post-purchase behaviour. A company may strategically intervene in this process for marketing purposes. (Kotler & Keller, 2012) An in depth analysis of literature displayed that external (e.g. media) and internal factors (e.g. feeling unwell) affect various process steps. As marketing intervention initiated by a company is an external factor that may affect the decision process, the only steps taken into consideration were the first three phases of the

decision making process, they are the most influential by external means. Moreover, for the purposes of this paper, factors influencing actual purchases were sought out.

Regarding contraceptive products need recognition is initiated by internal factors such as feeling discomfort. These cannot typically be influenced. External factors, however, may be intervened in by factors such as the media. Given that media attention and scandals caused some of the participants to switch their method of contraception, it is apparent that this outlet is also a very influential source. The empirical study has highlighted the effects of negative media attention, exploring how the opportunity to leverage media for positive attention would pose interesting for a company selling contraceptive products. Although, they did not mention it, it must not be assumed that media has not influenced interviewees.

Contraceptive products have been identified as experience goods, meaning all information cannot be gathered prior to purchasing. Yet the main sources of information that consumers will turn to in general are personal contacts such as friends and family, commercial influences such as advertisement and web sites, public sources for the mass media and lastly experiential by applying the contraceptive product. Throughout the interviews it was found that all interview partners sought out information from more than one source; friends, online (google, blogs, forums) and their Gynaecologist being the most predominant sources mentioned. Literature mentions that the process of information is not static yet iterations take place on numerous occasions, this was also reflected by empirical research. Moreover channels of communication should be taken into consideration when marketing contraceptives, depending on whether or not consumers require a prescription to purchase the product. Packaging, personal sources and mass media are seen as more influential regarding a consumer's purchase decision when considering a non-prescription drug, whereas information regarding prescription drugs is sought out online. This implies that prescription contraceptives such as the pill, the hormonal IUD and the Nuvaring should be marketed online. Whereas non-prescription contraceptives such as condoms, *NaturalCycles* and the diaphragm should focus communication through the means of mass media and personal sources. These literature findings reflect the empirical study outcomes, where it was highlighted that consumers making a purchase decision regarding contraceptive products do not seek out one source of information. Interviewees rather discussed various sources of information such as friends, family, the internet and gynaecologists. A professional outlet which wasn't mentioned during interviews were pharmacists as a source of information, although literature has found them to be amongst the most underestimated means of marketing communication regarding non-

prescription drugs. This may be due to the fact that most contraceptive products mentioned require prescription or that individuals do not perceive pharmacists as influential. Another method of influence may be advertising through the means of testimonials by individuals with existing product experience. This has been proven to increase trust and acceptance within the health product sector. (Kemp, Min, & Joint, 2015)

Products are evaluated through a bundle of attributes with different abilities to deliver various benefits sought out for. Literature has found that safety, comfort and hormonal avoidance are key factors influencing products of choice. Hormonal avoidance is becoming more and more relevant, as displayed in the findings of the representative studies contraceptive use in general is sinking and the second most common reason for the avoidance of hormonal contraceptives. This trend has been hugely reflected amongst interview partners, as a high number of participants noted this a concern and a reason for choosing a contraceptive product. Given that non-hormonal contraception exists, the question as to why people do not apply contraception nonetheless arises. Some statements throughout the interviews might indicate reasoning behind this, such as the lack of knowledge regarding alternatives or dissatisfaction with products offered.

*Eleanor: "...there's not much more that I can take into consideration"*

*Florine: "When it comes to the IUD and Gynefix it's just a big intrusion into the body."*

A frequently mentioned phrase throughout was the wish for a contraceptive product that allowed users to 'not have to think about it' – which may alternatively be described as passive contraception. Passive due to the nature of usage, the user does not have to actively engage with the product on a regular basis in order for it to work. This may include the copper IUD, the hormonal Implant or the Gynefix. Active contraception would entail the user to actively engage in its application on a regular basis for instance the pill, *Natural Cycles*, the condom etc. Technological or medicinal advances that turn contraceptive products from active to passive may be of interest to consumers.

## **Implications for the Company Natural Cycles**

Findings have displayed outcomes regarding consumer decision-making amongst contraceptive products. However, information displayed has different implications for various contraceptive products and companies. For the purposes of this case study, outcomes are applied to the company *Natural Cycles* and suggested implications are highlighted. Firstly

general aspects relevant for the company and possible developments are highlighted, there then follows focused communication based suggestions.

The company can intervene in the consumer decision-making process through the following suggested means although alternative subjective deductions can be made through findings. Due to *Natural Cycles* being a healthy alternative product to hormonal contraceptive, need recognition may be enforced or triggered by media attention around the negative health impacts of hormonal contraceptives, the intrusion of devices such as the copper IUD as well as positive media attention regarding the product *Natural Cycles*. Given that awareness of the BBT method and the product *Natural Cycles* is relatively low, establishing brand awareness will be of vital importance.

Empirical research has displayed external and internal reasoning behind the lack of trust towards contraceptives, in particular the BBT method, analog to *Natural Cycles*. Distinctively communicating the risks and influences, especially on body temperature is of vital importance. By providing information and support regarding these matters, the perceived risk is reduced. (Kotler & Keller, 2012, p. 192) Moreover, trust in contraceptive products is closely correlated to self-trust of the correct application of the product. Increasing perceived self-trust by providing relevant information may increase credibility. What is more, external help factors such as an integrated alarm in order to remind the user, increasing ease of use, could prove as beneficial for customers.

Another behavioural aspect highlighted throughout the paper was the fact that women in the position of making a contraceptive purchase decision seek numerous sources of information. Therefore communication channels should vary and a presence on various channels is vital. As media sources have been identified to trigger need recognition, these channels may be used to emotionally trigger internal need recognition such as displaying symptoms or an inspiration to leading a healthy lifestyle. A method of influence may be advertising through the means of testimonials by individuals with existing product experience. This has been proven to increase trust and acceptance within the health product sector. This method of advertising is already in place, findings indicate that these means of communication should continue and be a focus channel.

Lastly, the evaluation of alternatives is influenced by numerous factors. Health has become a megatrend over the last few years. Hormonal contraception contradicts this trend due to the

effects witnessed throughout the empirical study displaying health and emotional issues. As mentioned throughout research, the tendency to avoid hormones and use alternate methods of contraception such as condoms or none at all, is increasing and becoming a trend throughout the German speaking markets. This displays great opportunities for the company *Natural Cycles* as an alternative, healthy and hormone free option. However, the research has also shown that similar methods are not wide spread and lack of trust can be witnessed regarding the BBT method. *Natural Cycles* can be seen as analogue to this method for the purposes of this paper. Therefore, strategies to overcome trust issues and leverage the strengths of influencing consumer decision-making will allow for ultimate success of the company in the German speaking market.

Currently, *Natural Cycles* consists of a product – the app, whereby the user needs to actively measure their temperature and insert data into the app. This requires activity, time and effort and, as previously mentioned, in an age of stress and little time, people seek contraception solutions they don't actively have to think about or that do not impact their daily routine. By using technological advances to turn the now active product into a passive one would open up opportunities. This could be explored by integrating a thermometer into a wearable device, or creating a device that is inserted similar to the mentioned 'Ovulating' mentioned by one of the interview partners. Technical advances could allow for the product *Natural Cycles* to change from the current 'active' method of contraception to a rather passive method of contraception, whereby an entire benefit of 'not having to think about it' is satisfied and ease of use (one of the most important attributes) is increased.

Certain deductions can also be made regarding communication. An underlying reason for lack of trust amongst contraceptive products is lack of tangibility. Depicting a tangible good through marketing efforts by creating a symbol/metaphor of protection and safety. When prospective customers cannot trial the product properly in advance, metaphorical reassurances become vital during marketing efforts. Promises made by the company should be 'tangibilised' in their presentation. For instance using images of symbolising protection such as a woman being covered by a blanket or being hugged. *Natural Cycles* could also implement this by using an alternative thermometer device, which does not reflect a conventional thermometer yet a product used for contraception. This is merely a matter of packaging and psychological effect. A product will be judged not only by the vendor, but also by the corporation's representative, the way that it is packaged and presented. Similarly,

it is more difficult to keep customers of intangible goods, as the customer may drop the product due to not fulfilling expectations.

Overall *Natural Cycles* and alternate contraceptive producers have much to gain by analysing and focusing marketing intentions on the intervention of the decision-making process. Need recognition can be triggered by external factors such as media attention highlighting current trends such as healthy living and the risks of hormonal contraceptives. Communication is vital for the success of contraceptive products; messages communicated should objectively provide risk information in order to reduce perceived risk and gain consumer trust. Moreover, communicating the product as a tangible good and sought out attributes such as ease of use and avoidance of hormonal contraception will prove beneficial. Lack of trust does not always lie within the method of contraception itself but rather the individual, indicating that communication efforts to increase this would also be of great use. Technological advances are at the forefront of the evaluation of contraceptive products, as consumers seek hormone free, passive and non-intrusive product alternatives.

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## 6 Primary Data

### 6.1 Natural Cycles Interview

*Protocol with Marketing Manager Diana Selguson*

**Diana:** First of all, thank you for contacting us. One of our Founders is actually from Austria, he and Elena met in the US and then they moved to Switzerland then. It really sounded like you thought through what you want to do, also the experience you have from Australia and that you speak German and that you're a global citizen is very interesting to us, so I think it will be nice to work with you on this and we'll see, I mean if it works out maybe we can talk about extra work in the future as well. You have a good background.

**Olivia:** It's a really interesting topic and I've only come to know more about the topic recently and I'm excited to learn more about it.

**Diana:** How did you hear about us the first time?

**Olivia:** I've just been researching the topic a lot lately, I came off the pill in January because I had a lot of problems – I had irritable bowel and weight problems and ever since I came it, I decided I don't ever want to go back on it. So I've been researching and reading books a lot lately. The biggest book in the US market that I know of is 'Taking Charge of Your Fertility' – I've been reading that lately, but I'm not quite through. I haven't started charting yet, but yeah I was just googling and researching if any firm was doing this method in Europe. Because as far as I know you're company is the only one in Europe, in the US there are quite a few like Kindara.

**Diana:** Glow and Clue, Clue is actually based in Germany but I would say they are maybe a little less advanced – they don't work in the same way as we do. I think they might have something coming but they're not there yet. But I agree Kindara is probably the strongest competitor, especially with the Wink.

**Olivia:** You've been in the market a bit longer but I think the topic is going to get very big, very fast.

**Diana:** Yeah it's all very stressful, we've got a lot of work to do and there's always new markets. But in Germany this year we plan to work with some Influencers, but next year we will have a bigger budget to plan monthly activities – so it's a really interesting market, and it's also one of the languages I don't speak so it's great. We have a marketing assistant who is fluent in German, she is from Sweden but has German parents, so she was helping out now with the website and she did some translation and so on. It's really a focus market for us. As you say if we take Germany we might as well take Austria, because they are more or less similar markets – so I think everything was kind of spot on in what you proposed in your email. So, feel free to ask and I will try to answer your questions.

**Olivia:** What Data can you provide? Or have you done any research in Germany or Austria before?

**Diana:** No, we have not. There are maybe some basics that we have, like a big chart with different countries mapped and with some statistics on target groups or the digital evolution index. We have a very big summary of many markets and there we have Germany included, so maybe I can share that with you.

**Olivia:** Yeah, that would be great.

**Diana:** Maybe it's not even correct, I will let you have a look at it and you can correct it if you think something is wrong or add it.

**Olivia:** Ok, anything that you guys have and you think it would be helpful, please send it on and I will have a look at it. So you're actually not in Germany yet?

**Diana:** No, we are actually working with some bloggers now. Like 'Our Clean Journey' who are from Austria, but also very big in Germany and we're trying to book 'Kristina Aader'. With 'Our Clean Journey' it was quite easy because we had direct contact, but it also takes time. And with Kristina we have an influencer agency helping us that have influencers all over the world, so we're hoping that she will blog and link to us in the coming weeks. I saw that that was one of your questions, what is working well for market entry and generally any channel that allows story telling, because we are such an innovative and different product we need to be able to tell the story. We're not a traditional contraceptive but we're much more than just a period tracker, so we really need to be able to explain.

**Olivia:** Yeah, I think it's very difficult to explain, if I talk to people about the topic – it's very difficult to explain to people and for them to understand.

**Diana:** We have tried Banners and Newsletter at an early stage but it never really worked, but influencers, bloggers and instagramers work really well because they can tell a full story. 'I want to be more healthy next year / I want to be off hormones / get to know my body' that works. Also new mothers who have been pregnant for 9 months then give birth and then think about what they should do now, should they go back to the pill or not? That's also generally a good stage of life to switch to NC. And then you have people who generally don't feel good with hormones, and it's very common that one wants to try something else but they don't know what. So then we can also come in in a good way, so that has been working very well as an entry strategy. In Australia we also did something called Bellabox, which is like Birchbox or Glossybox – it's a monthly subscription to sample cosmetics. We sent customers a flyer with a special discount and they also got ovulation tests, so we did that activity, and that was quite good as well. We got quite many sign ups, the action was ok, but I think that Influencers are even better. We tried one very small influencer in Australia, just to see what kind of questions she got and how people felt about it but it turned out very good so now we are trying to reach bigger influencers. In Norway we tried it with a very big influencer, the biggest one, she got quite bad comments – people didn't really understand, they were sceptical – they were very pro-pill. So that was some PR trouble actually, so that's where we learnt maybe it's not a good idea to contact the big ones first, but try the small ones, so we have time to see how people react and so on. That way we can react quickly. So those have been some learnings on the way and I think PR – **we need to build a credibility, so** Influencers and at the same time good Articles or Online Articles are very good. The best is if we can have some doctor who recommends us or a nurse or midwife – that is also pro natural cycles, that's very beneficial to us.

**Olivia:** Ok, and what do you offer them?

**Diana:** Yeah I think we can offer them payment, if they are big bloggers or influencers we usually pay, the much smaller ones we usually just give them a gift box or something – if they ask for money we can possibly pay them too. For doctors and so on we have to make room for a budget because they are so important to us, we're also willing to pay.

**Olivia:** Are you definitely going to enter Germany anyway? Do you want more focus on market entry strategy or more so on the market itself?

**Diana:** Well actually both. What's actually interesting for us is the background – how much do people pay for the pill per month/ year, is it difficult or easy to access? Do you need a prescription from a doctor? That kind of background is very good for us to have, and also general knowledge like are people cautious about paying with credit card online. What I heard about Germany was that bloggers and instagram are not that big yet in Germany, because social media is very interesting to us. Facebook is still the main channel, and that's not even that big compared to other countries. So I've heard from our target group we can only reach a few million through social media, because there are still so many that read traditional magazines and so on. Which is quite different to Sweden and Norway, where traditional magazines are dying – everyone's on social media, that's where you get your newsfeed and follow bloggers and influencers and do what they say. So magazines are much stronger in Germany I think, so that could be interesting – target group, how do we find them? We define our target group we say it's from 25years old and up, we also have younger customers like yourself but if we target to young we have received negative feedback, it looks like we're not credible or are trying to fool young girls. We target these with specific actions, we try not to go to young with our communications.

**Olivia:** What other characteristics does your target group have?

**Diana:** A progressive target group – people who are open to new things, because we are online and have an app they have to be digitally active – be online, and also in a relationship – because you don't have to protect against STD's because you are in a different life situation than if you are 18 and single. We are doing a big target group survey, where we send out a survey to our cyclers to find out what they do. Once I have that information I can also send it onto you.

**Olivia:** What are the main difficulties/barriers when entering other countries?

**Diana:** Yes Sweden and Norway is working fine, and Brazil I must say is also working well – there we have more logistic problems. With Germany that's not the case. Because it's non-EU and Thermometers get sent back – that's a problem in Brazil. We are trying a bit, but we find that in the US every household has a thermometer, it's something quite common, and I don't

know with Germany and Austria if it's common to have a Basal Thermometer with two digits?

**Olivia:** Yeah I mean it is common to have one, but it's usually just a one point decimal. Do you sell a lot of thermometers?

**Diana:** If you sign up for a year you get a thermometer for free, and then we have free trials where you can try NC for a month – then we don't give thermometers, so we actually sell some too. But actually I think we lose quite a few people because they lose the trial because they don't have a thermometer, they don't convert to paying because they can't get started on time. And then the free trial expires and then they're gone, so I think we can improve on that with a good thermometer deal as well.

**Olivia:** So what's your main difficulty in entering into a foreign market?

**Diana:** I think **the credibility part**, building trust – that we have done clinical studies and we're the only app that has done so. We have a certificate and so on, so we're really in the forefront but if people are sceptical, we need to speak with them and explain. So the credibility part is one thing, and also I've heard that Germany is a market where people have done the traditional pen to paper NFP so it's perceived as kind of an old method. But we say yeah it is an old method, but we take the human error out of it because we have an algorithm that is super smart and takes everything into consideration, you can even have irregular cycles – we do all the maths and calculations behind the app. I know that in Brazil it's also perceived as an old and catholic method.

**Olivia:** Do you have any other goals that you want to take into consideration?

**Diana:** Well we really want to be able to calculate the return on investment, it should generate the same amount of sales or more compared to money invested.

**Olivia:** Ok I'm going to get started on my proposal and will keep you up to date. Thanks a million for taking time for this interview, and talk to you soon.

**Diana:** Thank you, talk to you soon.

## 6.2 General Interview Guide

### Qualitative Interview – Natural Cycles Case Study

**Name:**

**Age:**

**Relationship length:**

Thanks for taking the time to do this interview. The general subject of the interview is contraceptive methods – all data collected will remain anonymous and will solely be used for the purposes of this research paper. I would also ask you to answer all questions as honestly as possible

1. Part of the Interview – ‘your experiences with contraceptive methods.’

- 1. Try to put yourself into the following situation – the last time you switched method or product of contraception. What motivated you to think about using an alternative?**
- 2. Where did you gather information about alternatives?**  
-
- 3. What alternatives came into consideration at the time?**
- 4. Which method of contraception have you chosen?**
- 5. What were the main reasons for this?**
- 6. Are you happy with this method of contraception and why? What does a contraceptive product have to have so you are happy?**

2. Part of the Interview, ‘your opinion on contraceptive topics.’

- 1. What is your Opinion of hormonal contraception in general?**
- 2. Have you ever heard of the BBT Method (Temperature method)? If yes, tell me**

**more about it.**

- 3. Assuming, it's safe – would you mind taking your temperature every morning?**