

Experiencing Social Marketing: An Attitudinal Study on Family Planning in Addis Ababa, Ethiopia

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Abstract— *Issue of family planning has gained attention due to its importance in decision-making about population growth and areas related to the overall socio-economic development of a nation. Social marketing, on the other hand, has gained popularity in addressing issues related to change in social behaviors such as family planning, and particular to developing nations like Ethiopia. This study makes an attempt to relate the idea of social marketing, as an approach of bringing attitudinal changes in the behaviors of individuals toward the concept of family planning and usage of contraceptives. Specifically, the objectives include an examination of the role of social marketing-mix in family planning experiences and to compare the attitudes of men and women toward family planning.*

In order to gather the primary data, structured (draft) questionnaire was prepared and tested through a pilot-study (with 35 respondents). The final survey comprises 150 respondents, selected accidentally by having a quota of 50% for each gender. Factor and reliability analysis were used to test the validity and reliability of the scale items. The result revealed that attitude towards family planning and contraceptives usage found being highly affected by the awareness and responsibility towards society/service usage. Therefore, as the marketing activities like promotion increases, awareness is expected to increase, which finally determines favorable attitude towards family planning products/techniques (e.g., contraceptives).

Keywords: *Social Marketing, Family Planning, Contraceptives, Attitudes, Behavior, Ethiopia.*

I. INTRODUCTION

In the recent years, the rubric of marketing has broadened and researchers started addressing the issues related to social aspects in marketing. Moreover, ‘idea marketing’ has been labeled ‘social marketing’, as it involves the promotion of social causes such as anti-smoking campaigns, creating awareness about sexually transmitted diseases (STDs) and the concept of family planning.¹

Social marketing is the application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programs designed to influence the voluntary behavior of target audiences in order to improve their personal welfare and that of their society.² Additionally, social marketing is reported not just as a tool to accomplish social change, but it represents a new ideology or mindset, the assimilation of which can prepare the ground for widespread and more effective social change.³ Therefore, while social marketing is most frequently used for reducing smoking and drinking habits, promoting healthy lifestyles or fight against drugs in the western world,⁴ developing countries have been using the concept to promote attitudinal changes toward family planning, equal status for women, adult literacy, and HIV/AIDS prevention/control.⁵

Despite of the introduction of family planning services as means of curbing fertility rate; the population still raises due to the attitudes of the people involved, especially men.⁶ Family planning, now-a-days, is seen as a human right basic to human dignity that helps women protected themselves from unwanted

and high-risk pregnancies.⁷ However, most of the available studies pointed to the women side, and demand certain degree of attention and actions from other segments of the society.⁸

By considering that social marketing approach can be used in bringing behavioral changes within society about social problems such as family planning, this study examines the role of social marketing practices to help develop knowledge about family planning, and the factors affecting attitudes toward contraceptives use (both by male and female) in the Ethiopian perspective. Therefore, the study views social marketing as an approach to address attitudinal change about family planning among individuals. Moreover, with Ethiopian population projected to reach 109 million by 2025⁹ the urgency to take appropriate measures is unquestionable.

The specific objectives of the study include:

- i) To examine the role of social marketing-mix in family planning experiences.
- ii) To measure and compare the attitudes of men and women toward family planning.

II. METHODOLOGY

Survey research method was applied to assess the human behavior about family planning and contraceptives use. To gather relevant information on the application of social marketing in family planning, various published and unpublished sources were explored.

To obtain respondents' perceptions and assessments of family planning concepts and techniques, structured questionnaire was developed. A pilot-study was conducted among 35 respondents (users and non-users of family planning services/products) to test the draft questionnaire. The responses thus obtained were used to frame the items measuring attitudes toward family planning for the final study. Additional items focusing on changing attitudes and the practice of contraceptives usage were added. Finally, all the items measuring the factors affecting attitudes toward family planning concept and contraceptive use were placed on a 7-point Likert type scale to report the respondents' level of agreement/disagreement (1 being "strongly disagree" to 7 being "strongly agree") with each.

A sample of 150 respondents was drawn from the Addis Ababa city, while divided equally in proportion by using quota sampling (on gender basis) for the final survey. The respondents were contacted at various health centers/hospitals, accidentally, by approaching to those who present at the time of research.

Factor analysis was carried out to assess the unidimensionality, thus suitability of the constructs for subsequent analysis. The principal components method of extraction with varimax rotation was employed, and all 42 attitudinal scale items were exposed to the factor analysis. In the first rotation, 35 items were loaded into 11 factors with a loading of 0.5 or above and variance explained equal to 66%. A second run of the analysis was carried out with 35 loaded items of the first run. Twenty seven (27) out of the remaining items were found to be loaded into 6 basic factors with very high loadings and communalities, and 67.49% of total variance (as explained by the obtained dimensions).

Therefore, all the 27 items were retained for performing further analysis in the study and dimensions were named as: 1) awareness of family planning issues; 2) socio-religious acceptance; 3) marketing-mix elements; 4) attitude and decision-making; 5) social responsibility and service usage; and 6) health workers acceptance. Additionally, Cronbach alpha coefficients were calculated for all scale items and

associated dimensions/factors and found to be above 0.7 for all. Therefore, all the questionnaire items were found valid and reliable.¹⁰

III. REVIEW OF LITERATURE

3.1 Social Marketing

The introductory concept and definition of social marketing was presented by Kotler and Zaltman in 1971. They conceptualized social marketing as the design, implementation and control of programs calculated to influence the acceptability of social ideas and involving considerations of product planning pricing, communications and marketing research.¹¹ Furthermore, social marketing is described as the use of marketing principles and techniques to influence a target audience to voluntarily accept, modify, or abandon a behavior for the benefit of individuals, groups or society as a whole.¹²

Social marketing has been used to handle many social issues across the globe such as drug abuse, anti-smoking, and family planning. Added further, perhaps the greatest success has been achieved with family planning, and the issues related to HIV and sexual responsibility,¹³ dangers of smoking,¹⁴ drunk-driving,¹⁵ environmental pollution and business ethics,¹⁶ and drug/alcohol abuse.¹⁷ Many of these are, however, difficult issues and the behaviors concerted may firmly be the solution. Moreover, researchers explain how social marketing works in bringing changes to the behavior towards family planning, and reported the adoption of a consumer oriented philosophy in service delivery of family planning.¹

3.2 Commercial versus Social Marketing

There exist several differences in the environment of commercial and social issues; those affect the marketing practices and techniques for the two. Also, it has been stated that social marketing is far more complex than commercial marketing.¹² Reported differences between the commercial and social marketing are majorly due to the factors of intangibility of the product, the non-monetary cost (price), and the problems of segmentation in social marketing context,¹⁸ along with negative demand (get people to use condoms, anti-smoking, anti-alcohol etc.) and the sensitivity of the issue (it is easier to talk about toothpaste than your sexual habits)³. Additionally, commercial marketing is competitive and concerned with market share, while social marketing is complementary and concerned with market expansion,¹⁹ and competing in social marketing is mostly through the current or preferred behavior of the target group.¹²

On the part of similarities between the two, commercial marketing is based on the view that the product offered needs to appeal to the customer in all aspects of marketing-mix (product, price, place, and promotion), and so must the social marketing program.¹² Thus, there exists a need for both commercial and social marketing projects to have a customer centered mindset (i.e. all decisions must come after consideration of the target customer).²

3.3 Social Marketing-mix

While traditional commercial marketing focuses on the 4 Ps (product, price, place and promotion), called the marketing-mix (a marketer uses to market products), social marketing-mix maintains the following:

3.3.1 Product

The social marketing product might be very intangible like a belief or behavior, therefore, much harder to formulate the concept to such a product.²⁰ People have to feel that they have a problem and that the product offered is a viable solution to that problem.²¹ Thus, the social product can either represent an idea, a practice or a concrete object. The idea can then be either a belief (breast feeding is good for child), an attitude (planned babies are better cared than babies from accidental pregnancies, and attitude towards family planning), or a value (all humans have equal rights). However, the tangible object could be a condom, soap, medical formula etc.²²

3.3.2 Price

Price does not have to be monetary but can also be of non-monetary form like the time and change in lifestyle.^{12,23} While, many social programs such as family planning activities and health clinics operations, and their charges as a fee (price) for its products and services, come under monetary section, the price that is more important might be the non-monetary.^{20,23} Furthermore, the non-monetary price cost is divided into two categories: time costs (e.g. travel time or waiting time) and perceived risk (psychological risks, social risks and physical risks).¹²

3.3.3 Place

Place is presented as where and when the target market will perform the desired behavior, acquire any related tangible, and receive any associated services.¹² In social marketing, the basic objective of this element is to make the access to the product as convenient as possible for the target group. This could be in the form of more and closer locations, extended working hours, change the appearance of the location, and make the performance of the desired behavior more appealing than the competing ones.¹² Thus, distribution channels include health clinics (where one can get immunized), stores that sell condoms, or pumps those provide clean water.

3.3.4 Promotion

Communication and promotion often involves persuasion to influence attitudes and/or behavior. In order to persuade, one needs to capture the attention of the person he/she wants to persuade in competition of many other sources (e.g., another person, the television, noise etc).²⁴ The traditional promotional-mix, however, contains advertising, personal selling, publicity, and sales promotion.^{11,12} These can be used separately or mixed depending on the communication need of the specific program.

3.3.5 Additional Ps

In the literature of social marketing, there has been a lot of discussion about adding extra Ps to the social marketing-mix. Various researchers explain the social marketing-mix as 5 Ps, by adding positioning to the above four.²⁵ Other scholars suggest the expansion of the 4Ps concept to 7Ps by adding mentioned about personnel (those who sell or deliver the social product), presentation (the setting in which the product is acquired or used), and process (the steps the buyer needs to take to acquire the product).³ In line with this, while some added producer (the marketer or the source of the promotion), purchaser (who is the target and what do they want), and probing (research) to the social marketing-mix,²⁶ other added publics (internal and external audience), partnership, policy, and purse strings (funding agencies).²³

IV. RESULTS

4.1 Demographic Profile of the Respondents

The demographic profile of the respondents was found to be more or less diverse, however, maintained with the equal proportion related to gender (both male and female are 50%) for comparative purposes (Table 1). A great majority (70%) of the respondents claimed to be as young (between 18-35 years). While little over one-third (36%) were maintained with a 12th/10th qualification, another one-third (33.3%) holds some college diploma. On occupation, two-fifth (40%) of the respondents was reported with maintaining their own business, followed by less than one-third (27.3%) as private and government (24.7%) employees.

About half (51.3%) of the respondents claimed to be with a monthly income of ETB 1500 or less, with little over one-fifth (20.7%) who fall in the range of ETB 1501-2000 and above ETB 4000 (11.3%). While majority (60.7%) of the respondents stated to be married, little over one-third (37.3%) were reported as single. Finally, a great majority (72.7%) of the respondents represented themselves as Christian with remaining (27.3%) as Muslims.

Table 1
Demographic Profile of Respondents

S. No.	Variables	Characteristics	No.	%
1	Age-category	18-25	41	27.3
		26-35	64	42.7
		36-45	30	20.0
		45 and above	15	10.0
2	Sex	Male	75	50.0
		Female	75	50.0
3	Educational Level	Illiterate	10	6.7
		12 th (10 th)	54	36.0
		College diploma	50	33.3
		First degree	28	18.7
		Master and above	8	5.3
4	Occupation	Student	12	8.0
		Running own business	60	40.0
		Government employee	37	24.7
		Private organization employ	41	27.3
5	Monthly Income	Under 1000	36	24.0
		1001-1500	41	27.3
		1501-2000	31	20.7
		2001-3000	15	10.0
		3001-4000	10	6.7
		Above 4000	17	11.3
6	Marital status	Single	56	37.3
		Married	91	60.7
		Divorced	3	2.0
		Christianity	109	72.7
7	Religion	Islam	41	27.3

Source: Survey data

4.2 Comparing the Attitudes of Men and Women towards Family Planning

An attempt was made to examine the difference between the attitudes of male and female respondents toward family planning. However, gender was not found to bring a significant change in the attitudinal profile of the respondents ($\chi^2 = 0.136$, $p < 0.935$), as both were reported with the similar perception about

the concept and methods of family planning resulting similarity in their attitudinal profiles (Table 2). This can be attributed to the fact that the country at large and Addis Ababa city in particular, is providing some kind of opportunity to both the genders to work together in various areas and across the industries/sectors, and both genders have equal accessibility to information and knowledge about the family planning concept. Though, it is witnessed that most of the campaigns launched were women oriented and empowering them to decide knowledgeably for family planning methods/approaches. Participation of the respondents from remote Ethiopia may bring significant changes in the responses scored by the two genders and other demographic factors affecting their decisions.

Table 2
Cross Tabulation- Sex * Attitude

Sex	Attitude			Total
	Unfavorable	Neutral	Favorable	
Male	8	20	47	75
Female	6	27	42	75
Total	14	47	89	150

(Chi-square = 1.609 with 2 degrees of freedom; p = 0.447)

4.3 Correlation Analysis

Pearson correlation coefficients (r) were obtained in order to see the association between attitude towards family planning concept/methods and various factors affecting it (Table 3). Attitude towards family planning and contraceptives usage was found to be significantly ($p < 0.001$) associated with the awareness of family planning issues ($r = 0.263$), representing information and the knowledge of the respondents about family planning. The reason for this positive association, particular with awareness may be directed to the respondents' positive response on the item stating that there exist more informative and knowledgeable programmes leading to create awareness about the concept of family planning in the public domain today, than in the past.

Table 3
Summary of Correlation Coefficients

Factors	ATT	HWA	AWA	REU	SRA
ATT	1.000				
HWA	-0.034	1.000			
AWA	0.263**	0.207*	1.000		
REU	0.217**	0.570**	0.167*	1.000	
SRA	-0.045	-0.314**	0.263**	-0.212**	1.000
SME	0.067	0.044	0.207*	0.162*	-0.452**

*Note: **Correlation is significant at the 0.01 level (2-tailed); *Correlation is significant at the 0.05 level (2-tailed); ATT- Overall attitude towards FP; HWA- Health workers acceptance in society; AWA- Awareness and knowledge of respondents about FP; REU- Individual responsibility towards society/family and usage of the FP services; SRA- Socio-religious influence on the attitude towards FP; SME- Social marketing-mix elements.*

Negative, though non-significant associations of attitude towards family planning were obtained with socio-religious influence ($r = -0.045$) and health workers acceptance ($r = -0.034$) corresponding to their non-caring behavior. This seems to affect, inversely, the overall attitude towards family planning

concept and practices, and should be improved on the part of treatment (behavioral and educational) that individuals are maintaining with health workers to make the idea (of family planning) a big success.

Social marketing-mix, pertaining to family planning practices, was found to be positively and significantly associated with awareness and knowledge about the family planning concept/methods, individual social-responsibility and family planning service usage. This guides toward the idea that as marketing activities in the domain of family planning improves, the awareness and family planning practices will also increase. Also, positive relationship has been obtained between respondents' awareness and knowledge of family planning and their attitudes toward it. This further indicates that as awareness about the concept increases, the attitude towards the idea of family planning will be favorable.

In other words, as marketing activities (supported by marketing-mix elements) such as communication associated with the family planning issues or promotion increases, awareness increases, and finally it will contribute to the development of favorable attitude towards family planning. Therefore, marketing-mix, designed for social issues such as family planning, can be considered as playing a key role in bringing favorable changes in the behavior of individuals. Similarly, the association of social marketing-mix with individual's social responsibility and his/her usage of family planning services was found to be favorable to make people aware of their responsibilities towards society and family, and using contraceptives. Though, the dimension of socio-religious influences was found to be unfavorably supporting the individual decision-making of family planning. This brings out the idea that socio-religious factors are maintaining negative impression about and acceptance of social marketing-mix elements, that intern maintains a favorable association with attitude towards family planning. Accordingly, socio-religious factors influence negatively the attitudes toward family planning and contraceptive use.

4.4 Regression Analysis

Based on the correlation analysis, multiple regression analysis was performed to examine the effect of awareness and knowledge of respondents about family planning (AWA) and individual responsibility towards society/family and usage of the services (REU) on the attitude towards family planning (ATT). As judged from the correlation analysis, other variables were appeared to be maintaining weak associations with the attitude towards family planning. A stable model, based on high F-value and associated significance level, was obtained to draw support to the independent variables (AWA and REU) contribution to the dependent (ATT). The model obtained 51.2% variation as explained by the two independent variables. However, as presented in Table 4, the variable measuring the awareness and knowledge of respondents is reported with higher contribution ($\beta=0.193$, $p<0.01$) in determining overall attitude towards family planning than that of individual responsibility and usage of the services ($\beta=0.172$, $p<0.01$). This reveals that the greater the extent of these determinants, the more favorable the attitude towards family planning be.

Table 4
Regression Estimates

Variables	Standardized (β) coefficients	t-value	Sig.
AWA	0.193	3.92	0.00
REU	0.172	3.61	0.00

Note: $R^2 = 0.520$; Adjusted $R^2 = 0.512$; $F = 72.44$; $p < 0.01$

V. CONCLUSION

Attitude towards family planning and contraceptives usage is found to be highly correlated with awareness, and responsibility towards society and service usage. Therefore, as awareness increases, the attitude towards family planning will increase. Also, there exists a positive relationship between respondents' awareness and social marketing-mix elements i.e. higher the social marketing activities, better will be the awareness about the issues like family planning. As marketing activities like promotion increases, awareness will increase and finally attitude towards family planning will increase. Thus, there exists a link between social marketing activities/elements and attitudinal profiles of the individuals. Moreover, responsibility towards the society and the usage of family planning services were found to be positively affected by the socio-religious factors together with social marketing elements. On the other hand, negative attitude towards health workers was reported among respondents, as they were not consulted well by the health workers on the issue of family planning.

Keeping this in mind, the implications of the study can be seen as:

- Special social-marketing campaigns and programs should be designed and launched in order to first develop and then sale the positive attitude towards family planning in the country to balance population growth with socio-economic development. To do this, different stakeholders participating in the campaign of family planning and social marketing such as NGOs and related government organizations may be used effectively to work on an integrated programme (as marketing-mix is a collection of elements to be applied in an integrated manner).
- As attitude towards the concept was reported being positively associated with the individual's awareness, an increase in which leads to a favorable increase in the attitude towards family planning, NGOs and government units would better work on increasing the awareness to help develop favorable attitude towards family planning.
- Also, an uninterrupted supply of the family planning products/contraceptives should be ensured through additional distribution outlets (targeting specific solutions delivery).
- Lastly, respondents were reported with unfavorable attitude towards health workers, as not being treated well in the past by them. Health workers should be trained inline with the behavior of caring and understanding to the individuals approaching to them for family planning services. Hence, changing and improving the quality and the responsiveness, caring behavior, and emphatic attitude of service workers should be seen with great seriousness to make the family planning experience practical and successful.

VI. LIMITATIONS OF STUDY AND DIRECTION FOR FUTURE RESEARCH

The scope of the study area is limited to the residents (users and non-users of family planning services/methods) of Addis Ababa (the capital city of Ethiopia). Additionally, there are limits to which the research can reveal the most appropriate path for the future course of actions, as the study did not attempt to explore other approaches to change social behavior. There can be variations in the characteristics and attributes of the respondents across various social and cultural groups in terms of education, income, perceptions, attitudes etc., which may affect the findings of the present research if exceed on the sample size and sampling technique.

Therefore, before generalizing the results of the study across the nation, an in-depth research targeted to areas other than the capital city (Addis Ababa) is required. However, the current study may found to be relevant for future researches while providing solid foundation and directions on the attitudinal profile and factors affecting family planning and contraceptive use to explore further. Additionally, it is both of theoretical and practical importance to extend attitudinal dimensions of changing behavior towards social issues like family planning, while incorporating variables from varying disciplines, other than marketing.

CONFLICT

None declared till date.

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