

ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES

**SOCIAL MARKETING AND PUBLIC HEALTH: A STUDY ON
FAMILY PLANNING IN BAHIR DAR TOWN**

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BY

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ACRONYMS

- AIDS: Acquired Immune Deficiency Syndrome
- BoFED: Bureau of Finance and Economic Development
- CSA: Central Statistic Authority
- DFID: Department for International Development
- DHS: Demographic and Health Survey
- DKT: Denke Kestet Letena [an essential element for health]
- DPPC: Disaster Preparedness and Prevention Commission
- EACA: The European Association of Communications Agency
- FP: Family Planning
- FGAE: Family Guidance Association of Ethiopia
- HIV: Human Immunodeficiency Virus
- ICPD: International Conference for Population and Development
- IEC: Information, Education, and Communication
- IPPF: International Planned Parenthood Federation
- IUD: Intrauterine Device
- MDG: Millennium Development Goal
- MOH: Ministry of Health
- MSI-E: Mary Stops International-Ethiopia
- NGO: Non-governmental organization
- NOP: National Office of Population
- RH: Reproductive Health
- SPSS: Statistical Package for Social Science
- UNFPA: United Nation Fund for Population Activity
- USAID: United States Agency for International Development
- WHO: World Health Organization

ABSTRACT

When the population growth of a nation does not match with the socio-economic development, it creates burden for the overall development, and reduce the country's ability to improve the lives of the citizens. Ethiopia is one of the country faces the problem of high population growth. The population of Ethiopia increases nearly seven times from 11.8 million at the beginning of the 20th century to about 80 million today. Therefore, attention of many researchers is shifted to the area of family planning (FP), which is considered to be as a means to have planned population growth and sustainable overall development. With this background, the study is designed to focus on the issue of FP from social marketing perspective in Bahir Dar town of Ethiopia. The purpose of the study is to analyze the knowledge, attitude and practices of FP in the region, while identifying the factors affecting individual behavior of FP and contraceptive use. Additionally, an assessment of the promotional activities used by social marketers to increase the awareness and knowledge, and reducing the factors negatively affecting the behavior of consumers to adopt FP methods was made. For the purpose, the town was divided into three categories (inner, middle, and outer) based on the relative proximity (location) of kebeles from the center of the town, and the kebeles for the study were selected by using simple random sampling together with a sample of 400 households, contacted personally and responded on distributed questionnaire. Moreover, three organizations working in the area of FP were selected by judgmental sampling and in-depth interviews were carried out with them. Finally, the results of the study indicate that there exist a significant relation between age, marital status, and number of children with the user status/practice of contraceptive. Also, the respondents obtain information about FP approaches through integrated marketing communication sources, while majority of the respondents were found to be as regular and potential users, however, there exist a significant difference between users and nonusers specific to the dimension of knowledge and belief. Furthermore, socio-economic beliefs, perceptions about service quality, inconvenience, and lack of experience were identified as the factors affecting individual behavior of FP usage, with awareness found to be positively associated with belief, attitude, and FP practice. Moreover, individual perceptions and service quality were reported to be associated with socio-economic beliefs, inconvenience, awareness and knowledge, and FP experience, indicates that the usage of integrated marketing communication by social marketers creates awareness about FP among the respondents.

Keywords: Social Marketing, Family Planning, Contraceptives, Beliefs, Attitudes, Ethiopia.

1.1. Background of the Study

Population is one of the basic resources of a country and is essential for overall socio-economic development. However, balancing the population growth with socio-economic development is one of the major challenges facing developing and under developing nations.

Uncontrolled fertility and high population, if not match with the resources, adversely influence the socio-economic development of the country. There are many factors for high fertility rate such as low socio-economic development, deeply-ingrained cultural values for large family size, and low levels of contraception (Bertrand et al., 1985). In addition, customs, morals and habits of social groups with regard to marital obligations of life are some of the factors that affect the human fertility (Mohan et al., 2003). Furthermore, studies have shown that the usage of modern contraceptives may be helpful in reducing fertility in developing countries (Mauldin & Ross, 1989).

On the other hand, developing countries are found to be with about 80 percent maternal deaths those are linked with pregnancy (World Health Organization [WHO], 2000). Therefore, motivating people to use family planning (FP) approaches and give high consideration for contraceptives may result in saving 80 percent of the people who died in pregnancy related causes.

Ethiopia, being the second most densely populated country in Sub-Saharan African, next to Nigeria, faces the persisting challenges of high fertility, high rates of unwanted pregnancy, unsafe abortions, maternal mortality, and unmet needs of contraception. As a result, the population of Ethiopia has increased nearly seven times from 11.8 million at the beginning of the 20th century to about 80 million today. Furthermore, the annual growth rate is estimated at 2.7 percent and the population of the country will be doubled in about 26 years if the present growth rate persists (Ministry of Health [MOH], 2007). Currently, Ethiopia is not among the world's 15 most populous countries. However, it is estimated that it will take the

10th rank with a projected population of 146 million by the year 2050 (World Population Datasheet, 2007).

Similar to other developing economies, low contraceptive prevalence rate is being observed in Ethiopia. This may be attributed to the problems on the part of service/infrastructure or acceptance to the idea, knowledge and practices of FP. Among service related problems the factors are poor follow-up, in adequacies/inconsistent supplies, and in adequate health education. On the other hand, the factors related to the acceptance can be seen as socio-economic profile like poverty, illiteracy, lower woman status in the society, medical related factors, religious factors, and lack of community participation- people perceive FP as an imposed program.

There is high unmet need in Ethiopia regarding family planning services. According to one research 34 percent of married woman need FP for both spacing and limiting pregnancies, while only 14 percent use modern contraceptives. This shows that there is lack of access to the services, appropriate knowledge, and initiatives among people who are knowledgeable to FP practices/services (Central Statistic Authority [CSA], 2006).

Social marketing, as a tool to address the society about public health, is considered to be helpful in increasing awareness and knowledge on related issues. The application of marketing for public health and social development efforts is said to be “social marketing”. Social marketing focused on the outcome of efforts like behavioral changes. Andreasen (1995) defined social marketing as “the adaptation of commercial marketing technologies to programs designed to influence the voluntary behavior of target audience to improve their personal welfare and that of the society of which they are a part.”

In social marketing, the social marketers are selling the benefits of behavioral change and motivate the target customers to perform the action in an intended manner. By using the philosophies and techniques of marketing concept, social marketing is used to solve the problems and challenges of the society. Kotler and Zaltman (1971) define 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, communication, distribution, and marketing research.”

Moreover, the public health texts (Glanz & Rimer, 1995) describe social marketing as “a framework within which program planners, developers, implementers, and evaluators, can apply knowledge, theories, and techniques of marketing to effecting population-based changes in health behavior.” The social marketing approach enables the health practitioners to plan, develop, implement and assess programs and to influence the attitudes and behavior of the community.

Rogers (1973) defined FP programs as “the idea, program, or act of a preventing births and avoiding their consequences”. The FP program is a part of the social marketing. Kotler and Zaltman (1971) continuously used FP as an example of social marketing. In addition, El-Ansary and Kramer (1973) who defined social marketing as “the marketing of ideas and the promotion of social causes,” declared FP programs as part of social marketing. Freedman (1990) also noted that the generally accepted reason for the demographic transition have changed to make the use of social marketing in FP.

Additionally, the communication function of marketing related to contraceptives and FP contributes significantly in framing the body of social marketing practices. This further includes a variety of promotional tools, and the communication will be effective when the social marketer follows an integrated marketing communication approach. Also, the techniques and principles of social marketing, led to FP services, help the society to change their attitudes thus favorable behavior about FP and contraceptives use. As an example, social marketing of contraceptives has proven to be a major contributor for the achievement of health and population objectives for the government of Bangladesh, as between 1975 and 2007, the total fertility rate of the nation dropped from 6.3 to 2.7 and the overall contraceptive prevalence rate among currently married women rose from 8 percent to 56 percent, with modern contraceptive use of 48 percent (Mahbubur & Toslim, 2008).

However, several studies notice the gaps between knowledge, attitudes and behavior or practice of FP. Such gaps between cognitive or affective aspects of FP practices together with behavioral aspects, call for a better understanding of the dynamics of the FP adoption process within a given community or nationwide.

Therefore, the study is designed with a focus on social marketing approaches to public health services, focusing on analyzing the knowledge of, attitude towards and practices of FP and contraceptive use in Bahir Dar town.

1.2. Statement of the Problem

Social marketing helps the target customers/people to practice good things for the benefit of the individuals, families and the society, by voluntarily changing their behavior. It is the “use of marketing principles and techniques to influence a target audience to voluntarily accept, reject, modify, or abandon a behavior for the benefit of individuals or society as a whole” (Kotler et al., 2002). However to change and modify the people mind and their attitudes to practice well in their real action is a complex process. People say one thing and practice another due to various reasons. Some may believe that they want to comply with what they judge correct. Also, despite people intention, there may be events beyond their control that block the behaviors to express freely. Due to these and other, in-depth analysis of attitudinal and behavioral profile of the people are very important to know.

There are occasions when though people have knowledge in the area and maintain positive attitude, their practice may differ from knowledge and attitudes. Even if behavior may correspond to attitudes and attitudes may guide behaviors, the prediction of behavior from verbally expressed attitudes has been proven inaccurate (Lapierre, 1934; Wicker, 1969; Gregson & Stacey, 1981 cited in Hawkins et al., 1998). Therefore, reported and the real actions may be different. Furthermore, Nancarrow et al. (2001) cited in Solomon (2006) reported that, there is a disparity between the reported and the real actions. Due to this, analyzing the knowledge, attitude and behavior/practice is important, as sometimes intentions are not following the actual behavior expected from someone.

Considering that knowledge, independently, is not enough to lead an individual to take proper action, social marketers should communicate with the target audience to recognize and internalize the messages by using various approaches/methods. This can be seen from the study conducted in Rajasthan (India), showing 60.85 percent of the participated respondents claimed to have knowledge of FP methods but only 19 percent were used (Sharma & Sharma, 1991).

Moreover, understanding the attitudes of the people and public health service providers is very important to address the social problems of this nature. Ribeaux and Poppleton (1978) define attitude as “a learned predisposition to think, feel, and act in a particular way towards a given object or classes of objects.” Attitudes are the results of beliefs, feelings and values of an object. Even if attitudes are not easy to obtain, it is central to understand the behavior of customers/target audience. Attitudes influence individual behavior and affect one’s life in different ways. Investigating one’s attitudes towards FP is essential to attain expected goal and to form a policy or to adapt strategies to bring favorable attitudinal changes. Also, the service provider’s attitude towards offering family planning services may also impact the achievement of service goals and overall acceptance. Knowledge gaps and insufficient skills affect the quality of services and the service provider practices (Lee, 2007).

Apart from this, service providers and receiver’s knowledge, unavailability of healthcare services, lack of contraceptive products, lack of ability to pay for prevention and treatment costs etc. are the factors to be taken into consideration for successful implementation of family planning program. Also, there exist various personal and environmental factors that may affect the behavior of the individuals towards FP and contraceptives usage, even may affect visiting family planning service centers/clinics and shops.

Therefore, the study was designed to assess the people knowledge, attitude and practices of FP. Inline to this, factors affecting/influencing individual’s behavior of FP and contraceptive use were examined together with that of service providers attitude, considering a significant difference (between service providers and receivers) may lead to the failure of FP program in the town. Additionally, various promotional activities carried out by the social marketers were explored to evaluate their respective impact on bringing behavioral change to adapt the concept (FP and contraceptive use).

The specific research questions include:

1. What knowledge, attitude and practice the people maintained towards FP?
2. What attitudes the public health service providers have towards FP service?
3. What are the factors affecting the individual behavior of FP and contraceptives use?

4. What are the various promotional activities carried out by the social marketers to bring behavioral changes about FP services and contraceptives use?

1.3. Objective of the Study

The main objective of the study was to assess the knowledge, attitude and practices of FP in Bahir Dar town from social marketing and consumer behavior perspective.

The specific objectives of the study were:

- To analyze the people knowledge, attitudes and practices of FP.
- To assess the attitudes of public health service providers towards FP service.
- To identify the factors affecting individual behavior of FP and contraceptive use.
- To asses various promotional activities carried out by the social marketers for bringing behavioral change about FP and contraceptives use.

1.4. Significance of the Study

Conducting a study on FP services and contraceptives from social marketing approaches and using social marketing in FP is very important from the government, population policy makers, public health service providers, and Nongovernmental Organization's (NGO's) perspectives to change the behavior of people for the benefit of individual, family and community.

This study has provided more information about the knowledge, attitudes and practices of the people; the attitude of health workers; the different factors affecting individual behavior for the utilization of the services; and the promotional activities carried out by the social marketers to bring behavioral changes about FP services and contraceptive use. Based on the information, appropriate marketing strategies can be developed to address the issue in a more effective and efficient way. The public health providers can also be benefited from the study by understanding their actual level of service practices.

Identifying the major factors affecting the individuals behavior towards FP and contraceptive use and proposing possible solutions to be taken to mitigate the problems, may help in

increasing the practice of FP and contraceptive prevalence in Bahir Dar in particular, and Ethiopia, in general.

Based on the information that were get in the study, different activities like public health policies and programs related to FP can be formulated, and different service giving organizations that are associated with FP services can adjust their strategies and can address effectively and efficiently to the target audiences.

In addition, this study would be helpful in understanding the importance of social marketing in FP and directs future studies for the achievement of MDGs in health sector. Finally, the study maintains relevance to contribute significantly to the existing literature of social marketing and consumer behavior related to FP.

1.5. Scope of the Study

The study was designed to cover the issues of public health from social marketing perspectives in Bahir Dar town, the capital of Amhara Regional State. Due to the area of the problem and certain limitations related to time and other resources, the scope is limited to the assessment of FP and contraceptives methods, while emphasizing upon behavioral variables of knowledge, attitude towards FP and contraceptive use of the people, and attitude of the public health service providers maintained towards FP use. Additionally, the factors that affect the individual behavior of FP and contraceptive usage, and the promotional activities carried out by the social marketers were on focus.

1.6. Limitations of the Study

One of the constraint face the researcher was unavailability of the research materials in the study area about the present topic of the research. A lot work has been done regarding to FP issue but no one of the research were related to social marketing. Work about related to social marketing was approximately unavailable in Bahir Dar town. Therefore, it was difficult to trace and find out helpful research material, but the researcher tried his level best and incorporated and studied valuable researches, and books, written internationally as per needed and interest to make this research more valuable and comprehensive. In addition, the researcher didn't use any social marketing and public health models/theories.

1.7. Directions for Future Researches

The current study may found to be relevant for future research while providing solid foundation and direction on consumer behavior profile, i.e. on knowledge, attitude, belief, practice of the consumer, attitude of the service providers, factors negatively affecting consumer behavior to use the service and the different promotional activities the social marketers used to promote these consumer behavior issues.

Future research could be also be focus on the other 'p' s of the marketing mixes other than promotion, and in addition could go on to develop an entire strategic social marketing program for FP and contraceptive methods at the regional or national level. Moreover, to achieve Millennium Development Goal in health sector, conducting similar research in other parts of the country both in rural and urban parts of Ethiopia will be advisable to increase the FP and contraceptive utilization.

1.8. Organization of the Study

This paper is organized in to five chapters. The first chapter deals with background of the study, statement of the problem, objective of the study, significant of the study, scope, limitation of the study and future direction of the study. The second chapter devoted to the presentation of the review of related literature. The third chapter is concerned with the methodology and procedures employed to collect and analyze the data. Data presentation and analysis of the finding is dealt with the fourth chapter. Conclusion and recommendation are presented in the fifth chapter.

1.9. Operational Definitions

- **Attitude:** Enduring system of positive or negative evaluations, emotional feelings, and action tendencies with respect to FP.
- **Consumer:** The user of FP and contraceptive methods.
- **Contraceptive:** Any method used to prevent unwanted/mistimed pregnancy.
- **Customer:** The actual or potential FP and contraceptive users.
- **Family Planning:** A way married and/or unmarried can delay the pregnancy or avoid having children if they are not ready to have them.

- **Knowledge:** Customer's meanings and beliefs about FP and contraceptives those are stored in memory.
- **Potential Users:** Sets of users who recognize some level of interest to use contraceptive methods.
- **Practice:** The use of any contraceptive methods to space or limit the births.
- **Segmentation:** The process of subdividing the customers of FP and contraceptives methods into distinct subsets that behave in the same way or have similar needs.
- **Social Marketing:** An approach to social change that uses principles of commercial marketing to achieve results among target group.

CHAPTER TWO

Review of Related Literature

FP behaviors should be treated as a consumption activity where by consumers of FP undergone certain psychological and sociological process in the acquisition of knowledge about FP, information processing, attitude formation, and finally the buying /practicing of FP products services and contraceptive products. Then, the social marketer should understand the psychological and sociological process that the consumer undergo and help the consumer to aware and influence an individual to undertaking an exchange through the following (Solomon, 2006).

- The first task a marketer should do is tried to aware the consumer about their unmet need or discrepancy.
- The consumer should have knowledgeable about the offerings to fulfill their needs.
- Create a positive attitude about the offerings.
- The consumer should behave in the intended manner as desired.
- The marketer should identity the factors that hinder the customer from using the offerings.
- The marketer should also analyze the attitude of the service provider and its impact.

2.1. Problem Recognition

The first thing the social marketer should know is that, the target audience/customer should recognize the existence of problem. If the target audience doesn't aware the existence of the problem, the social marketer first task should be making an awareness to target audience about the problem. The consumer should perceive there is a problem to be solved. If they perceived there is a problem they can highly motivate to search the information, they can form positive attitude and they may use it. The recognition of the problem is the result of discrepancy between the desired state and the actual state (Hawkins et al., 1998).

2.2. Knowledge of Family Planning

Knowledge is the factor that brings about understanding, ability, practice and participation. If the individuals have correct knowledge about FP and contraceptive methods, it may affect or set a desired child of the spouse and leave duration for each child or stop birth permanently.

Knowledge changes attitudes and brings them to practice, and the attitudes of a person depend on knowledge (Zimbardo et al., 1997). The information related to FP service benefits and the availability of different contraceptives helps the people/customer to utilize the benefit. In addition, contraceptive knowledge plays a vital role for selection of a contraceptive method that they want. With regard to this UNICEF (2007) cited in Antignen (2007) acknowledged that for couples who aspire to delay or avoid birth, the obstacle to use contraceptives includes lack of knowledge about methods, how to use or where to obtain services and concerns about the side effects of different methods. This shows the importance of knowledge for the use of FP service.

Knowledge of FP service and contraceptives is greatly influenced by the source of information. Most of the time people hear information from friends, neighbors, relatives or co-workers about the contraceptives. Studies show that in addition to knowing contraceptive methods, people should have knowledge about how the method works, what their side effects are, how to obtain them, how much they cost, and other aspects that may affect the decision to use contraceptives. In one study, many women said the main reason for not using contraceptives was dislike of contraceptives, fear of side effects or belief they cannot get pregnant; these reasons suggest a lack of information about contraception and reproduction (<http://info.k4health.org/prJ43/j43chap2-4.shtml>). Giving information through integrated marketing communication tools about preventive behavior for people about the use of a contraceptive method is crucial to avoid unwanted pregnancies, to reduce abortion and to manage the number and spacing of children.

In addition, knowledge of availability plays a crucial factor to use contraception. The targeted audience or customer should not only know about the existence of contraception

itself but also what services are offered when and where. People who are not use FP service perceive the services are less accessible than do contraceptive users (ibid.).

Consumer acquires most of their attitudes, values, behaviors, preferences and feeling of a contraceptive product through learning. Culture, social class, families and friends provide learning experience. Learning modifies consumer behavior from the consumer experience. Moreover, beliefs and attitudes are acquired through learning and doing. Beliefs correspond to how consumers formulate their thoughts about a specific product/service that affect buying behaviors. Attitudes refer to the consistent evaluation, feeling and tendencies to an object or idea which may either put consumers in the frame of mind of liking or disliking FP service or contraceptive products (Hawkins et al., 1998).

2.3. Sources of Information

After the consumers are aware of their needs, they search different information about FP services and contraceptives methods. Different research shows that people get health information from different source. For example, a study conducted in North Carolina (2007) focus group respondents expressed the source of information and their preference from source to source. Respondents expressed they have strong preference for personal communication or television and radio over written source of health information. Family members, friends, neighbors and colleagues were mentioned as valuable source of health information. Secondary to receiving health information from a trusted person, participants mentioned television and radio are very valuable and accessible source of information. In addition the study also recognizes the importance of social support net work. It shows the role of close family member, friends, colleagues, community members and religious members in helping to make health decision, finding sources of health information, identify potential health problems, recommending health service, and in supporting them emotionally, and often financially, particularly when it comes to health issue (North Carolina Health Start Foundation-LIMA Project 2007).

Then, the social marketer should identify the sources the target customer gets information and the needed information that the target audience/customer want, and tries to reach the

customers based on the sources and give the needed information to facilitate the service giving practice.

2.4. Awareness

The awareness of the people about the contraceptive methods and knowing the names of contraceptive methods and their function are very important to build a positive attitude about them and to increase the usage and practice of the FP services and contraceptives. In addition people who have aware of many contraceptive methods, know where they can be obtained, understand their side effects, and know how to use may help them to form positive attitudes and practice the method.

The modern contraceptives methods are pills, condom, diaphragm, foam/foaming tablets, injectables, sterilization, IUD /loop). The traditional contraceptive methods are rhythm, withdrawal, periodic abstinence and use of herbs.

2.5. Attitude

The person attitude towards FP services and contraceptive methods has a very good indicator to address the society social problem. Fishbein and Aizen (1975) cited in Hawkins et al. (1998) defined attitudes as “it is a learned predisposition to respond in a consistently favorable or unfavorable manner with respect to a given object.” Attitude is the way an individual act, feel, and think towards a products/services.

Socio-economic wellbeing, religious and traditional held values and beliefs, and lack of the correct information or knowledge about modern contraceptives are some of the factors affecting the attitude of an individual’s towards contraceptive products (Hawkins et al., 1998).

In addition, lack of accurate information and the different rumors about FP and contraceptives affected individual’s attitude towards adopting a modern FP methods. The social marketer should facilitate a positive word of mouth and give counter information about the rumors by using interpersonal communication. Additionally, Jomtas (1973) cited in Solomon (2006) reported that, the attitude of the person affects the mental feeling which

stimulates behavior. Furthermore, the attitude of the partner has great impact on the use of FP services.

The attitudes held by the public health service providers have also its own impact on the service giving practice. The extent to which service providers involves in its customers, respect, the knowledge about service, and culturally competent, and the attitude they hold towards FP and contraceptive are important factor in FP service (Friesen & Kruzich, 2000).

Much evidence suggests that actual and potential customers are denied access to FP services due to the negative attitudes held by the public health service provider's of health workers. The public health provider's attitude, words and body language encourage or discourage people from the practice of FP and contraceptive.

Public health service provider's attitudes about FP and contraceptive methods have a great impact on the achievement of FP programs. A study in Tanzania reveled that there were certain medical barriers that responsible for poor use of FP services. The root causes of these barriers are the attitudes held by the public health service provider's towards FP and contraceptives. The barriers were eligibility criteria, age barrier, restrictions on the service, requirement of marital status to get the service, service provider bias, and process hurdles (Spiezer et al., 2000).

Individuals may hold positive attitudes towards FP and contraceptive methods. But by understanding their positive attitudes it is difficult to conclude they are using FP services or contraceptive methods (Hawkins et al., 1998; Solomon, 2006).

2.6. Behavior/Practice

In Ethiopia the contraceptive prevalence rate is low. The percentage of currently married women using any contraceptive method is 14.7 percent and users of any modern method accounts for 13.9 percent (EDHS, 2005 cited in Antigegn, 2007). In addition most women of our country prefer to use injectables contraceptives to other methods because of their convenience, as they are taken as a single shot and provide protection for three month. Owing to this, Ethiopian female sterilization and IUD account for 2 percent each, implant 1

percent, pills 21 percent, injectables 72 percent and condom 1 percent of the total use of contraceptives (World Bank, 2007).

Internal and external factors to the individual influence an individual action or behavior towards the use of contraceptive methods. Even if an individual have good knowledge and positive attitudes towards FP activities, an individual may not use the service or the methods due to many reasons. In addition an individual behavior also influenced by the following issues according to IEC Zimbabwe National FP Council (1998):

- A. Knowledge and beliefs (what they know and believe)
- B. Values (what they feel is important in their lives)
- C. Attitudes (negative and positive feelings)
- D. Skills (what they know how to do)
- E. Self esteem (what they feel about themselves)
- F. Self efficacy (their confidence and ability to make changes in their lives)
- G. Peer pressure and social influences (family, friends, and other people in the community)
- H. The environment in which they live (culture or religious views, income, health services)

Previous studies also shown that, an individual attitude towards FP and fertility desires were an important predictor of FP use (Wolff et al., 2000; Thompson et al., 1997).

In addition to the above factors that affect an individual behavior to practice FP services and contraceptive methods, Solomon (2006) identifies another component that influences individual behavior. These components influencing individual behavior are cultural, social, personal and psychological. These factors should be asses in order to create an effective FP program.

Moreover, there are 4 key components of the customer decision making process applied to the choice of contraceptive methods that the social marketers and public health service provider should know (Charles et al., 1997; Ballard-Reisch, 1990; Langer & Warheir, 1992).

- ❖ Understanding one's personal circumstances and the need for the decision. For FP customers, the first step is making an informed choice of contraceptive methods, and understanding their needs, priorities, and reproductive intentions. Providers can help by encouraging the customers to think about their personal situations and show how this relates to the choice of a method.
- ❖ Studying the alternatives and exploring their consequences. Before choosing a contraceptive method, customers must learn not only what options are available, but also which of them fit their needs. The service provider can help by relating information about contraceptive methods to the customer personal situations. The public health service providers must be selective in the information they offer, focusing on the most important issue for the customer.
- ❖ Choosing the best option. Because most new FP customers lack experience in making general health care decisions, it is usually not sufficient for the provider to simply inform customers about contraceptive methods and ask them to choose one. The public health service provider can encourage customers to consider more than one method, help them to compare the advantage and disadvantage of the best options.
- ❖ Making an action plan to implement the decision. To act on their decision, FP customers need to know at a minimum how to use the chosen method. The public health service provider's should also follow up the customers after they are using a service or a method because there may be some dissatisfaction occurs.

2.7. Factors Affecting Individual's Behavior from Using Contraceptive Methods

Gaining a better understanding about the particular barrier of FP services and contraceptive methods are valuable for developing service promotion strategies to influence their negative attitudes and to increase their usage, and for informing service delivery protocols. Researches

founded the barrier faced an individual in FP services including issue of economic, administration, cognitive and psychosocial access (Bertrand et al. 1985; Foreit et al. 1978) and there are factors extend beyond individual and household level, to include the characteristics of social and cultural environment and the health service infrastructure in addition to demographic and experience factors.

Most literature acknowledges that sub-Sahara African countries have the lowest rate of FP usage. The factors that contribute for the lowest prevalence rate according to Hatcher and Kowal (1999) are difficulties in obtaining contraceptive supplies, limited number of FP clinics, the largely rural nature of the population, the low socio economic levels and the high value many cultures place on large number of children. In addition to these factors there are different factors that affecting an individual behavior towards FP and contraceptives, and includes:

2.7.1. Education

The education level of an individual has great impact on the attitude formation and practice or usage of FP service and contraceptives. Educational attainment has also its own impact on FP and contraceptive use. In addition, education has influence on the use of the service, increases the female decision power, and increases the awareness. Moreover, World Bank (2007) adds that on average women with some primary education are 3.6 percent more likely to use contraceptives than women with no education, on the other hand women with more than primary education are 5.4 percent more likely to use contraceptives.

2.7.2. Age and Parity

Consumer different age groups obviously have very different needs and wants. Although people who belong to the same age group differ in many other ways, they do tend to share similar set of values and common cultural experience that they carry throughout life (Perkins, 1993 cited in Solomon, 2006). Likewise contraceptives use is often found to vary with the number of children ever born, along with the changing nature of FP goals (Gupta et al., 2003). Contraception in most countries is of lowest prevalence among young women, reaches a peak among women at the middle and decline among older women (CSA, 2005).

2.7.3. Health Concern and Side Effects

Most people who never have used contraception cite a health concern about a particular method as the main reason for not use of any contraceptive methods. Sometimes they have heard about medical problems that others experienced using contraception. A study conducted in Nepal in the year 1995, on the women with unmet need, states that the women feared sterilization because they knew of women who had died by sepsis following sterilization procedure. A study conducted in Kenya in the year 1996 also revealed that the women in focus group discussions spoke of pills accumulating in to life threading masses in the stomach and other bizarre effects thought to accompany contraceptive use (<http://info.k4health.org/pr/J43/j/43chap2-4.shtml>).

Rumors often have a basis in reality. Thus several reasons can combine to contribute like poor quality service or methods lead to real health problems that, in turn, become the basis for exaggerated rumors, which are spread and believed by many people who have little direct knowledge of contraception (ibid.).

Different studies show that many people who discontinued contraceptive because they experienced side effect and health problems attributed to contraceptives. In analysis of DHS data from six countries Ali and Cleland (1995) found that health concerns, including side effects, were the most common reasons for discontinuation, even more common than desire for other children. A study conducted on women in Kenya in the year 1995 also shown that, the main reasons for discontinued of using contraceptives for most women are because they experienced side effects and could not find a different method (ibid.).

Moreover, in many countries concerns about side effects of contraceptives originating from experience of friends and rumors which are told and retold through the communities have contributed to low contraceptive acceptance (Shobha, 1990).

2.7.4. Religion

Religious values shape the assimilation process of values in a society. These processes determine people perception, attitude and usage of FP services and contraceptive methods.

In addition, the tradition of religious shapes the society towards birth control. There are different researches around the world that shows the impact of religious on contraceptives like on Christians (Goldschedier & Mosher, 1991) and Muslims (Bernhart & Moslehuddin, 1990).

2.7.5. Culture

Culture includes knowledge, belief, art, law, morals, customs, and any other capabilities and habits acquired by man as a member of society (Sherry, 1986 cited in Hawkins et al., 1998). Culture includes everything that influences an individual's thought process and behaviors.

Different studies in developing countries reveal that social, cultural and religious unacceptability of contraception's frequently emerged as an obstacle to use contraceptives (Vasoff, 1990; Oni & McCarthy, 1990; Caldwell, 1987 cited in Antiegn, 2007). The boundaries that culture sets on behavior are norms. Norms are simply rules that specify or prohibit certain behaviors in specific situation and are based on or derived from cultural values. Cultural values are widely held belief that confirms what is desirable. Moreover, cultural environment exerts a strong influence on the individual attitude and desired behavior Hawkins et al., 1998).

2.7.6. Opposition from Partner, Families, and Communities

Many people who have unmet need may not use contraceptives because of the high "social cost of the challenging the opposition from relatives (reference group, opinion leaders, formal and in formal groups) (<http://info.k4health.org/pr/J43/j43chap2-4.shtml>).

- ❖ **Opposition from Partner:** many people do not use contraceptive because of opposition from partner. Partner can be husband, wife, boy friend or girl friend. A study conducted in Kenya in the year 1992, among women who had stopped using contraception for reasons other than having another child, 12 percent had stopped

because their husbands wanted another child or had forced them to discontinue for other reason (ibid.).

- ❖ **Opposition from Families and Communities:** Many theories acknowledge the power of other people influencing on the behavior of an individual's (Solomon, 2006). Although less important than husbands' opposition, lack of support by extended families and community leaders also prevents some people from using contraceptives. A study conducted in Philippines shows that women who have unmet need are less likely than contraceptive users to consider contraception socially acceptable. A study conducted in Kenya also shows mothers-in-law prevent some women from using contraception. This shows the impact of community and family on individual behavior to use contraceptives (ibid.).

2.7.7. Little Perceived Risk of Pregnancy

When a women herself or with her partner believe they face less risk to become pregnant, they are unlikely to be interested in contraception. In Philippines for example, women with unmet need are as much less likely as contraceptive users to think that they can ever become pregnant (ibid.).

2.7.8. Customer Focused Service

In order to provide quality of service the service provider must understand and respect their customer needs, attitude and concerns. Different research highlights the benefit of addressing client's perspective on quality of serves, since it leads to improve client satisfaction, continued and sustained use of services, and improved health outcomes (Bertrand et al., 1993; Kols & Sherman, 1998; Vera, 1993 cited in <http://info.k4health.org/pr/J43/j43chap2-4.shtml>).

2.7.9. Rumors and Myths

Knowledge gaps both community "myths" and insufficient knowledge and skills are one type of barrier that affects individual behavior from the use of FP services and contraceptive methods (Best, 2002). Rumors, fears and myths about FP may raise potential clients concerns about the side effects, safety and effectiveness of different methods. One study in Kenya

shows the people believe about oral contraceptives that, using oral contraceptive can cause blood to flow out of the nose and mouth, and can cause delivery of children with two heads or no skins. Misinformation also creates a major barrier. A study in 8 developing countries shows that 50-70% of woman thought that uses of pills have a considerable health risks (Rutenberg & Watkins, 1997; Grubb, 1987 cited in <http://info.k4health.org/pr/J43/j43chap2-4.shtml>).

2.7.10. Access

Access determines how customer gets the service. Studies identified distance and costs are among the major factors that constraints customer ability to access the service Bulatao, 1998). The FP service and the method of contraceptives should be physically and socially accessible to address the unmet need of the community. Access contraceptives supplies and services affecting the likelihood that people adopt a method, continue using it, switch method when they are dissatisfied (Ali, 2001; Ketende et al., 2002; Steele & Geel, 1999; Steele et al., 1999; Stephenson & Tsui, 2002; Thang & Anh, 2002 cited in Gupta et al., 2003).

2.7.11. Method Choice and Availability

Providing a variety of contraceptive methods help the customer to choose a method that related with their life styles and preferences (Ross & Winferey, 2002). Study show that increasing the number of contraceptive method available in a country increase the overall practice of contraception (Jain, 1989). A study conducted on Taiwan, South Korea, Thailand, Hong Kong and India had shown that each new method of contraception offered in a nation resulted in a net increase in contraceptive prevalence in each of these countries (Freedman & Berelson, 1976). In addition, the availability of health care provider's in number and quality also has its own impact on service quality and customer satisfaction.

2.8. Promotional Activity

Among the social marketing strategy promotional strategy is one of the main strategies to address the social problem in addition to product, price and placement in order to induce positive behavior change.

FP media campaigns have demonstrated their ability to increase knowledge, change attitudes and alter behavior among the general public. This approach change the view of both customers and service providers roles during FP consultations, portraying provider's as concerned advisors rather than technical experts and customers as active decision makers rather than passive recipients of care. FP customers expose in radio and television dramas or spots can model specific behaviors such as speaking out about their needs, answering questions in depth, asking questions, and weighing the advantage and disadvantage of contraceptive methods (Piotrow et al., 1992; Valente et al., 1994).

The use of established advertising techniques to promote development goals via media such as television, radio, billboard and newspaper is termed as social marketing (Kotler & Roberto, 1989). Social marketing has adopted not only the forms of marketing, but also its tools: consumer research, pretesting, and audience segmentation (Backer et al., 1992 cited in Gupta et al., 2003).

The social marketers should use segmentation strategies to address the target actual and potential customers in promotional strategies to build good knowledge about FP, to form positive attitude and to motivate them to practice/use. According to Hertog, et al. (1993) targeting a segment of the population is one of the most important steps in planning a media campaigns. They further stated that "populations are segmented according to their needs, knowledge, attitudes, motivation, and behavior". This segmentation is needed to aid in developing strategies that can influence the attitude and/or behavior changes of particular subsets of the population.

In addition, promotion is associated with getting the appropriate message to the intended audience at a time when they are likely to be receptive. To be health promoting messages more positively received by the intended audience the promotional message should state the benefits related to the intended behavior. Moreover, determining a promotional strategy require social marketers to make decisions regarding the messages, the messengers, and the communication channel (Kotler & Lee, 2008).

2.8.1. Impact of Promotional Activities to Change the Knowledge, Attitude and Behavior/Practice towards FP Methods

Social marketers are used different media or integrated marketing communication activities to educate the people, to form positive attitudes towards FP services and to increase the usage rate of contraceptives. The media used in social marketing are different, but can be divided in to two main categories, namely those aimed at the general population, and thus considered mass media, and those aimed at specific target population, and usually involving more interpersonal communication. The media used for different target group should be different to address them.

Mass media communication techniques have been found to be an effective way to diffuse information about FP and to effect changes in attitudes toward and practice of contraception in a variety of populations (Rogers & Rogers, 1976; Rogers & Kincaid, 1981; Gallen & Rinehart, 1986; Bertrand et al., 1987; Hornik, 1989, 1990; Westoff et al., 1994a, 1994b; Guilkey et al., 1995; cited in Kane et al., 1998; Piotrow et al., 1992 ; Valente et al., 1994; Westoff & Rodriguez, 1995). At the early stage of adoption of modern contraceptive practice, traditional norms, values, and beliefs remain strong. In these cultural contexts, messages about FP may have to be presented in particularly acceptable ways. The use of traditional media such as songs, music, plays, and proverbs using local languages in familiar settings are one strategy for reaching segments of some populations that are illiterate or closely tied to certain beliefs and practices (Kane et al., 1998).

Several theoretical frameworks explain the role that mass media messages play in influencing contraceptive knowledge, attitudes, and behavior, like the health belief model, the theory of reasoned action, and social cognitive learning theory. Hornik (1989, 1990) cited in Kane et al. (1998) has reviewed some of these alternative models of health-behavior change, many of which have been applied to public health and FP.

In the application of the health belief model to change in contraceptive behavior, an individual would be motivated to use a contraceptive method if he or she perceives (1) that he/she is susceptible to unplanned pregnancies or at risk of having a larger family size than desired; (2) a high degree of negative consequences, in terms of health risks or economic or

social costs resulting from having a family size larger than desired or from an unplanned pregnancy; (3) the potential benefits of practicing contraception; and (4) the barriers that must be overcome in order to practice contraception. The "cues to action" for adopting a contraceptive method may come in the form of mass media messages or from interpersonal communication, or may result from adverse personal experiences with an unplanned pregnancy, or from any combination of these elements (Becker, 1974; Hornik, 1990 cited in Kane et al., 1998).

According to Fishbein's theory of reasoned action (Fishbein, 1980 cited in Kane et al. 1998), contraceptive behavior may be seen as subject to two major influences: (1) the attitude of the individual toward the practice of contraception and (2) the individual's "subjective norm" or belief regarding to the practice or no practice of contraception. Mass media FP messages can have a positive effect on both of these influences, and thus may lead to the decision to use a contraceptive. The social cognitive learning theory approach (Bandura, 1986 cited in Kane et al. 1998) has also been a useful model for predicting contraceptive behavior, whereby the individual's (or couple's) concept of self-efficacy with regard to the practice of contraception is also taken into account. Mass media interventions can include information or messages designed to increase the individual's (or couple's) self-confidence in her/his ability to practice contraception effectively and behave responsibly in sexual situations. Such messages can be presented in broadcast FP plays or spots, through persuasion techniques as part of the messages, and by enhancing negotiation skills. Montgomery and Casterline (1993, 1996) cited in Kane et al. (1998) have provided empirical evidence demonstrating the impact of social learning and social influence on the diffusion of fertility-control behavior.

Additionally, mass media FP campaigns can influence men and women to use contraceptive methods to control their fertility by: (1) conveying FP messages through television and radio that allow couples to consider, some for the first time, the possibility of contraception; (2) legitimizing the practice of contraception as acceptable behavior; (3) pointing out some of the economic, social, and health advantages of smaller family size achieved through effective contraceptive practice; and (4) providing information about the use of and sources for modern contraceptive methods and encouraging sexual responsibility and communication between partners on the subject of FP. The messages contained in the television and radio

broadcast campaign should address all of the four points above, through the entertainment education approach of using television and short radio spots and dramas. This approach has been shown to be an increasingly popular and effective strategy for this purpose (Lettenmaier et al., 1993; Yoder et al., 1996 cited in Kane et al., 1998; Valente et al., 1994).

Different studies also show that individual's exposure to mass media messages promoting FP services and contraceptive influences the people behavior (Piotrow et al., 1990; Bankole et al., 1996; Westoff & Bankole, 1997; Kincaid, 2000 cited in Gupta et al., 2003). For example in Nigeria, the use of modern contraception's, intent to use, and desire for fewer children were found to be associated with exposure to mass media message on FP (Bankole et al., 1996 cited in Gupta et al., 2003).

Using integrated marketing communication is the best way to change knowledge, attitudes, and behavior of the target audience towards FP and contraceptives. Behavioral change communication includes a variety form and combination of communication channels like radio spots or advertisement, radio dramas, television advertisements or videos, print materials such as newsletters and leaflets, posters, clinic based counseling, and community activities such as festivals, theatre, or group meeting (Kincaid et al., 1992; Piotrow et al., 1997, cited in Gupta et al., 2003). Studies also shown that there is a dose- response effect between the amount of exposure to FP messages in the mass media and an increase in use of FP methods, for example in Tanzania, Jato et al. (1999) found that the more type of media sources of FP messages, the greater the likelihood of contraceptive use. Moreover, Kane et al. (1998) in Mali showed that contraceptive knowledge and use, and more favorable attitudes towards FP were positively associated with the number of mass media intervention.

Using different communication activities are the vital means to change people from knowledge to positive attitude and from positive attitude to actual behavior or practice. A study in Nepal, showed that exposure to mass media had a direct effect on contraceptive use through increases interpersonal communication, as well as positive changes in attitudes and perceived social norms regarding FP (Storey et al., 1994 cited in Gupta et al., 2003). Similarly, a study in Tanzania conducted in female resulted women exposed to a mass media campaign were have more positive attitude towards FP and discuss FP issues with their spouses (Jato et al., 1999).

Valente and Saba (1998) cited in Morrison (2005) in Bolivia found that, media could in effect, substitute personal contact by providing information to those respondents who did not have contact with contraceptives users. Interpersonal and mass communication interacted in significant ways to promote behavioral change (Storey et al., 1999; Boulay, et al., 2000 cited in Morrison, 2005).

Another method used by social marketer to solve social problem is entertainment education which has been defined by leading U.S proponent's in classic diffusion terms as "the process of purposely designing and implementing a media message to both entertain and educate, in order to increase audience knowledge about FP and contraceptives, create favorable attitudes, and change overt behavior" (Singhal & Rogers, 1999, cited in Morrison, 2005). Entertain through television, radio and music is one of the most effective communication strategies for reaching the public to promote FP and other public health issues (ibid.). A FP campaigns in Gambia by using entertainment education techniques, register interestingly resulted in improved knowledge, attitude and practices in people who have no formal education who heard the campaigns radio drama (Valente et al., 1994). Piotrow et al. (1990) cited in Morrison (2005) also states that entertainment education material inserted in to popular TV programmes influenced knowledge about clinic services and contributed to increased clinic attendance in FP campaign in Nigeria.

2.8.1.1. Mass Communication Strategy

Balakrishnan and Matthai (1967) cited in Connors (1995) described the result of mass communication strategy for contraceptive in three urban area of India. The media used to promote awareness and knowledge of contraceptives was slides at movie theatres, radio broadcasts, exhibitions, outdoor posters, news paper advertisements and brochures. The campaign was especially highly successful in reaching low parity women.

2.8.1.2. Interpersonal Communication Strategy

Much research has indicated a leading factor in many people decision making is informal interpersonal communication with friends, families, peers, and other potential opinion leaders, innovators or early adopters. Mass communications activities can trigger such interpersonal communication (Morrison, 2005).

A study on FP in Gambia found that exposure to an entertainment education radio drama was associated with interpersonal communication about contraceptives with partners or friends and that these discussions rather than the radio programmes directly lead to increase clinic visitors (Valente et al., 1994). A family planning in Ghana (Hindin et al. 1994 cited in Morrison, 2005) and FP and AIDS campaigns in Tanzania (Rogers et al. 1999; Vaughan et al. 2000 cited in Morrison, 2005) report similar findings.

Repetto (1969) cited in Conners (1995) also reported the impact of interpersonal communication on vasectomy program in the Madras city in India that used men who had undergone a vasectomy as door-to-door canvassers to recruit other men for operation. This program was noted to be success since the canvassers were able to recruit men previously unavailable to family planners due to smaller social distances between men. Overwhelmingly, the greater number of men recruited by canvassers came from the lower economic strata, were the least educated, the least aware of FP techniques, the most burdened by large families, and the least accessible through more conventional means of promotion and publicity. Since most were poor and illiterate, the mass media were less likely to reach them.

2.8.1.3. Joint Communication Strategy

Communication through the mass media combined with interpersonal communication in FP programs is essential to address the society problem related to FP service and contraceptive methods. One experiment using a multi media campaign was reported by Piotrow et al. (1992) that, men in Zimbabwe were targeted in promotion of family planning in 1988 and 1989. The campaign consists of fifty-two semi-weekly radio soap opera episodes, about sixty motivational talks in work places, farms and villages, and two pamphlets on birth control methods. The various combination media had different effects. While the radio drama was the most effective in providing new information about FP and stimulating changes on attitudes, motivation talks were more effective in stimulating discussions with partners and motivating men to practice FP. The campaign seemed to be effective in increasing men awareness and use of modern contraceptives.

2.8.2. Communication Channels

Communication channels can be divided into three categories: mass media, selective media, and personal media channels. Mass media channels are used when attempting to inform a large group of people about an issue in a short period of time. Selective media channels are used to provide an accessible audience with a more detailed description of the desired behavior via flyers, posters, telemarketing, internet, calendar, etc. Personal media channels provide person-to-person delivery of the messages (Kotler & Lee, 2008).

Mass media are the most important tool for creating awareness of social products as well as for non-tangible products and it is the best tool to arouse interest. On the other way, interpersonal communication or promoting through personal media can be a good tool in forming positive attitude towards FP and adopting contraceptive methods.

The effectiveness of various media depends on the target audience that the marketers want to serve. The communication channel selected should be ones that target audience comes in to contact with on a regular basis as well as perceive as being credible, since familiarity with in a medium and with the performers makes it easier to get the message accepted (EACA, 2010).

2.8.3. Steps for the Development of Promotional Activities

The development and implementation of a promotional program consists of the following steps (Andreasen, 1995; Jha, 1999 cited in Morrison, 2005).

- i) **Determine Objective:** Objective of the communication or promotion may be to create awareness, to facilitate knowledge, to encourage preference/liking for the behavior, to encourage conviction, to develop the intention to perform the behavior or to facilitate performance as the behavior amongst the target audience (Jha, 1999 cited in Morrison, 2005). Thus the most effective campaigns set fairly modest but attainable goals in terms of behavior change (Backer et al., 1992 cited in McGrath, 1995).
- ii) **Decide on the promotion mix:** The major elements of the promotion mix include advertising, personal selling, publicity and sales promotion (Kotler et al., 2002). A

careful analyzing and evaluation of each tool is very important to address the target audience.

- iii) **Develop message:** Choosing a message to communicate to the target audience depends on an analysis of their characteristics, the benefit they seek, and the meaning and effect they associate with different words and images (Jha, 1999 cited in Morrison, 2005).
- iv) **Select channel of communication:** Effective communication vehicles and channels, to which the target audience will respond and deem credible, must be selected. Channel of communication can be divided in to three broad categories as mass media, selective media, and personal media (Kotler & Lee, 2008). The choice of media depends on a number of factors including the nature of the target audience, education level and its media habit, promotional objectives, the message and its execution, the cost and availability of media, and impact/credibility of the media with the target audience (Jha, 1999 cited in Morrison, 2005).
- v) **Pretest messages:** Pretesting of the promotional aspect of the campaign with the target audience is an essential component of a successful social marketing program. It ensures target audience comprehension, defects, and unforeseen interpretations, facilitate the refinement of messages and materials, and allows for the selection of the most effective approach (Weinreich, 1999).
- vi) **Implement the promotional program**
- vii) **Evaluate outcomes:** Promotion activities need to be periodically monitored and systematically evaluated using social marketing research (Jha, 1999 cited in Morrison, 2005).

2.9. What is Social Marketing?

Different scholars define social marketing in different way. There is no agreed single definition of social marketing. Social marketing draw on diverse disciplines such as commercial sector marketing, health psychology, communication and psychology. Its most common application is to the problem of public health. Social marketing helps the social

marketer focus on customer to ensure the practitioner's to understand a target audience's knowledge, attitudes and behaviors around a particular topic before designing a marketing mix that most appeals to their needs (Andreasen, 2002).

Social marketing activities attempt to persuade a specific audience mainly through various media, to adopt an idea, a practice, a product, or all three. Social marketing uses marketing conceptual frameworks of 4 Ps: product, price, promotion, and place to address social problem. In addition, social marketing adopted several methods of commercial marketing: audience analysis and segmentation; consumer research; product conceptualization and development; message development and testing; directed communication facilitation; exchange theory; and the use of paid agents, volunteers, and incentives (Ling et al., 1992).

2.9.1. History of Social Marketing

Overviews on the history of social marketing typically trace the genesis of the perspective to an article in public opinions quarterly published by Wiebe in the early 1950's in which he asked the question 'why can't you sell brotherhood like you sell soap?' The approach then received its name two decades later when Kotler and Zaltman (1971) discussed how to use commercial marketing as a technology that could be applied to social changes.

The social marketing techniques and concepts are fully utilized after 1960's in nutrition and other health education campaigns (Manoff, 1985). Kotler and Zaltman (1971) emphasis the application of marketing on social purpose and they describe social marketing as "a promising framework for planning and implementing social changes".

Social marketing has been used over the past five decades to improve people knowledge and behavior towards a number of health related issues. The issues have mostly been disease prevention (Redman et al., 1990; Grilli et al., 2002, Stead et al., 2007 cited in Erik, 2008). Social marketing was first applied in third world countries during 1960's and 1970's as part of the international development efforts. Although it has linked to a wide variety of topics, social marketing deepest penetration has been behaviors related to personal health (Andresean, 2002).

2.9.2. Contents of Social Marketing

2.9.2.1. Market Research

Market research is knowledge gathered about the wants, needs, perceptions, attitudes, habits and barriers to change (Bloom & Novelli, 1981; Andreasen, 1995; Weinreich, 1999; Kotler et al., 2002). Its objective is to understand how to use the 4P's (marketing mixes) in the best way to accomplish the changes in behavior.

2.9.2.2. Segmentation

Segmentation is dividing the total market in to homogeneous group according to one of several criteria such as demographic, geographic, psychographic, and behavior (Kotler et al., 2002). Before deciding on the social marketing mix strategies the social marketer must chose one or more segments as a target audience, and then design and tailored products and messages for the different groups (Andreasen, 1995; Weinreich, 1999).

Market segmentation is a major part of social marketing strategies, and the social marketer should provide adverse range of FP products for specific market segments and supported with brand specific advertising and promotion to a target customer. These efforts have significant contribution to increase awareness and to change their attitudes. In addition, market segmentation and subsequent targeting are a number of strategic advantages, including increased likelihood of social changes, increased effectiveness and efficiency, a basis for resource allocation, and input for developing strategies (Kotler et al., 2002). As segmentation necessitates an in-depth understanding of various subgroups in the target audience, it is also likely to result in an audience focused marketing program (Weinreich, 1999). Segmentation allows social marketers to develop a set of marketing strategies and tactics that meet the needs, wants and perceptions of specific subgroups rather than approaching the entire market with one general strategy that does not target any one well (Andreasen, 1995).

2.9.2.3. The Marketing mix (4 P's)

A. Product- The social marketing product might be very intangible like a belief or behavior and it is a lot harder to formulate a product concept (Bloom & Novelli, 1981).

According to Kottler and Roberto (1989), the social product can either represent an idea, a practice or a concrete object. The idea can then be a belief, an attitude or a value. A practice can an act and the repeated act turn in to behavior like using contraceptives. The tangible object could be any contraceptive products like pills, condom etc.

B. Price- Price doesn't necessarily to be monetary but can also be non monetary like time, effort, and change in life style (Kotler & Roberto 1989; Weinreich, 1999; Kotler et al., 2002).

C. Place- Place is where and when the target marketing will perform the desired behavior, acquire any related tangible objects, and receive any associated services .The social marketing place includes more and closer location, extend hour, change appearance of the location and make the performing of the desired behavior more appealing than the competing (Kotler et al., 2002).

D. Promotion- Promotion involves persuasion to influence attitudes or/and behavior. To persuade effectively the social marketer should capture the attention of the target audience because there are many other competition sources like another person, radio, television, noise and the like (McKenzie & Smith, 1999). Elements of promotions are:

- I. Advertising -It is the most popular and important tool, but also the most expensive (Fine & Seymour, 1990). It is paid media public service announcements (Kotler et al., 2002). There are different sorts of media to choose from; television, radio, internet, printed media, direct mail, public billboards and the like (Weinreich, 1999).
- II. Personal selling- In social marketing program personal selling is often used (Kotler et al., 2002). It can taken place in the form of face to face meeting or communication.
- III. Publicity- It is the marketer's tool to use the media to get free and positive coverage of the social project. This could be mentioning at news on television or radio, articles or editorial comments in magazines or news paper (Kotler et al., 2002).
- IV. Sales promotion- All activities directly devoted to promote the sale of a product like give free samples of the product or coupons for the target customers.

- V. Popular media- It means using entertainment to communicate behavior change messages include movies, television series, radio program, comic books, theatre, and songs, Fraser and Restrepo (1998), shows that this type of medial has been successful in developing countries.

2.9.2.4. Additional P's

Different scholars in addition to the above marketing mixed, add additional mixes. Among them, Alcalay and Bell (2000) choose to explain the social marketing-mix as 5 P's, adding positioning. Other scholars suggest the expansion of the 4P's to 7P's. Fine and Seymour (1990) adds producer (the marketer or the source of the promotion), purchaser (who is the target and what do they want), and probing (research) to his social marketing-mix. Kotler and Roberto (1989) 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). Moreover, Klein (1999) added publics (internal and external audience), partnership, policy, and purse strings (funding agencies). This is, therefore, leading to the confusion among practitioners. However, looking at the meaning of the different P's added, and the main features of social marketing, it seems to be a way for different scholars to make a new model with the same ingredients.

2.9.2.5. Targeting

The role of target marketing emphasis to identify which specific sub group in the society has detectable needs and wants that the marketing effort can meet. Public health like commercial marketing should give due attention and efforts for market research studies in order to address the target customers needs and wants.

2.9.2.6. Audience/Customer Analysis

Analyzing the audience helps to address the community in the most effective and efficient way. It requires three steps (IEC Zimbabwe National Family Planning Council, 1998). The first is segmenting, helps to identify groups which lack information or which have particular needs, as well as to consider the most effective communication channels to reach them. The main purpose of segmentation is to create smaller groups which share similar characteristics,

so targeting can be more effective. The second is targeting, it is identifying the needs of each segment or subgroup, and selecting one or more target groups at which to direct a campaign which is tailored-made for each group. And the third is positioning, is important to establish credibility among the intended target groups. Credibility is the degree to which a source of channel of information is considered to be knowledgeable and trustworthy.

2.9.3. Strength of Social Marketing for Public Health

Some of the strengths of social marketing for public health according to Ling et al. 1992 were:

- ✦ Knowing the audience: Social marketing has had a beneficial impact on how the public health sector educates the public and persuade communities and individuals to adopt healthy practices. With its emphasis on customers/target audience, social marketing has sharpened the focus on the public. It has brought more precision to audience analysis and segmentation in addition to demographics, psychographic data (attitudes, preferences, personality trait) and social structural data (churches, worksites, families) are increasingly seen as vital in social marketing to address the public health especially in FP services and contraceptives. The information getting in demographic and psychographic provide critical information for the formulation of better targeted and more effective message design, more effective delivery, and better reception by the public.
- ✦ Use of incentives: Social marketers make deliberate and systematic use of incentives and special promotion efforts, such as contests and competition, which use rewards to draw target audience to the market place. Marketers and advertising experts strongly believe in incentives to motivate consumers' behaviour. In addition, some stress the importance of incentives to motivate not only the individual targets for change but also potential supporters.
- ✦ Strategic use of mass media: Social marketers' use mass media for delivering messages to specific audiences, to create awareness, and reinforce certain health practices contrasts sharply with the media out reach of the majority of the public.

Social marketers usually intensively and prolonged use of broadcast media and purchase air time slots specifically aimed at targeted audiences (Ling et al., 1992).

2.9.4. Social Marketing Implications

Many of the social marketing programs in various developing nations are gaining support from the public. People attitude and awareness may change if they are aware about FP benefits and if the knowledge of FP and contraceptive benefits disseminate to them. FP organizations around the world have turning themselves in to marketing oriented entities by adopting a marketing philosophy and implementing its technology know-how/4Ps (Andreasen, 1995).

2.9.5. Commercial Marketing Vs Social Marketing

Social marketing builds on commercial marketing principles and techniques, social marketing is far more complex than commercial marketing (Fine & Seymour, 1990; Kotler et al., 2002).

The differences are:

- 1. Type of product-** The product for commercial marketing is primarily goods and services but for social marketing deals with selling behavioral change (Fine & Seymour, 1990; Andreasen 1995; Kotler et al., 2002).
- 2. The gain-**The aim of the commercial marketing is the gain of profit for the company but in social marketing the gain is for individual and the society (Kotler et al., 2002). According to Manoff (1985) commercial marketing is competitive and concerned with market share but social marketing is complementary and concerned with market expansions.
- 3. Competitors-** The competitors in commercial marketing is like companies selling similar products or different product selling for the same customer but in social marketing the competition is mostly the current or preferred behavior of the target group (Kotler et al., 2002).

Similarities are:

1. **Customer orientation-** Commercial marketing is based on a view that the product offered needs to appeal to the customer in all aspects and so must the social marketing program (Kotler et al., 2002). Andreasen (1995) and Kotler and Lee (2008) also emphasized about the needs for both commercial and social marketing program to have a customer centered mindset, this means that all decisions must come after consideration of the target customer.
2. **Exchange theory-** It is what benefit consumers can expect in return for the cost they are willing to pay (Walsh et al., 1993; Kotler & Lee, 2008).
3. **Marketing research** -Marketing research provide a valuable information about the target audience for both commercial marketing and social marketing (Fine & Seymour, 1990; Kotler & Lee, 2008).
4. **Segmentation-** Strategies must be tailored to suit the needs, wants, resources and behavior of the people that the marketer target (Kottler & Roberto, 1989).
5. **Marketing mixes-**Need to put efforts in to all the P's (Kottler & Lee, 2008).
6. **Results** are measured and used for improvement monitoring systems, feedback and evaluation is used as a tool to modify ongoing strategies and/or to change future approaches (Andreasen 1995; Kotler & Lee, 2008).

2.9.6. Criticism of Social Marketing

There is no universal accepted single definition of legitimate social marketing. Such lack of consensus contributed to misconceptions about the role of social marketing in public health and has probably fueled skepticism and criticism. Some of the criticisms are:

1. Critics caused by misconception of the concept-Much of the critics towards the use of social marketing as a tool for social change seem to be misconception what the concept is all about such as social marketing is the same as mass advertising and it does not include the consumer and feed back is not possible (Brieger & Ramakrishna, 1987).

2. Top down approach- Melkote and Steeves (2001) criticize the social marketing campaign have a tendency to be top-down still treating the individual as a person to be persuaded and changed according to criteria established by outsiders.
3. Failing to address structural issues-There are discussions that social marketing programs as such fail to address structural issues and local norms (Fraser & Restrepo, 1998).
4. Marketing is the devil's work- For some people marketing is thought to be commercial and offensive (Fraser & Restrepo, 1998) and cannot see that it should be put in use for a "good cause". Many see the irony that social marketing is used to repair the damage that commercial marketing has created (Kottler & Roberto, 1989).

Most of the criticism or the negative perception of social marketing particularly by professional from public health fields is perhaps the greatest hindrance to the wide spread acceptance of the discipline.

2.9.7. Social Marketing and Family Planning

FP behavior should be seen from the marketing concepts as a consumption activity that consumers of FP service and contraceptive users undergo certain psychological and sociological process in the acquisition of knowledge, information processing, attitude formation and finally to consume it. Marketing play a dominant role in the development and implementation of FP programs in less developed countries. An expert committee in 1971 cited in Kulsoom (2006), WHO defined family planning as "a way of living that is adopted voluntarily upon the basis of knowledge, attitude and responsible decisions by individuals and couples, in order to promote the health and welfare of the family, groups and thus contributes effectively to the social development of a country". In addition Rogers (1973) defined FP programs as "the idea program or act of a preventing births and avoiding their consequences.

The FP programs are part of social marketing. Kottler and Zaltman (1971) continuously used FP as an example of social marketing. In addition El-Ansary and Kramer (1973) who defined social marketing as the marketing of ideas and the promotion of social causes

decided FP programs are part of social marketing. Freedman (1990) also noted that the use of social marketing in FP.

The social marketers should aware and try to solve its difficulty in the application of social marketing in public health areas. For example, Siegel and Doner (1998) recognize the public health face a unique marketing dilemma and the task of marketing in social change faces a unique challenge for three reasons:

1. The unfavorable state of individual and societal demand for social change.
2. The hostile environment in which social change marketed.
3. The limited training of public health practitioners in the skills necessary to make social change.

2.9.7.1 Marketing Mix and Family Planning

A comparative marketing analysis of the consumer behavior related to the use of contraceptives in various countries and the social marketing of FP programs required a broad view of marketing functions. Communication function of marketing that is, how information related to FP and contraceptive be conveyed and what are the most effective means of persuasion is one part of the analysis. The pricing of contraceptives via distribution channels must also be considered. In addition, marketers must design FP marketing plans to target those marketing segments (Conners, 1995).

Moreover, FP programs marketing analyze the entire marketing mixes that are promotion and other communication tools, distribution and delivery, pricing and product design (product/service quality aspects), and attempt to match these marketing variables to the consumer characteristics (ibid.).

2.10. Role of Family Planning in Development of a Nation

Many low income countries are caught in a vicious cycle, efforts to improve living standards, alleviate poverty are overwhelmed by the need to provide basic services and jobs forever-growing number of people. With population doubling within 25 to 30 years, many countries

have found it difficult to reduce the number of people living in extreme poverty (Kulsoom, 2006).

A country which adopting a strong FP programme as part of their development effort has significantly improved their citizen's quality of life over the past decades. A prime example for this is Japan, China, and India. During 1960 to 1990 many Asian countries reduced their childbearing from an average of six children or more to two or fewer in the span of a single generation. This reduction of fertility contributed too many of Asian countries remarkable socio-economic development (ibid.).

FP helps everyone. Here are some of the ways (World Bank, 1993 cited in Kulsoom, 2006):

- ❖ Women: FP helps women to protect themselves from unwanted pregnancies. As a result many women's life has been saved from high risk pregnancies or unsafe abortions. If all women avoid high risk pregnancies, the number of maternal deaths could reduce. Also many FP methods have other health benefits.
- ❖ Children: FP saves the lives of children by helping women in keeping space between births. Between 13 up to 15 million children under the age of 5 dies each year. If all children were born at least two years apart, 3 to 4 million of these deaths would be avoid.
- ❖ Men: FP helps men and women to care for their families. Men around the world say that planning their families helps them to provide a better life for their families.
- ❖ Families: FP improves family well-being. Couples with fewer children are better able to provide them with enough food, housing and schooling.
- ❖ Nations: FP helps nations in their development. In countries where women are having far fewer children than their mothers did, nations economic situation are improving faster.
- ❖ The earth: If couples have fewer children in future, the world population of 5.9 billion people will avoid doubling in less than 50 years. Future demands on natural resources

such as water and fertile soil will be less. Everyone will have a better opportunity for a good life (World Bank, 1993 cited in Kulsoom, 2006).

2.11. Family planning in Ethiopia

Ethiopian National Health Policy assigns high priority to the democratization and decentralization of the health service systems and emphasis FP services for the optimal health of the mother, child, and family (MOH, 1993 cited in Haileyesus and Hailegnaw, 2003). The current National Policy aims for a contraceptives prevalence rate of 44 percent and reduction in the total fertility rate to 4 by 2015. It also emphasis the expansion of FP through clinical and community based services (NOP, 1993 cited in Haileyesus and Hailegnaw, 2003). However the use of FP service in Ethiopia is among the lowest in the world. The contraceptives prevalence rate is 8 percent and more than 3.2 million currently married women have unmet need for FP services (CSA and ORC Macro, 2001). In other words Ethiopian married women constitute 3 percent of the global and 13 percent of Sub Saharan African's shares of married women with unmet FP needs (Haileyesus and Hailegnaw, 2003).

The public sector is the leading provider of FP in Ethiopia. It is the source of contraceptives for 78 percent of women currently using modern contraceptives (CSA and ORC Macro, 2001).

2.11.1. Historical Perspectives of Family planning Programmes in Ethiopia

In Ethiopia FP programs were first started in 1960's by the local nongovernmental organizations (NGO's) i.e. the Family Guidance Association of Ethiopia (FGAE). The primarily aim of FGAE was to provide FP information, counseling, and services to the families who voluntarily expressed their needs to space or limit births. During the first decade of the association, due to opposition from politicians within the government, religious leaders, and others, the program mainly focused on creating awareness about FP and services were limited to only a few clients or customers. The association was providing FP services on a par time basis in government clinics. They opened the first FP clinics in Ethiopia in 1975 in Addis Ababa. Since the early 1980's FGAE has been slowly expanding its service and running many clinics in different parts of the county (FGAE, 2000).

Mary Stops International- Ethiopia was established in 1990, and is one of the major NGO's providing reproductive health services in Ethiopia to improve FP and reproductive health care for couples and individuals (Haileyesus and Hailegnaw, 2003).

In 1999 Regional Development Associations started providing FP service through community based programs. Due to this, the Amhara Development Association (ADA) is providing service in Amhara region (<http://www.telecomnet.et/amhara.html>).

The concept and importance of social marketing is not well known in Ethiopia, in some cases, not well understood or fully supported by partners' organizations, including the government, local organizations, and the private commercial sector. A social marketing program of contraceptives method was introduced in Ethiopia in 1990 by DKT. DKT's social marketing strategies use commercial marketing techniques to make primarily health care products accessible and affordable. One of the main objectives of DKT is to increase the contraceptives prevalence in the country supplying contraceptive in accessible and affordable way. Through this program, millions of condoms and contraceptives are being distributed through pharmaceutical outlets, clinics, rural drug vendors, and the community based reproductive health programs. The social marketing program includes education and promotion of FP in different local languages, using various educational materials and mass media. The programme makes FP methods easily accessible at shops and pharmacies. The programme also includes a component to provide social marketing as volunterly surgical contraceptive methods in partnership with FGAE and MSIE (Packard Foundation –Ethiopia, 2001).

The involvement of the private sector in providing FP services is very important. Pathfinder International –Ethiopia has also taken some initiatives to increase affordable and sustainable access to FP service by replicating successful programs in the private for profit sectors (private clinics, work places, peer promoters, community based reproductive health's, market places, and petty traders). To improve the quality of FP services provided by the private sector Pathfinder International-Ethiopia is also providing management and service delivery training and supplies. This project has increased the access to contraceptive users (Path Finder International –Ethiopia, 2001).

Government institutions and most NGO's involved in FP programs have incorporated information, education and communication activities in to their programme. The health education centre of the MOH has been working to strengthen its IEC activities on the FP and other health related issues. The IEC programmes focus on the creation of awareness and bringing about attitudinal change towards FP (CSA and ORC Macro, 2002).

Many agencies are providing technical and financial support to FP programs in Ethiopia. UNFPA and USAID are the major donors of contraceptives methods (MOH, 2001C). The other organizations that support FP programs in Ethiopia include the International Planned Parenthood Federation (IPPF), MSIE, the Packard Foundation, Pathfinder International, German Funding Agency for International Development and the British Department for International Development (DFID) (CSA, and ORC Macro, 2002).

2.11.2. Sources of Contraceptives in Ethiopia

Ethiopia imports contraceptive products from abroad. The importation of contraceptives commodities have primarily been driven by international organizations and donor governments. The main donors supported these imports include UNFPA, USAID (through Pathfinder International), Royal Netherlands government, and Packard Foundation (covering operation costs of DKT-Ethiopia). The International Planned Parenthood Federation (IPPF) also serves as a source of products to its affiliate the Family Guidance Association of Ethiopia (FGAE) (Haileyesus & Hailegnaw, 2003).

The main source of contraceptives products within Ethiopia come mainly through social marketing. Social marketing by DKT occurs through agreements with the MOH and the Disaster Preparedness and Prevention Commission (DPPC), which confers the privilege of duty coverage to DKT. Social marketing is also a major source of contraceptives commodities for the private and NGO sector. NGO's may also purchase contraceptives commodities from other NGO's (mostly FGAE) to respond urgent stock shortage in program areas. The private sector role in contraceptives supply is primarily through the DKT programme (ibid.).

2.11.3. The Need of Family Planning in Ethiopia

The population growth rate in Ethiopia outstrips the gain made in economic development. Therefore, the population issue has become a great concern. The 2000 Ethiopian Demographic and Health Survey (DHS) reported that the total fertility rate in the country stands at 5.9, which is among the highest in Sub-Saharan African countries. Of the currently married women, 14 percent have never heard of FP, while only 17 percent have ever used a method. Current user of FP is very low and stands at 8 percent among the same group of women. Of the currently married women who are not using FP, 46 percent intended to use a method. Among the currently married women, only 22 percent want to have another child soon, 32 percent want no more children, and 36 percent want a child but would like to wait two or more years. Similarly, among currently married men, 25 percent didn't want any more children, while 43 percent want to wait two or more years (CSA and ORC Macro, 2001).

The level of knowledge and understanding about contraceptive methods in Ethiopia is still very low. The knowledge about the clear benefit of FP like limiting the size of family, or spacing child birth, should communicate to the target customers to fascinate the usage. A total of 32 million Ethiopian women are estimate to have unmet need for FP. The number of Ethiopian women with unmet need is very large (CSA and ORC Macro, 2002). Greater number of women with unmet need have been observed in only a few other countries. Using the result from selected DHS Survey, it was observed that India had 31 million women with unmet need in 1992, Pakistan had 5.7 million in 1999-91, Indonesia had 4.4 million in 1994, and Nigeria had 3.9 million in 1990 (Robey et al., 1996).

The Amhara region has the highest proportion of women with unmet need (CSA and ORC Macro, 2002). According to a study CSA and ORC Macro(2002) shows the total demand for FP is 40 percent among those who have no education, 58 percent among those who have primarily education, and 74 percent among those with secondary or higher education (CSA and ORC Macro, 2002). This shows that the demand for FP increase as education level increases.

2.12. Family Planning and MDG's

In 2006, unmet need for FP was added to the fifth MDG as an indicator for tracking progress on improving maternal. A recent analysis concluded that FP is among a handful of feasible, cost-effective interventions that can make an immediate impact on maternal mortality in low-resource settings. FP can reduce maternal mortality by reducing the number of pregnancies, the number of abortions, and the proportion of births at high risk. As contraceptive use increases in a population, maternal mortality decreases. It has been estimated that meeting women's need for modern contraceptives would prevent about one quarter to one-third of all maternal deaths, saving 140,000 to 150,000 lives a year. It would also prevent a similar proportion of the injuries, infections, and long-term disabilities that result from pregnancy, childbirth, and abortion and affect an estimated 15 million women annually. FP offers a host of additional health, social, and economic benefits: it can help reduce infant mortality, slow the spread of HIV/AIDS, promote gender equality, reduce poverty, accelerate socioeconomic development, and protect the environment. For example, a recent analysis in sub-Saharan Africa found that investing in FP services would prevent 29% more births of children with HIV than spending the same amount on prevention of mother-to-child-transmission (PMTCT) programs that offer antiretroviral drugs to pregnant women with HIV. Investing in FP takes on additional urgency because it can help to reduce global inequities in health—a fundamental element of the MDG agenda. Some individuals are far more likely than others to suffer unwanted pregnancies and their consequences, which range from possible death and disability to the personal and financial burdens of raising more children than a family wants or can afford (UNFPA, 2008).

UNFPA (2008) key messages include:

MDG 1: *FP alleviates poverty and accelerates socioeconomic development.* With fewer, healthier children to provide for, families are less likely to become poor. They are also better able to feed and provide health care for their child, which creates a healthier and more productive workforce that can contribute to the economic growth of the nation as a whole. On the national level, rapid population growth resulting from high levels of unmet need often outstrips economic growth and undermines a country's ability to offer adequate education, health, and other social services to its people.

MDG 2: *FP can help ensure that all children go to school.* Families are more likely to be able to educate their children if they have smaller families. For example, some girls are forced to drop out of school early to care for younger siblings. Girls and young women may also be forced to leave school early if they get pregnant.

MDG 3: *FP promotes gender equality.* Women have greater opportunities for education, training, and employment when they can control their fertility. This can increase their financial security, decision-making power in the household, and status in the community. Because so much of women's work consists of unpaid household labor and poorly paid work in the informal economy, their increased productivity may go unnoticed and unmeasured. Yet it is still of enormous importance for moving families out of poverty.

MDG 4: *FP can reduce infant mortality* by one-fifth to one-third or even more in some settings. Spacing births 36 to 60 months apart reduces malnutrition as well as neonatal and infant mortality.

MDG 5: *FP reduces maternal mortality* in three ways. First, it decreases the total number of pregnancies, each of which places a woman at risk. Second, it prevents pregnancies that are unwanted and hence more likely to end in unsafe abortions, which contribute to one in eight maternal deaths. Finally, it reduces the proportion of births that are at greater risk of complications because of the mother's age, parity, or birth spacing. Moreover, a birth interval of at least two years is generally recommended to allow a woman body time to recover from extra demands of pregnancy and lactation. An analysis of all maternal deaths occurring in three hospitals in Bangkok between 1973 to 1977 showed that women with in previous birth interval of less than two year had a two-and-a-half times greater at risks of dying than women with a longer birth interval (Eckholm & Newland, 1997).

MDG 6: *FP can slow the spread of HIV/AIDS.* Condoms simultaneously prevent HIV transmission and unwanted pregnancy. Contraceptives also enable HIV-positive women to prevent unwanted pregnancies. This is as cost-effective as antiretroviral drugs in reducing mother-to-child transmission of HIV.

MDG 7: *FP can help protect the environment* by reducing population growth and the pressures it places on natural resources, such as arable land, fresh water, timber, and fuel (UNFPA, 2008).

CHAPTER THREE

Research Methodology

Based on the idea social marketing and its application to positively influence the behavior through changing the attitude of individual to practice the intended behavior related to FP and contraceptive use, the study developed with the methodology applied for research design, sampling, preparing instruments of data collection, data analysis and ethical practice followed during the research work in order to accomplish research objectives.

3.1. Research Design

Research design represents the major methodology driving the study, being the distinctive and specific research approaches which are best suited to answer the research question (Cormack, 1996). The purpose of the research designs, to as stated by Burns and Grove (2001), is to achieve greater control of the study in examining the research problem. Survey research method was applied in this study to assess the human behavior about FP and contraceptive use. Both quantitative and qualitative research methods were used, because the combination can result in gaining the best of both methods especially in social marketing research to get the needed data for decision making. Steckler et al. (1992) delineated the possible model of integrating quantitative and qualitative methods in social marketing and health education research.

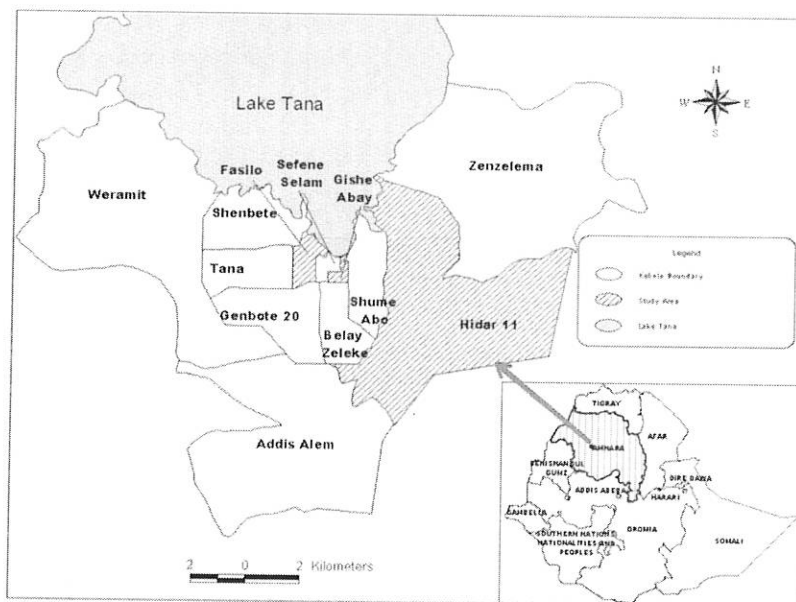
The research design for this study is descriptive in nature. The reason for selecting descriptive research designs is to describe the FP from social marketing and consumer behavior perspective and to further explore the knowledge's, attitudes and practices of the people, the attitude maintained by health workers/public health providers towards FP users, factors affecting the individual behavior towards FP and contraceptive uses, and to describe the promotional activities carried out by the social marketers in Bahir Dar town. The target population includes all the people living in Bahir Dar town between the age 15 and 49 years.

3.2. Study Area

The study was conducted in Bahir Dar town. Bahir Dar, the capital of Amhara National Regional State (ANRS), is located in the North Western part of Ethiopia at 1801 meters above sea level and 565 Kilometers from Addis Ababa, the capital of Ethiopia. The climatic condition of Bahir Dar is hot and wet. It is situated at the southern shore of Lake Tana, the largest lake in Ethiopia, with a total area of 3,600 square kilometers. Bahir Dar is also located at a place where, one of the tributaries of the longest rivers of the world, Blue Nile River, begins. The Blue Nile River divided the town into two parts (eastern and western).

According to the Central Statistical Authority, the total population of Bahir Dar was 54,766, 96,140 and 180,094 in the three consecutive population and housing census results of 1984, 1994 and 2007 respectively. The sex ratio is unbalanced. There are excess females, though the proportion has shown an improvement in the above consecutive population and housing census results. As to the distribution of the population of the town, high concentration of population is observed in the inner part of the town especially in Gishie Abay and Sefene Selam kebeles 118-432 persons per hectare (CSA, 2007).

Map 3.1: Location of the Study Area



Source: BoFED Amhara Region, 2009

3.3. Sample Design

To select a representative sample, the researcher divide the town in to three categories namely inner, middle, and outer based on the relative proximity (location) of the kebeles to the center of the town. The researcher used stratified sampling techniques to select representative samples of the population. A stratified random sampling method were used to ensure equal participation among male and female, user and nonuser, married and unmarried, and people who have child or not child from FP and contraceptives perspective. In addition, a stratified sample was employed in order to represent all group of the target population in the sample. Moreover, the researcher had chosen stratified random sampling for allocation of sample size.

Then, by using simple random sampling techniques, three kebeles one from each (inner, middle and outer) were selected. After that a total of 400 number of household sample were drawn from each kebele on proportionate to size rule. That is those kebeles that have large number of people deserved large number of samples. Based on these procedures, three kebeles namely Gishe Abay, Fasilo and Hidar 11 were selected. After that the questionnaire were distributed based on systematic random sampling methods for each households.

Table 3.1: Sample Kebeles and Households

Location	Name of Kebeles	Sample Kebeles	Total Households in the Sample Kebeles	Sample Households
Inner	Sefen Selam, Gishe Abay	Gishe Abay	3,875	144
Middle	Shum Abo, Fasilo, Belay Zeleke	Fasilo	3,981	147
Outer	Tana, Shimbete, Hidar 11 and Ginbot 20	Hidar 11	2,930	109
Total			10,786	400

Source: List of Households from the Respective Sample Kebeles, 2009

Additionally, interviews were conducted with social marketers.

3.4. Data Source

To obtain the necessary data both secondary and primary sources were explored. Various published and unpublished sources were browsed to gather relevant information on the application of social marketing concepts and practices and its impact on the achievement of FP in Ethiopian context. In order to gather the primary data questionnaires and interview were prepared.

3.5. Pilot Study

The questionnaire was tested through pilot-study which was conducted among 25 respondents other than selected sample area in Bahir Dar town. The main objective of this pilot study was to improve the instruments of data collection. On the basis of pilot testing, the researcher improved poor items, inappropriate wording and the like. Finally the instruments become ready for the main study.

3.6. Data Collection Instruments

The data collection instruments were questionnaire and interview schedule.

3.6.1. Questionnaire

A questionnaire was used for people to assess the people knowledge, attitude, practice, the attitude of health workers, and to identify the different factors affecting the individual behavior for FP and contraceptive use. Questionnaire design was chosen for a number of reasons. Some of the reasons are: it is the most convenient way to elicit information from large group of respondents, relatively cheap to produce, time efficient in terms of data collection and analysis, and ensure a homogeneous stimulus. Structured and pre tested questionnaires with open ended and close ended questions were used as a tool for data collection. The questionnaires were developed in English and then translated in to Amharic and retranslated in to English to maintain consistency.

In the Likert-scale items, the respondents were asked to report their level of agreement (5 being strongly agree) and disagreement (1 being strongly disagree).

3.6.2. Interview

In order to assess the promotional activities of social marketers to increase the people knowledge, to formulate positive attitude, to increase the practice/usage of contraceptive, and to reduce the factors negatively affecting the individual behavior for FP and contraceptive uses, in-depth interviews were conducted for social marketers. It was believed by the researcher to conduct an interview with DKT-Ethiopia (working its activity through social marketing), Mary Stop-International-Bahir Dar branch, and Family Guidance Association of Ethiopia-Bahir Dar branch; these organizations were selected by using purposive sampling techniques. From DKT-Ethiopia Amhara Regional Office Coordinator and IEC Officers of Mary Stop international-Ethiopia Bahir Dar branch and Family Guidance Association of Ethiopia-Bahir Dar branch were selected for interview. Finally, the interview was conducted based on the schedule arranged for this purpose. Before interview, the interviewers were briefed about the nature of the interview.

3.7. Personnel and Data Quality Control

In the study, other 3 data collectors assisted the researcher to collect the required data were participated. Moreover, to assure the appropriateness and quality of data collection, following steps were performed:

- A. The recruited assistants were completed with 12th grade in old curriculum and 10th grade in new curriculum with some prior experience of similar (research) activities.
- B. Training was given to the assistants by the researcher. The issue of confidentiality and privacy were stressed during the training sessions.
- C. For those respondents who didn't read and write, the data collectors read the questionnaires for the respondent and fill it based on the respondents' response.

3.8. Reliability Analysis

It is a statistical procedure used to certify that items under observation for an index are representing a single concept and internal consistency. The Cronbach alpha test was used for working out reliability. The alpha test was used to indicate the underlying directions of items consisting of an index. It demands that all the items are coded in the same direction and all

the items, which are supposed to be representing the same idea summed up. In social science the data is reliable if the value is 0.60 and above (Nunnally, 1967 cited in Nowicki & Duke, 1983).

3.9. Data Analysis

The most crucial stage of the research design is the analysis and interpretation of data. After the data have been collected, the researcher gives full attention for the analysis and interpretation. The methods of analysis for this research were both quantitative and qualitative.

After conducting the survey, the complete questionnaires were returned to the researcher. Then the data were edited, coded, entered in the computer and analyzed through SPSS 15.0 version. To analyze the data obtained through questionnaire percentage, average, chi-square, factor analysis, t-test and correlation were applied.

3.10. Ethical Consideration

The respondents were given privilege of not writing their name and other identity to hide them from unwanted approach to be maintained by other groups. Furthermore; they were assured on the part of treatment of their response in strict confidentiality. No respondents were forced to fill the questionnaire unwillingly and without making the actual purpose of carrying out the research clear to him/her.

CHAPTER FOUR

Data Analysis and Interpretation

Data thus collected by following the methodology mentioned in chapter three as described earlier, were exposed to various statistical procedures to accomplish the research objectives. This chapter analyzes and interprets of data collected through questioner and interview associated with the research objectives.

All the statistical procedures were carried out using SPSS 15.0 package, inline with the following objectives:

- To analyze the people knowledge, attitudes and practices of FP.
- To assess the attitudes of public health service providers towards FP service.
- To identify the factors affecting individual behavior of FP and contraceptive use.

4.1. Data Analysis

Analysis of the data as part of the scientific methodology of research process is fundamental to reach to some conclusion. Therefore, in this section, the researcher used different methods of analysis to answer specific research questions. The statistical tools used in the study were percentage, average, chi-square, factor analysis, t-test, and correlation.

Data were factor analyzed using rotated component matrix of extraction (based on Eigen value>1) with rotation method of Varimax with Kaiser Normalization. Factor analysis is a general name denoting a class of procedures primarily used for data reduction and summarization. It helps to reduce the large variables in to manageable level. Within factor analysis the variables didn't categorize dependent and independent variables (Malhotra, 1996). Factor analysis was performed on the 45 Likert-scaled items measuring respondent's knowledge, attitude and practice of FP; attitude of health workers/public health service providers; and factors affecting individual behavior of FP and contraceptive use.

For the knowledge, attitude and practice related items (25 items), after deleted of 4 items which are loading less than 0.35, factor analysis was performed only for the purpose of

grouping variables, not to obtain factor scores, and in this way 6 factors, namely Awareness (2 items), Knowledge (2 items), Attitude (4 items), Beliefs (6 items) and practice/usage (5 items) were created those account for 57.67 percent of cumulative variance. The value of alpha for the total scale (i.e. over all scale reliability) for the items was 0.681.

In addition from the result of the final rotated solution, all the scale items related to factors affecting individual behavior were found to be loaded in to 5 factors, and explained 63.67 percent of the cumulative variance. The overall scale reliability for the items was 0.868. The five factors identified were individual perception & service quality (7 items), socio-economic belief (4 items), inconvenience (2 items), awareness and knowledge (2 items), and experience (4 items) (Table 4.1).

Table 4.1: Exploratory Factor Analysis

Items	Perceptions & Service Quality (PSQ)	Socio-Economic Belief(SEB)	Inconvenience (INC)	Awareness & Knowledge (AKN)	Experience(EXP)
PSQ 1	0.767				
PSQ 2	0.497				
PSQ 3	0.471				
PSQ 4	0.462		0.401		
PSQ 5	0.697				
PSQ 6	0.767				
PSQ 7	0.349				
SEB 1		0.577			0.380
SEB 2	0.356	0.765			
SEB 3		0.817			
SEB 4		0.763			
INC 1			0.843		
INC 2			0.854		
AKN 1				0.834	
AKN 2				0.813	
EXP 1					0.700
EXP 2					0.702
EXP 3					0.610
EXP 4					0.534

However, some of the conceived dimensions such as perception and service quality, inconvenience and experience were found to be overlapped with other dimension that further helps to keep the internal consistency as high as possible. Additionally, the scale items loaded themselves (>0.35) into more than one dimension indicating the tendency of each variable in assessing a given aspect of some other dimensions.

As per the exploratory factor analysis, the items loaded with 0.35 and above were retained and considered for use in further analysis. In this respect, 19 out of 20 items were found to be fit within 5 dimensions, and retained for testing scale reliability using Cronbach coefficient (alpha) to determine the internal consistency of the modified scale items, and the construct validity of each item to check whether the operational definition of the construct was appropriate for the study area.

4.1.1. Reliability Analysis

The reliability and validity of the scale were assessed by the scale and/or dimension reliability and factor loading. The value of the alpha for the total scale (i.e. overall scale reliability) were computed for the factor analysis related to knowledge, attitude, practice related questions, found 0.681, indicating a reasonable reliability. As Nowicki and Duke (1983) quoted Nunnally's (1967) assertion, 0.60 is an acceptable level internal consistency for a construct.

Cronbach coefficients (alpha) values were computed for each factor related to factors affecting individual behavior of FP and contraceptive use to assess the reliability of each dimension and the scale. The results in the below Cronbach alpha table show that Cronbach alpha values were found to be within the range of 0.650 for experience and 0.827 for inconvenience, indicating that that all the five modified dimensions have reasonable reliability. Furthermore, the statistics of "alpha if item deleted" is the Cronbach coefficient for the rest of the scale, after the corresponding item is excluded from the construct (Table 4.2).

Table 4.2: Scale Reliability (Cronbach Alpha)

Dimensions	Items	Alpha Coefficients for Dimensions	Alpha Coefficients if Item Deleted
Perceptions & Service Quality	PSQ 1	0.780	0.775
	PSQ 2		0.795
	PSQ 3		0.783
	PSQ 4		0.776
	PSQ 5		0.755
	PSQ 6		0.735
	PSQ 7		0.780
Socio-Economic Belief	SEB 1	0.813	0.826
	SEB 2		0.752
	SEB 3		0.721
	SEB 4		0.741
Inconvenience	INC 1	0.827	0.833
	INC 2		0.705
Awareness & Knowledge	AKN 1	0.808	0.810
	AKN 2		0.710
Experience	EXP 1	0.650	0.418
	EXP 2		0.487
	EXP 3		0.608
	EXP 4		0.650
Reliability of the total scale		0.868	

4.2. Demographic Profile of the Respondents

The demographic profile of the respondents was found to be more or less diverse. Table 4.3 gives a breakdown of the sample respondent’s demographic profile according to sex, age, marital status, educational level, religion, occupation, monthly income and number of children respectively.

The sample of the respondents was fairly distributed between male and female, with 51.5% of the respondents were female and the remaining 48.5% were male (Table 4.3). This helps to assess the knowledge, attitude, practice and the factors affecting both male and female towards FP and contraceptives.

Little over half (50.5%) of the respondents in the study were found to be between 18 and 25 years old, and 31% of the respondents were in the age category of 26-35. The total percentages of the respondents from the age category of 18-35 years old were 81.5%. These age categories are the more fertile age category and indicator of future population growth. In addition, these age categories are suitable respondents for issue pertaining to FP practices,

since they were at the appropriate childbearing period. In addition 10% of the respondents were felled in the age category of 36-45 (Table 4.3).

Table 4.3: Percentage Proportion: Demographic Profile

Variables	Characteristics	Percentage (%)	X2
Sex	Male	48.5	0.712
	Female	51.5	
Age-category	Less than 18	4.5	0.004
	18-25	50.5	
	26-35	31.5	
	36-45	10	
	Above 45	3.5	
Marital status	Single	34	0.031
	Married	62	
	Divorced	3	
	Widowed	1	
Educational level	Didn't attend the school	20.5	0.403
	Primary level	10	
	Secondary level	25	
	Certificate & Diploma	27	
	First Degree	17	
	Masters and above	.5	
Religion	Christian(Orthodox, Catholic and Protestant)	88.5	0.822
	Islam	11.5	
Occupation	Government employee	26	0.078
	Private sector employee	11	
	Business wo(men)	34	
	Student/unemployed	27	
	Other	2	
Monthly Income	Less than 500	43	0.051
	501-1000	29	
	1001-2000	18	
	2001-3000	6	
	Above 3000	4	
Number of Children	Zero/no child	57.5	0.036
	One	13	
	Two	7.5	
	Three-Five	13.5	
	Above Five	8.5	

Source: Survey Data.

The majority of the respondents (62%) were married, 34% were single and the rest that account 3% and 1% were divorced and widowed respectively. With regards to educational level 20.5% were no attend the school that means respondents who didn't attend any formal education, 10% of the respondents were primary level and the rest 25%, 27%, 17% and 0.5% of the respondents were more than primary level (secondary level, certificate and diploma, first degree, and masters and above respectively) (Table 4.3).

A great majority of the respondents (88.5%) were Christians and Islam accounted 11.5% of the respondents (Table 4.3).

In terms of occupation Government employee accounted 26% of the respondents, private sector employees accounted 11%, business wo(man) accounted 34%, students/unemployed accounted 27 and other accounted 2% of the respondents respectively (Table 4.3).

A finding pertaining to monthly income level of the respondents in the study area indicated a small proportion of the respondents (6% and 4%) found in income 2001-3000 and above 3000 respectively. On the other hand out of the total respondents little less than half of them (43%) had monthly income less than 500. Respondents getting monthly income from 501-1000 and 1001-2000 were 29% and 18% of the respondents respectively (Table 4.3).

Almost more than half of the respondents that accounted 57.5% had no living children, while 13%, 7.5%, 13.5% and 8.5% of respondents had one, two, three-five and more than 5 children respectively (Table 4.3).

Additionally, Chi-square tests were conducted for demographic data in order to determine whether there is a significant relationship between user status (currently using and none using of contraceptive methods) and demographic variable. Chi-square test assists the researchers in determining whether a systematic association exists between the two variables (Malhotra, 1996).

Chi -square test didn't reveal a statistically significant relation between sex and user status ($p < 0.712$). However, a significant relation was exist between user status with age and marital status ($p < 0.004$ and $p < 0.031$ respectively). This shows age and marital status have a significant indicator of the user status. The finding is similar to the study of CSA (2005).

The chi-square test didn't reveal a significant relationship between educational level, religion, occupation and monthly income with user status ($p < 0.403$, $p < 0.822$, $p < 0.078$ and $p < 0.051$ respectively).

However the number of children was a good indicator of user status. Based on the chi-square test, there is a statistical significant relation between number of children and user status ($p < 0.036$). The study of the finding is similar to a study conducted in Uganda (Gupta et al., 2003).

4.3. People Knowledge, Attitude and Practice of FP, Attitude of Health Workers, and Factors Affecting Individual Behavior of FP and Contraceptive Use.

4.3.1. Awareness towards FP Method(s)

The survey indicated that awareness of FP to prevent unwanted pregnancy was extremely high among the sample, i.e. all the respondents had ever heard of FP method(s) (Table 4.4). From the response one can conclude that, all of the respondents have awareness about the existence of FP methods used for preventing unwanted pregnancy.

Table 4.4: Percentage of Proportion: Ever Heard FP Method(s)

Items	Options	Percentage (%)
Have you ever heard of FP method	Yes	100
	No	0

Source: Survey Data.

Table 4.5: Percentage of Proportion: FP method(s) known to/Using

FP method	Percentage (%)
Pills	71
IUD	18
Injectables	76
Condom	45.5
Norplant	36.5
Female sterilization	13.5
Male sterilization	13
Traditional (Calendar/Abstinence/withdrawal...)	9.5
Other	0.5

Source: Survey Data

A number of respondents in Table 4.5 indicated that, they knew more than one method of contraceptives, because the respondents had the opportunity to choose more than one option.

With regard to knowledge of contraceptive methods, a great majority of the respondents were claimed they knew/used injectables and pills (76% and 71% respectively). The result in this study with regarding to injectables is the same as that of the study conducted in 2007 by World Bank. Little less than half of the respondents (45.5%) claimed they had condom knowledge that known to them/used, next to condom little over one-third revealed they knew/used Norplant (36.5%). 18% of the respondents were known/used IUD. Long term modern contraceptives were less known/ used by the respondents (female sterilization 13.5%, and male sterilization 13% respectively) when compared with short term contraceptive methods. Traditional FP methods were mentioned by 9.5% of the respondents. No one of the respondents claimed that s/he have unaware of at least one FP method (Table 4.5).

From the information indicated above, one can recognize that injectables and pills were by far the most known/used modern contraceptive methods, where as IUD, male and female sterilizations were the least well known/used modern contraceptive methods. This study shows long term modern contraceptives were the least known /used than short term contraceptives. This result was registered because of most of the activities DKT-Ethiopia and other organizations working on FP mostly promote short term modern contraceptives like condom, pills and injectables.

Therefore, social marketers need to give due attention for the need of the customer whether they need the method to space or limit the births. Based on their need, the social marketers should segments the customers and provide variety of contraceptive methods based on their preference.

Finally, awareness of the people about the contraceptive methods and knowing the names of contraceptive methods and their function are very important to build a positive attitude and to increase the usage and practice of the FP services and contraceptives. In addition, people who have aware of different contraceptive methods, know where they can be obtained, understand their side effects, and know how to use, have form positive attitudes and practice the method because knowledge, attitude and practice have positive relationship.

4.3.2. Knowledge Related to Birth Spacing

The average minimum gap the respondents answered was 4.285. It is more than what is recommended. The recommended period between two births are at least two years that allow a woman body time to recover from extra demand of pregnancy and lactation. In addition, it helps to reduce the maternal mortality risk by two-and –a-half times greater risk of dying (Eckholm & Newland, 1997). This shows that the respondents had depth knowledge and favorable attitude about spacing of births.

To maintain the gap, the method to use or follow up modern contraceptives accounted 93% of the respondents, while traditional method accounted 3.5%. 3.5% of the remaining respondents answered don't use any method. It is fair to say almost all of respondents had in-depth knowledge about the importance of modern contraceptives to space the births.

From the response one can conclude that respondents have good knowledge and positive attitudes about birth spacing and modern contraceptive methods as a mechanism to space between births.

4.3.3. Source(s) of Information

After the consumers become aware of their needs, they search different information about FP services and contraceptives. To know their source of information is important for social marketers to influence the people positively. A number of respondents claimed they have got FP information from more than one promotional source (Table 4.6). The sources of information were both mass communication and personal communication activities. A study in Tanzania (Jato et al. 1999) found that the more type of media sources of FP messages, the greater the likelihood of contraceptive use. In addition, Kane et al. (1998) a study in Mali showed that contraceptive knowledge and use, and more favorable attitude towards FP were positively associated with the number of mass media intervention. These shows the more the media source the people get information about FP and contraceptive use the more the people use the methods. But the social marketers should give due attention for the channel of the communication and the messages they promote for each targeted customer groups.

Among the mass communication promotional activities radio (66.5%) and television (64.5%) were the main source of information for more than half of the respondents. The result of the study was similar to the study conducted in North Carolina (North Carolina Start Foundation-LIMA Project, 2007). On the other hand among the personal communication activities personal selling (Health Extension workers) were the main source of information for more than half (59.5%) of the respondents (Table 4.6).

Table 4.6 Percentage of Proportion: Source(s) of Information

Source of Information	Percentage (%)
Television	64.5
Leaflets	30
Radio	66.5
Newspaper	28.5
Health Extension Workers	59.5
Partners	17.5
Friends/Relatives	22
Posters/Billboards	19.5

Source: Survey Data

In addition, little less than one-third of the respondents claimed leaflets (30%) and, newsletter (28.5%) were their source of information. Moreover, less than one-third of the respondents claimed friends/relatives (22%), posters and billboards (19.5%) and partners (17.5%) were their source of information (Table 4.6).

As it was observed from the response, the respondents have got information from both mass media and personal media sources. The majority of the respondents have got information from radio television and health extension workers.

Therefore the social marketers should address the society unmet needs by using integrated marketing communication tools. The customers were highly processed and give attention for the information which is related to their needs, desires and life styles because customers are vary in their intention, attitudes, ability and others. Due to these, social marketers should segment the customer and address them by using different promotional modes and by designing different messages related to each targeted segments.

4.3.4. Knowledge Related Access of Contraceptives

Table 4.7: Percentage of Proportion: Place(s) where Contraceptives Obtained

Places where contraceptive obtained	Percentage (%)
Hospital	49
Health Stations	76
Shop/Kiosks	16
Pharmacy	37
Health Extension Workers	52
Work place	3
Friends/Relatives	5

Source: Survey Data

The above table depicts, little more than three fourth of the respondents (76%) claimed health stations were the main place of contraceptives. Similarly little more than half (52%) and almost half of the respondent (49%) claimed health extension workers and hospitals were their main place to get contraceptives. Pharmacy (37%) and shop/kiosks (16%) claimed 4th and 5th next to health stations, hospitals and health extension workers. While relatives/friends and work places claimed by the respondents 5% and 3% respectively (Table 4.7).

From the response one can conclude that, respondents get contraceptive methods from more than one source. This ensures physical accessibility of the method to some extent.

UNICIEF (2007) cited in Antign (2007) indicates that, for couples who aspire or to delay or avoid birth, the obstacle to use contraceptives includes lack of knowledge about methods how to use or where to obtain services. This shows knowledge where to get contraceptive helps to meet their unmet need. In addition, knowledge of the availability plays a crucial factor to use contraceptives (<http://info.k4health.org/prJ43/j43chap2-4.shtml>). Moreover, previous studies shown that increasing the number of contraceptive methods available in a country increases the overall practice of contraception (Jain, 1989).

Therefore, the social marketers should provide varieties of contraceptive methods and should available the methods in different places, in order to increase the contraceptive practice.

4.3.5. Knowledge Regarding to the Concept and Purpose of FP

Table 4.8: Percentage of Proportion: concept/purpose of FP

The main purpose/ides behind FP	Percentage (%)
To limit the family	54
To have an interval b/n births	76.5
To stop delivering births	17
To prevent sexual transmitted disease	30.5
To avoid unwanted pregnancy	37
Other	1.5

Source: Survey Data

Respondent's knowledge related to the basic purpose/idea behind FP was investigated through various assumptions by asking different options for each respondent and by giving opportunity to choose more than one options and their response were presented in the above table. About 54% of the respondents termed it as a process of limiting the family size, 76.5% as to have an interval between births, 17% as to stop delivering births, 30.5% as to prevent sexual transmitted disease, and 37% as a tool to avoid unwanted pregnancies. On the option that ask the respondents to write other basic purpose 0.5% of the respondents claimed to have productive worker, the other 0.5% claimed to maintain balance between population with country economy and the other 0.5% claimed to reduce its burden on the economy (Table 4.8).

The finding suggested the respondents have better awareness and knowledge about the concept of FP, and its purpose/use. Having better knowledge regarding to FP purpose and contraceptive uses have a good indicator to form positive attitude and to use the methods.

4.3.6. User Status of Contraceptives

As the response given below in Table 4.9, it can be observed that, the majority of the respondents were regular and potential users, they accounted 34.5% and 32% respectively. On the other hand non-users claimed 17% of all the respondents, 8.5% of the respondents and 8% were first time users and ex-users respectively (Table 4.9).

According to the information stated, one can divide the respondents based on their response as currently contraceptive users and currently contraceptive nonusers. The total percentage of current contraceptives users accounted 43%. This shows, less than half of the respondents were use contraceptive at the time of the study conducted. Even if the respondents had the awareness about contraceptives, good knowledge about the importance of contraceptive in spacing births, even if they have knowledge about the place where they get contraceptives, less than half (43%) were currently using the method. On the contrary, more than half (57%) of the respondents revealed they are not currently using contraceptive (Table 4.9).

Table 4.9: Percentage of Proportion: User Status of Contraceptives

How do you find yourself on the part of using contraceptives?	Options	Percentage (%)
	Non-user	17
	Ex-user	8
	First time user	8.5
	Regular user	34.5
	Potential user	32

Source: Survey Data

Regarding to the users status respondents were dividing in to users and nonusers. The users also categorized in to first time users and regular users. In addition, the nonusers categorized as non-users, ex-users and potential users.

Therefore, the social marketers should segment the people based on behavioral segmentations (user status) and targeting those by using differentiated targeting strategies. The promotional activities used for nonusers should be different from the promotional activities used for users. Moreover, the promotional activities used for potential users should be different from the promotional activities used for non-users and ex-users in addition to using different promotional activities for regular users and first time users.

4.3.7. Choice of Contraceptive Method(s)

Respondents were asked the decision making process who chose contraceptive for a consumer and Table 4.10 revealed their response. More than one third of the respondents (35%) of responded the consumer itself chooses the best method for them. 29.5% of the

respondents jointly chosen the contraceptive with their partners. The rest of the respondent accounted 17%, 6%, and 2% reported health workers, partners and friends/relative chose the contraceptive methods for them or final consumer respectively (Table 4.10).

Table 4.10: Percentage of Proportion: Choice of FP Method(s)

Who chose contraceptive methods to you	Percentage (%)
My self	35
Friends/Relative	2
Partners	6
Health workers	17
Both me and my partner	29.5

Source: Survey Data

From the response made one can be concluding that, final consumer itself and joint decision between partners accounted the two major deciders for the final consumers to choose contraceptive.

Many researches has indicated a leading factor in many people decision making is informal interpersonal communications with friends, families, peers, and other potential opinion leaders, innovators or early adopters. Mass communication activities can activate such interpersonal communication (Morrison, 2005).

Therefore, the social marketers should give due emphasis for the final decider to chose contraceptives (informal interpersonal communicators) and try to influence their decision process to use contraceptive by incorporating the promotional messages addressing the different purchasing units.

4.3.8. Reason for Discontinuation

People who use contraceptive at one time may discontinue the method due to various reasons. The following table shows the main reasons for the discontinuation of the respondents by giving the opportunity to choose more than one option. Most of the respondents accounted 29% declared their main reason was need of additional children. The second main reason was health concern (25.5% of the respondents) (Table 4.11). The result of this study is the same as a study conducted in Kenya in the year 1995 and in analysis of

DHS data from six countries (Ali and Cleland, 1995 cited in <http://info.k4health.org/prJ43/j43chap2-4.shtml>).

Table 4.11: Percentage Proportion: Reason for Discontinuation

Reasons for discontinuation	Percentage (%)
Want more children	29
Menopausal	4
Health concern	25.5
Death of partner	5.5
Religious opposition	4.5
Partner Disapproval	5
Due to pregnancy	6.5
Other	21.5

Source: Survey Data

From the responses one can conclude that want more children and health concern were their main reasons for discontinuation. On the other hand death of partners, partner disapproval, and menopausal accounted the least reason for discontinuation.

Therefore, the social marketers should give due attention for the main reason of discontinuation in order to change the ex-users to regular users and to reduce the current users from discontinuation. In addition, dissatisfied customers are the main source of negative word of mouth communication due to these, knowing the main reasons of customers for discontinuation of the service/methods helps to reduce negative word of mouth communication. Moreover, knowing the reason for discontinuation helps the social marketers to reduce discontinuation among currently users of contraceptives. Due to these the content of the message should address the reasons and should give counter information for the negative word of mouth communications.

4.3.9. Analysis Using T-test

To determine whether there is a significant mean score different between the response obtained from users and non users obtained from the respondents towards FP and contraceptives, t-test has been used. T-test has been used by the researcher as one of the data

analysis tool. The statistical data extracted by using SPSS software package is summarized as follows.

Table 4.12: T-test Statistics for Knowledge, Attitude and Practice/Usage

Dimensions	Categories	Respondents	Mean	t-value	Sig.(2-tailed)
Awareness	Users	172	3.8372	1.401	0.163
	Non-users	228	3.6579		
Knowledge	Users	172	3.3760	-2.496	0.013
	Non-users	228	3.5994		
Attitude	Users	172	3.2093	-0.959	0.339
	Non-users	228	3.2851		
Belief	Users	172	3.8159	2.254	0.025
	Non-users	228	3.6506		
Practice/ usage	Users	172	3.4419	1.152	0.251
	Non-users	228	3.3579		
Health workers	Users	172	3.5349	0.934	0.351
	Non-users	228	3.3991		

Source: Survey Data

From the above table the data shows the response of users and nonusers which is rating the above 6 items concerning consumers behavior with regarding to awareness, knowledge, attitude, belief, practice/usage and attitude of health workers related to FP and contraceptives. The mean result for the above six dimensions revealed all the dimensions have above average mean. But it is not sufficient (Table 4.12). It shows the awareness level of the individual, knowledge, attitude, belief, and the attitude of health workers they maintain

were not sufficient to lead them to practice/use the method or to benefit from the importance of social marketing for FP. Due to these the social marketers should consider all the dimensions in order to fully utilize and get the benefit from the concept of social marketing to FP.

The highest mean was registered with in the dimension of awareness and belief of the respondents towards FP and contraceptive methods. The mean value shows the respondents have high awareness and favorable belief even if it is not sufficient. The mean value for awareness was 3.8372 for users and 3.6579 for nonusers (Table 4.12). It shows there is a little bit difference between users and non users i.e. the awareness of the users were a little bit more than the awareness of nonusers. With regarding to belief, the mean value was 3.8159 for users and 3.6506 for nonusers (Table 4.12). The mean value revealed that the belief the users maintained towards FP and contraceptives have a little bit more favorable for the method than the belief nonusers maintained. The t-test didn't show significant difference between users and nonusers within the awareness dimension ($t=1.401$, $p<0.163$). But in the belief dimension there was significant difference between users and nonusers ($t=2.254$, $p<0.025$) (Table 4.12). This indicates the belief of users and nonusers maintained about FP and contraceptives were different.

Using the second dimension of knowledge, the t-value obtained was -2.496 ($p<0.013$) i.e. there exist significant difference between users and nonusers knowledge respondents maintained towards FP and contraceptives. The mean value of users and non users within the knowledge dimensions were 3.3760 and 3.5994 respectively (Table 4.12). The result show the knowledge both users and nonuser maintained were not complete even if it is more than average. Best (2002) stated insufficient knowledge and skills are one type of barrier that affects individual behavior from practicing of FP service. The mean value of the two groups shows nonusers had a little bit more knowledgeable in FP than users. It seems the nonusers were more information searching and highly processing the information related to FP and contraceptives.

The third dimension was attitude towards FP and contraceptives. The result obtained from the application of t-test indicates a value of -0.959 ($p<0.339$), therefore no significant difference was obtained between users and nonusers regarding to respondents attitude about

FP. The mean value of users and non users with in the dimension of attitude were 3.2093 for users and 3.2851 for nonusers (Table 4.12). The mean values between them were close to each other. In addition, the result shows, the attitude the users and nonusers maintained were very less even if the respondent's maintained positive attitude towards FP and contraceptive methods.

With regarding to practice/usage related issues of FP methods, the t-value obtained was 1.152 ($p < 0.251$), i.e. no significant difference exist between the users and nonusers. It seems the ex-users even if they are not currently using the method they practice the method earlier and there were high number of potential users who want to use the method in the future. Due to these their response towards the issue related to this dimension were more related to the users' category. The mean value for users and nonusers according to t-test value were 3.4419 and 3.3579 (Table 4.12). The mean value indicates the practices of users were a little bit more than non users.

The independent t-test result for the six dimension, attitude of health worker towards FP services, indicates a t-value of 0.934 ($p < 0.351$), no significant difference was obtained from users and nonusers categories. The mean value for users was 3.5349 and 3.3991 for nonusers (Table 4.12). The mean value shows the health workers maintained positive attitude even if it is not sufficient. Friesen and Kruzich (2000) stated that the extent to which service providers/health workers involves in its customer, respect, the knowledge about service, culturally competent, and the attitude they hold towards the service are important factor in FP service.

In general a significant difference was registered on the part of knowledge and belief from users and nonusers, at 95% confidence level.

T-test has also used by the researcher as a data analysis tool to determine the existence of a significant difference between users and nonusers on the issue of factors affecting individual behavior of FP and contraceptive use. Based on factor analysis, 5 dimensions were obtained. The dimensions were perception & service quality (7 items), socio-economic belief (4 items), inconvenience (2 items), awareness and knowledge (2 items) and experience (4 items) (Table 4.13).

Table 4.13: T-test Statistic for Factors Affecting Individual Behavior towards FP

Dimensions	Categories	Respondents	Mean	t-value	Sig.(2-tailed)
Perception & service quality	Users	172	3.8382	1.109	0.269
	Non-users	228	3.6977		
Socio-economic belief	Users	172	4.0221	-0.002	0.998
	Non-users	228	4.0223		
Inconvenience	Users	172	3.8750	-0.770	0.442
	Non-users	228	3.9955		
Awareness & knowledge	Users	172	3.2426	1.936	0.054
	Non-users	228	2.8527		
Experience	Users	172	3.7574	-0.158	0.874
	Non-users	228	3.7768		

Source: Survey Data

As it can be observed from the above table, factors affecting individual behavior were rated with the average mean between 2.8527 for awareness and knowledge, and 4.0223 for socio-economic belief. Among the above dimension the highest factor affecting respondent's behavior to use FP and contraceptives were socio-economic belief. The mean value for this dimension was 4.0221 for users and 4.0223 for nonusers. The result show the impact was high. The mean value between the groups was very close to each other. Significant difference was not revealed between users and nonusers in the socio-economic dimension ($t=-0.002$, $p<0.998$) (Table 4.13). The result show socio-economic belief of the respondents towards FP and contraceptives were one of the main factors affecting individual behavior to use the method.

The second main factor affecting individual behavior was inconvenience of the service and the method related issues. The mean value shows the impact of inconvenience was high

(3.8750 for users and 3.9955 for nonusers). There is no significant difference existed between users and nonusers as inconvenience as a factor based on the result obtained from t-test($t=0.770$, $p<0.442$) (Table 4.13). Moreover, Inconvenience as a factor was a little bit more affected nonusers than users.

The third factor affecting individual behavior to use the service was individual perception and service quality. The mean value for users and nonusers were 3.8382 and 3.6977 respectively. The score shows that, the impact of perception and service quality was high. In addition, the mean value result show perception and service quality as a factor affects a little bit more for users than nonusers. It seems the experience of the users dictates the perception they experience from using the method, and the quality of the service they receive may not match with their expectations. Moreover, the result obtained from the users and nonusers for the dimension of perception & service quality ($t=1.109$, $p<0.269$) (Table 4.13), revealed no significant difference exist between the two categories.

The fourth factor affecting the individual behavior hindering them to use the method was experience. The mean value for users in the experience dimension was 3.7574 and 3.7768 for nonusers. The value also show, lack of experience and the customer experience from the service/method were high to hinder the respondents to meet their unmet needs. In addition, the mean value showed experience as a factor was a little bit more affected the nonusers than users. Moreover, the t-test shown there is no significant difference between users and nonusers with regard to experience as a factor ($t=-0.158$, $p<0.874$) (Table 4.13).

With regard to awareness and knowledge dimensions, the response of the respondents show factor related to awareness and knowledge were not a major factor affecting their behavior to use the service. The mean value of the users and nonusers were 3.2426 and 2.8527 respectively. Moreover, the independent test result for the fourth dimension, awareness and knowledge, indicates a t-value of 1.936 ($p<0.054$) (Table 4.13), smaller but non-significant difference result was found between users and nonusers.

Table 4.14: T-test statistics to Asses the Difference Based on Gender Regarding to Knowledge, Attitude and Practice/usage

Dimensions	Categories	Respondents	Mean	t-value	Sig.(2-tailed)
Awareness	Male	194	3.8213	1.321	0.188
	Female	206	3.6537		
Knowledge	Male	194	3.5567	1.115	0.250
	Female	206	3.4531		
Attitude	Male	194	3.2603	0.193	0.847
	Female	206	3.2451		
Belief	Male	194	3.7869	1.735	0.084
	Female	206	3.6602		
Practice/ usage	Male	194	3.4247	0.825	0.410
	Female	206	3.3650		
Health workers	Male	194	3.4433	-0.191	0.849
	Female	206	3.4709		

Source: Survey Data

Table 4-14 clearly point out that in all 6 dimensions both male and female have maintained above average scores. However they were not sufficient and much work were left for the social marketers and the concerned bodies. In any of the dimension there was no registered significance difference between genders.

With regard to awareness dimension, based on the mean value the male have a little bit more awareness about FP and contraceptives than females (the mean value for male was 3.8213 and for females 3.6537). The mean value also show both male and female have better

awareness about the program and the method. The t-test result didn't show a significant difference between male and female awareness level ($t=1.321$, $p<0.188$) (Table 4.14).

For the second dimension (knowledge) the mean value show a little bit difference between male and female and the result show the male have a little bit more knowledgeable than female (the mean value for male and female were 3.5567 and 3.4531 respectively). The independent t-test result shows there is no significant difference between male and female ($t=1.115$, $p<0.250$) (Table 4.14).

For the third dimension the average mean between male and female with regard to attitude towards FP and contraceptives were very close to each other (3.2603 for male and 3.2451 for female). The t-test value also shows no significant difference between male and female towards their attitude with the issue in the study ($t=0.193$, $p<0.847$) (Table 4.14).

With regarding to belief, the average value shows the male have a little bit more favorable belief than female (the mean value for male was 3.7869 and for female 3.6602). However, both male and female have almost favorable belief with regarding to FP and contraceptives. The t-test value also show like the above dimension there was no significant difference between male and female in the belief dimension ($t=1.735$, $p<0.084$) (Table 4.14).

With regarding to practice/usage and the attitude of health workers the mean values were very close between male and female (3.4247 and 3.4433 for male and 3.3650 and 3.4709 for female respectively). The independent t-test result also didn't show a significant difference between male and female within these two dimensions ($t=825$, $p<0.410$ and $t=-0.191$, $p<0.849$ respectively) (Table 4.14).

In addition, t-test had also used to determine the existence of a significant difference between male and female respondents with regard to factors affecting individual behavior. The result revealed there is no significant difference between male and female towards the following factors: perception and service quality, socio-economic belief, inconvenience, awareness and knowledge, and experience ($t=1.3$, $p<0.195$, $t=1.557$, $p<0.121$, $t=0.725$, $p<0.470$, $t=0.676$, $p<0.5$ and $t=0.424$, $p<0.672$ respectively) (Table 4.15).

Table 4.15: T-test Statistics to Asses the Factors Affecting Individuals Behavior from Family Planning and Contraceptive Use Based on Gender

Dimensions	Categories	Respondents	Mean	t-value	Sig.(2-tailed)
Perception & service quality	Male	194	3.8315	1.300	0.195
	Female	206	3.6719		
Socio-economic belief	Male	194	4.1208	1.557	0.121
	Female	206	3.9258		
Inconvenience	Male	194	4.0056	0.725	0.470
	Female	206	3.8956		
Awareness & knowledge	Male	194	2.9326	0.676	0.500
	Female	206	3.0659		
Experience	Male	194	3.7949	0.424	0.672
	Female	206	3.7445		

Source: Survey Data

The mean value of the perception and service quality shows the male is more affected than female (3.8315 for male and 3.6719 for female). Socio-economic belief, inconvenience of the service, and experience were a little bit more affected the male behavior to use the service than female. When we compared the mean value of male and female, socio-economic beliefs were a little bit more affected male than female (4.1208 for male and 3.9258 for female). Inconvenience of the service was a little bit more affected male than female (4.0056 for male and 3.8956 for female). The mean value for experience as a factor between male and female was more closely each other (3.7949 for male and 3.7445 for female) (Table 4.15).

With regard to awareness and knowledge dimensions the male and female mean value was very close to each other (2.9326 for male and 3.0659 for female) (Table 4.15).

From the t-test statistical value results one can conclude that there is no significant gender difference for the factors affecting individual behavior to use FP and contraceptive methods. However, when someone compared the factors affecting individual behavior to use contraceptives except in the awareness and knowledge factors the male affected a little bit more than female in the other dimensions.

4.3.10. Correlation Analysis

Correlation analysis helps to define the direction of the relationship between various variables (between -1 and +1) and also helps to gain insight in to the strength of their relationship. The next table illustrates the correlations between various variables under the study. The six modified dimensions maintaining a degree of association (Table 4.16).

Therefore, the correlations between the six modified dimensions were computed using Pearson coefficient (Table 4.16). A weak positive relation was noted between awareness of the respondents towards FP and contraceptive methods; attitude of the respondents towards FP and contraceptives; and awareness and attitude of health workers towards FP ($r=0.153$, $p<0.05$, and $r=0.193$, $p<0.01$ respectively).

Table 4.16: Summary of Correlation Coefficient for Knowledge, Attitude and Practice

	AW	KN	AT	BL	PR	HW
AW	1.00					
KN		1.00				
AT	0.153*	0.253**	1.00			
BL	0.271**		0.168*	1.00		
PR	0.403**		0.149*	0.143*	1.00	
HW	0.193**					1.00

Source: Survey Data

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

Note: AW-awareness, KN- knowledge, AT-attitude, BL- belief, PR-practice/usage, and HW-health workers/public health service providers.

With regard to a correlation between awareness and belief of the respondents towards FP and contraceptive methods, the result revealed a weak positive relation ($r=0.271$, $p<0.01$). On the

other hand a moderate positive relationship was found between awareness and practice ($r=0.403$, $p<0.01$) (Table 4.16).

The above result shows when the respondents awareness towards FP and contraceptives increase, the respondents attitude towards FP and contraceptive, their belief to the method, and practice/usage of the method will increase. In addition, when the public health service providers/ health workers attitude increases the awareness level of the respondents will also increase.

The above table also shows a relation between knowledge of the respondents about FP and contraceptives and their attitude towards the issue. Weak positive relation was exist between knowledge and attitude ($r=0.253$, $p<0.01$) (Table 4.16). The result shows when the respondents have knowledgeable about FP services and contraceptive products, it helps them to formulate positive attitude towards the service and the method. The literature also shows the importance of knowledge in formation of positive attitude. Zimbardo et al. (1997) summarized that the attitudes of person depends on knowledge that the person maintained. In addition, lack of correct information and knowledge about modern contraceptives affect the customer's attitude towards FP services and contraceptive products.

With regarding to belief dimension, belief of the respondents towards FP and contraceptives with attitude, and belief with practice have positive correlation even if the correlation was weak ($r=0.168$, $p<0.05$ and $r=0.143$, $p<0.05$ respectively) (Table 4.16). From the correlation results one can conclude that, the belief the respondent maintained have its own impact on attitude and practice. Hawkins et al. (1998) explained the impact of belief on the practice/usage of contraceptives.

Lastly, with regarding to the dimension of attitude, attitude and practice have also positive weak correlation ($r=0.149$, $p<0.05$) (Table 4.16). The correlation result show the attitude the respondents maintained have its own impact on the usage/practice of the method. Previous study stated that, the attitude of the person affects the mental feeling of an individual which stimulates behavior/practice (Jomtas, 1973 cited in Solomon, 2006). Wolf et al. (2000) and Thompson et al. (1997) also mentioned that, an individual attitude towards FP and contraceptive methods were an important predictor for use of service/method.

In general, awareness, belief, attitude of people towards the FP, and health workers attitude affect the practice/use of FP and contraceptive methods. The attitude of people they maintained also influenced by awareness, knowledge, and belief. Moreover, awareness also affects the belief the people maintained on FP and contraceptive methods.

Therefore, the social marketers should segment the general population based on awareness, knowledge, belief, attitude and behavior and address them by using different messages and modes of promotional activates in order to get the maximum benefit from social marketing for FP (Hertog et al., 1993).

Table 4.17 also shows the correlation between perception and service quality, socio-economic belief, inconvenience, awareness and knowledge, and experience using Pearson Coefficient. Based on the correlation result a weak to strong positive relationship was found among variables.

Table 4.17: Summary of Correlation Coefficient for Factors Affecting Individual Behavior

	PSQ	SEB	INC	AKN	EXP
PSQ	1.00				
SEB	0.523**	1.00			
INC	0.367**	0.454**	1.00		
AKN	0.398**	0.295**		1.00	
EXP	0.474**	0.376**		0.275**	1.00

Source: Survey Data

** Correlation is significant at the 0.01 level (2-tailed).

Note: PSQ-perceptions & service quality, SEB- socio-economic belief, INC-inconvenience, AKN-awareness and knowledge, and EXP- experience.

Socio-economic belief and perception and service quality have a moderate positive relationship ($r=0.523$, $p<0.01$). Inconvenience, awareness and knowledge, and experience have also a weak to moderate positive relationship with perception and service quality ($r=0.367$, $p<0.01$, $r=0.398$, $p<0.01$, and $r=0.474$, $p<0.01$ respectively) (Table 4.17). From the result one can conclude that socio-economic belief, inconvenience, awareness and knowledge, and experience were affect the individual perception and service quality towards FP and contraceptive methods.

Socio-economic belief and inconvenience of the service have a positive moderate relation ($r=0.454$, $p<0.01$) (Table 4.17). It seems the unfavorable socio economic belief the society maintain creates inconvenience for the service.

Socio-economic belief, and awareness and knowledge have a positive weak relation ($r=0.295$, $p<0.01$) (Table 4.17). From the result it can be observed that the awareness and the knowledge the people maintained affects the socio-economic belief of the society towards FP and contraceptive methods, i.e. when the people have better awareness and knowledge, the socio-economic belief the people maintain towards the methods and program will be favorable.

Lacks of experience towards FP and contraceptive have its own impact on socio-economic belief the society they maintained. The study shows there is a positive moderate relation between experience and socio-economic belief ($r=0.376$, $p<0.01$) (Table 4.17). It seems when the people experience FP and contraceptive methods they maintained a positive belief towards the service/methods.

Awareness and knowledge, and experience have a positive weak relation ($r=0.275$, $p<0.01$) (Table 4.17). This implies, awareness and knowledge an individual maintained helps the individual to practice/use the methods.

4.4. Interview Conducted with Social Marketers

1. What are the promotional activities used to reach the people of Bahir Dar town to increase their knowledge and to develop positive attitudes towards FP services/contraceptive usage?

Piotrow et al. (1992) demonstrated the importance promotional activities to increase knowledge, to change attitudes and alter behavior among the general public. By understanding the importance of different promotional activities all the three organizations uses mass media and interpersonal communication/promotional activities to increase people knowledge, to develop positive attitude, and to increase the usage of FP services and contraceptive methods in Bahir Dar town. Mass media is better to reach the general population and interpersonal communication activity is better to reach the specific target

population. The result of quantitative research section shows that, the respondents have got information related to FP service and contraceptive methods from Television, Radio, Leaflets, Newspapers, Health extension workers, Partners/Relatives, and Posters/Billboards. These show the respondents get FP information from integrated marketing communication sources/tools.

Mass media communication techniques have been found to be an effective way to diffuse information about FP and to effect changes in attitudes toward and practice of contraception in a variety of populations (Rogers & Rogers, 1976; Rogers & Kincaid, 1981; Gallen & Rinehart, 1986; Bertrand et al., 1987; Hornik, 1989, 1990; Piotrow et al., 1990; Westoff et al., 1994a, 1994b; Guilkey et al., 1995; cited in Kane et al., 1998; Piotrow et al., 1992; Valente et al., 1994; Westoff & Rodriguez, 1995).

Different studies around the world also show the impact of interpersonal communication to increase the user of contraceptive by changing the people attitude positively. A study on FP in Gambia found that exposure to an entertainment education radio drama was associated with interpersonal communication about contraceptives with partners or friends and that these discussions rather than the radio programmes directly lead to increase clinic visitors (Valente et al., 1994). A FP in Ghana (Hindin et al. 1994 cited in Morrison, 2005) and FP and AIDS campaigns in Tanzania (Rogers et al. 1999; Vaughan et al. 2000 cited in Morrison, 2005) report similar findings.

Moreover Storey et al. (1994) cited in Gupta et al.(2003) a study on Nepal, showed that exposure to mass media had a direct effect on contraceptive use through increases interpersonal communication as well as positive change in attitudes and perceived social norms regarding to FP and contraceptives. Different studies also show the impact of interpersonal and mass communication interaction to promote behavior change (Storey, et al., 1999; Boulay, et al., 2000 cited in Morrison, 2005).

However all the three informants said their aim in the promotion activities were to increase awareness to the general public, in addition to product promotion. Both product promotion and awareness creation have more useful to create awareness. In the quantitative research section, awareness creation changes belief, attitude and practice of the people. However,

awareness itself is not a sufficient condition to change nonusers to users. In order to change the behavior of the people to practice the method/service, the knowledge, attitude, and belief should also be addressed within the social marketers' promotional activities/messages.

Kotler and Lee (2008) explained, in determining the promotional activities the social marketers should make a decision regarding the message, the messenger, and the communication channels to change the behavior.

The social marketers should also have the knowledge of their customer's adoption stage. For example, according to Kane et al. (1998), at the early stage of adoption of modern contraceptive practice, traditional norms, values, and beliefs remain strong. In these cultural contexts, messages about FP may have to be presented in a particular acceptable way. The use of traditional media such as songs, music, plays and proverbs using local languages in familiar settings are one strategy for reaching segments of some populations that are illiterate or close tied to certain beliefs and practices.

The specific promotional activities DKT, Mary Stop and Family Guidance Association uses were T-shirts, Automobiles (Buses and Bajaj), mobile video unit (to demonstrate the products), films, electronic media, key handling materials, billboards, brochures, newspapers, leaflets, posters, personal selling, radio (FM-Amhara), television (Ethiopian television) and the like. Different studies show that, the more the type of the media sources of FP messages, the greater the likelihood of contraceptive use (Jato et al., 1999). In addition, Kane et al. (1998) showed that contraceptive knowledge and use, and more favorable attitudes towards FP were positively associated with the number of media intervention.

Therefore, the social marketers should give emphasis for the knowledge, belief and attitude in their promotional activities in order to help the people to have complete knowledge and positive belief and attitude towards FP and contraceptives in addition to selection of the promotional channels and messengers. In addition, by analyzing the knowledge, attitude and practice of the customer, the social marketers should design the message and promote the needed information through key information sources by strengthening the usage of radio, television and health workers in addition to other information sources. Moreover, the social marketers should analyze the customer adoption stages and use appropriate media like

traditional media settings in addition to the media used centrally. By doing these they can increase the users of contraceptives.

2. Does the communication strategy vary to different groups/people? What mode of communication/promotion the organizations use to reach the different groups of individuals?

Literatures mentioned the importance of segmentation. According to Hertog et al. (1993) targeting a segment of the population is one of the most important steps in planning a media campaigns. They further stated that “populations are segmented according to their needs, knowledge, attitudes, motivation, and behavior”. This segmentation is needed to aid in developing strategies that can influence the attitude or behavior changes of particular subsets of the population. In addition Anderson (1995) stated, market segmentation and targeting has a number of advantages over undifferentiated or mass marketing, specifically it allows a particular set of marketing strategies and tactics to be developed in order to meet the unique needs of a certain group. Kotler et al. (2002) also argued that, market segmentation and subsequent targeting have a number of strategic advantages including increased likelihood of social changes, increased effectiveness and efficiency, a basis for resource allocation, and input for developing strategies.

Strictly, speaking, DKT-Ethiopia Bahir Dar branch and other organizations including in the study were not currently using segmentation in their promotional activities to address the people of Bahir Dar. DKT use rural booklets for rural population i.e. for people living in rural area. The booklet contains large figures that help the rural population to increase their awareness. As the demographic profile of the respondent in Bahir Dar town shown 20.5 percent of the respondents have no attend the school these people can be addressed through these booklets like rural people. Therefore, the social marketers should use these booklets not only to the rural society but also it is advisable to use in the urban by segmenting the people based on educational level.

However, the messages they use to promote the people living in urban areas were the same. They are not segmented their promotional messages based on awareness, knowledge, belief, attitude and behavior/practice. The message they use for nonusers, ex-users, first time users,

regular users and potential users were the same. In addition, the people also vary by the information they want. Some customers need the information to create awareness, the other may need the information related to the different contraceptive methods, some other wants the information motivates them to use the product and the like.

All the informants believed that, the awareness creation helps the people to use FP and contraceptive methods. But the quantitative study shows even if it has a positive impact toward the practice/use of the method it is not sufficient to change the behavior. Due to these the social marketers should give due emphasis for the other elements of consumer behavior elements.

The modes of promotion DKT and other organizations have been used were mass media, selective media, and personal media channels. Mass media channels are used when attempting to inform a large group of people about an issue in a short period of time. In addition, mass media helps FP customers expose in radio and television dramas or spots to model specific behaviors such as speaking out about their needs, answering questions in depth, asking questions, and weighing the advantage and disadvantage of contraceptive methods. Selective media channels are used to provide an access to audience with in a more detailed description of the desired behavior via flyers, posters, telemarketing, internet, calendar, etc. Personal media channels provide person-to-person delivery of the messages (Kotler & Lee, 2008; Piotrow et al., 1992).

Mass media are the most important tool for creating awareness of social products. On the other way, interpersonal communication or promoting through personal media can be a good tool in forming positive attitude towards to FP and adopting contraceptives. For creating awareness and arouse interest mass media is the most important tool. In addition to use mass media the social marketers in Bahir Dar town have been used selective media and interpersonal communication to create awareness. But it is advisable for the social marketers after they create awareness and arouse interest they should use other media channels to increase the people knowledge, to formulate positive attitude and to motivates the nonusers to practice and regularly use the methods/services.

Moreover, the effectiveness of various media depends on the target audience that the marketers want to serve. The communication channel selected should be ones that target audience comes in to contact with on a regular basis as well as perceive as being credible, since familiarity with in a medium and with the performers makes it easier to get the message accepted (the European Association for Communications Agency [EACA], 2010).

Therefore, the social marketers should strengthen the use of integrated marketing communication to arouse interest, to create awareness, to formulate positive attitude towards FP and contraceptive and adopting a method. In addition in choosing of the media channel, the social marketers should analyze the nature of target audience, education level and media habit, and impact (credibility of the media with the target audience) Jha (1999) cited in Morrison (2005). Moreover, the social marketers should segment the people based on the consumer profiles and tailored their promotional strategy to address the issue in most effectively and efficiently manner.

3. What kind of promotion/activities do you use to reduce the factors negatively affecting the individual's behavior to practice/use FP and contraceptives?

In order to reduce the factors negatively affecting individual behavior the main promotional activities all the three organizations were used interpersonal communication activities with the health workers. All the three informants give training to the health workers to give adequate information regarding to FP and contraceptive during counseling in order to avoid negatively influencing factors for actual users. Even if they said they give adequate training to the health workers to give information before the customers use the method, Ato Amare DKT-Ethiopia Bahir Dar regional coordinator said that "I know a person who use Norplant and avoid the method from her body through needle". From these one can understand that the health workers should give adequate information, and after the people have positive attitude and, by understanding the customer readiness stage to use the method and want to use the method, the health workers should give the contraceptives rather than forcing them to use the method.

Mary Stop international IEC Officer Bahir Dar branch stated that, they use satisfied customers to reduce the factors negatively affecting. They also use word of mouth

communication by using satisfied customer with the method in order to avoid negative rumors.

Therefore, the message the social marketers use should focus on the factors affecting individual behavior to use the service (individual perception and service quality, socio-economic belief, inconvenience, and the message that motivates them to experience the method) and the messages should promote by using integrated marketing communication tools that addresses both actual and potential users in addition to addressing the customer through health workers.

4. What communication/promotional mechanisms are designed by the organization to bring favorable changes in the attitudes of service providers towards the clients?

All the three informants said that, they give continuous training for health workers. According to DKT-Bahir Dar Regional Coordinator for each FP service and contraceptive product they give refresher training before they distribute the methods. The first task DKT did is first creating awareness to the service providers/health workers like they create awareness to the customers. For example DKT distribute IUD only if the health workers have good knowledge of how to insert the method.

The social marketers said when they give adequate training for health workers; health workers maintained positive attitude towards FP users and they use the information when they counseling their clients. The quantitative research also shows the attitude of the service provider was more than average that show they maintained a positive attitude towards FP and contraceptive methods. Moreover, 59.5 percent of the respondents revealed their main source of information towards FP and contraceptives were health workers. From these one can conclude that health workers have positive attitude towards FP and contraceptive and the activities of social marketers through training helps the providers to maintain a positive attitude.

5. Does the organization use the known community leader(s), celebrities, artists and respected individuals in the community in promoting family planning and contraceptives use?

According to DKT-Ethiopia Bahir Dar Regional Coordinator, DKT-Ethiopia uses the known community leaders, celebrities, artists and respected individuals in their promotional activities. Some of them are:

- A. Hanna (model) in oral contraceptive in the brand of prudence.
- B. Hayat (model) in condom advertisement
- C. DKT-also sponsored Great Ethiopian Run (5000 meter and 10000 meter) in order to advertise its product by sponsoring this event.

Mary Stop International Bahir Dar IEC Officer said they use artists but not use the respected individuals in the community, but they plan to use them in the future like FGAE- Bahir Dar branch.

When the social marketers uses the respected individuals, community leaders, celebrities, artists and the like, care should be taken to be sure whether they are known or respected in the society or in the targeted area or not. Mostly DKT-Ethiopia uses them nationally. The respected person in Addis Ababa may not be respected in Bahir Dar.

CHAPTRR FIVE

Conclusion and Recommendations

This chapter builds upon the analysis and interpretation maintained in the previous section. A conclusions and recommendations based on the findings are forwarded to develop the best out of the concept of social marketing for family planning in a nation in general and Bahir Dar, in particular.

5.1. Conclusion

Based on the previous discussion pertaining to consumer behavior towards FP and its association with social marketing-promotion and other factors, following concluding statements may appear.

The study found to be proven that there exist a significant relation between age, marital status, and number of children with contraceptive user status.

All of the respondents were approved there exist high awareness about the existence of FP programs/methods to prevent unwanted/mistimed pregnancy and they know more than one contraceptive method. These helps to the customer to choose more than one method and to find a method that best fit with them. In addition, the availability of more than one method has its own impact on the practice of the methods. The study revealed that, short-tem contraceptives were the most known/used by the respondents than long term contraceptives. This is due to most of the activities the social marketers promote were short term contraceptives (pills, injectables, and condoms).

Respondents have better knowledge about birth spacing. The average spacing period they answered were 4.285(more than double from what is recommended). This shows respondents have good knowledge and positive attitude towards FP. The finding also suggested that, the respondents have better awareness and knowledge regarding to the concept of FP and its purpose/use. Having these is a good indictor to form positive attitude and to use the methods. In addition, respondents have good knowledge and positive attitudes about the modern contraceptive methods as a mechanism to space births. Moreover, most of the respondents

get contraceptives from hospital, health stations and pharmacy. Availability of contraceptives from more than one places have its own impact for the utilization of the method.

Even if the people have high awareness for the existence of FP program/methods, know more than one method, have good knowledge about birth spacing and get FP information from integrated marketing communication sources, the finding of the study revealed, the percentages of currently users of FP service and contraceptive methods were less than the percentage of respondents who are not currently using the method even if the study revealed most of the respondents were regular users and potential users. In addition, the finding of the study was shown that, the two major influencers of the consumer to choose the contraceptive consumption decision were the final consumer itself and the joint decision between the partners. Moreover, the finding of the study revealed that the main reasons for the discontinuation of contraceptive use were the need for additional child and health concern. Understanding the main reason of discontinuation helps to change the ex-users to users and to reduce the discontinuation rate among currently users in addition to helping to reduce the negative word of mouth communication that arises from discontinued customers.

The finding of the study didn't prove any difference between male and female with regarding to awareness, knowledge, belief, attitude, practice, attitude of health workers maintained, and the factors affecting individual behaviors (perception and service quality, socio-economic belief, inconvenience and experience towards FP and contraceptive uses).

There is a significant difference between users and nonusers in knowledge and belief the respondents maintained towards FP and contraceptives, that needs market segmentations and differentiated marketing strategy to increase knowledge and to formulate favorable belief.

The study revealed the respondents were high awareness, good knowledge, favorable belief and positive attitude but all these dimensions were not sufficient to get the benefit from social marketing to FP. Awareness of the society towards family planning and contraceptives was positively correlated with belief, attitude, and practice/use. Likewise, attitude has positively associated with knowledge, belief and practice of FP and contraceptives. Moreover, the belief the people maintained towards FP and contraceptives was positively related to attitude, and the practice/use of the contraceptives and FP services.

As the marketing activities like promotion increases, awareness will increase and finally belief, attitude, and practice towards FP and contraceptives will increase. In addition, knowledge of the respondents maintained towards FP and contraceptives have positive relation with attitude, i.e. when the knowledge of an individual increases that will help them to maintain positive attitude towards the concept in the study. Moreover, the more the positive attitude an individual maintained it will increase the practice/use of the method. Therefore, there exist a link between consumer behavior profiles and the social marketing activities/elements.

The public health service provider/health workers maintained positive attitude even if it is not sufficient. The study explained the mean value for attitude of health worker was more than average and the majority of the respondents get FP information from health workers, these shows the service provider maintained positive attitude. The attitude the health worker maintained towards FP and contraceptive had positive relation with awareness of the respondents about the service and the methods. Therefore, to increase the people awareness, the organizations working on FP strengthen their activities to formulate positive attitude with the health workers through like giving different training pertaining to the issue in the study.

The main factors affecting individual behavior of FP and contraceptives were the individual perception and service quality, socio-economic belief, inconvenience, and experience. The study didn't disclose a significant difference between users and nonusers within these factors. However except perception and service quality all the three factors affecting a little bit more nonusers than users.

The study shown that, individual perception and service quality have positive relation with socio-economic belief, inconvenience, awareness and knowledge, and experience. This shows socio-economic beliefs the society maintained towards FP and contraceptives affect perception and service quality. Negative perception and service quality also creates inconvenience to experience the service. In addition, knowledge and awareness the people maintained affects the perception and service quality of FP and contraceptives. Moreover, experience also change or affect the perception and service quality the society maintained.

Socio-economic beliefs have positive correlation with inconvenience, awareness and knowledge, and experience. Negative socio-economic belief the society maintained creates inconvenience to use FP methods. In addition, socio-economic belief towards the methods and the service the society maintained increases when the awareness and the knowledge towards family planning and contraceptives increase. Moreover, socio-economic belief the society maintained influenced by the experience of FP and contraceptives.

Awareness and knowledge towards FP and contraceptives was positively correlated with experience of the method, thus when the society awareness and knowledge towards FP and contraceptive increases it will increase the practice/experience.

With regarding to promotion, the main objective of promotional activities for social marketers in Bahir Dar town was to increase the people awareness towards FP and contraceptives. As the finding in the quantitative section shows, awareness itself is not a sufficient condition to change the behavior of the people to use/practice the methods even if it have a positive relation with practice. Therefore, the social marketing organization in addition to the government unit and other NGO's working on FP would better work in addition to awareness, it is advisable to focus on knowledge, belief, attitude, and on the different factors affecting the individual behavior to use the service like perception and service quality, socio-economic belief, and inconvenience to sell the benefit of behavioral change and motivate the the target customer to use FP and contraceptive.

The main source of information the respondents had get FP and contraceptives were both mass communication promotional sources and interpersonal communication sources (from integrated marketing communication sources). Among mass communication activities radio and television were the main source of information. On the other hand, from interpersonal communication activities the main source of information was health workers (public health service providers). Moreover, the channels of promotion the respondent get were both mass media channels, selective media channels, and personal media channels. This implies for social marketers that, radio, television, and health workers are the main channels for diffusion of different information related to FP and contraceptive products.

The social marketers in Bahir Dar were use mass media, selective media and personal media channels to create awareness towards FP and contraceptive methods. Using integrated marketing communication channel/tools is important to change the behavior of individuals, the family, and the community to the intended manner. To get the benefit from integrated marketing communication activities, the message should be designed to address the different target group needs. The social marketer may use mass media to create awareness while personal media source may better to motivate the people to use the method. Moreover the social marketers in Bahir Dar town have used undifferentiated /mass marketing strategy, by using undifferentiated marketing activities it is difficult to address the needs of different groups.

Using opinion leaders (known community leaders, celebrities, artists, and respected individuals in the community) were less practiced by the social marketers in promoting FP and contraceptive information. Therefore, the social markets would intensively utilize the opinion leaders to influence the community at large.

5.2. Recommendations

Based on the findings and conclusion, the following recommendations are forwarded:

1. The social marketers should encourage and promote to use long term contraceptives in addition to short term contraceptive methods by understanding the different customer needs. Moreover, the social marketers should provide varieties of contraceptives to increase the contraceptive utilization and to meet the customer needs/preferences in addition to make accessible the contraceptive both physically and socially.
2. Since segmentation helps social marketers to identify groups which lacks information or which have particular needs, as well as to consider the most effective communication channels to reach them with scarce resource, the social marketers should use segmentation strategies based on behavioral segmentation by categorize the customer as non-user, first time user, regular user, ex-user and potential user because becoming a regular user of FP is a gradual and complex process and it is not

expected that all respondents upon exposure of FP information would begin to use contraception.

3. The two major influencers of consumer for contraceptive consumption decisions were the final consumer itself and the joint decision between partners. Therefore, the social marketer in their promotional messages should incorporate motivational messages and the message that encourages the joint decision for the customers who decide jointly. For those consumers who decide to choose the method lonely, the social marketers should motivate and increase their self confidence to practice/experience and continuously use the method by using different media. In addition, the social marketers in their marketing activities should address all the purchasing units of contraceptives and informal interpersonal communicators in order to increase the contraceptive users.
4. There is a remarkable difference between users and nonusers in the dimension of knowledge and belief the society maintained towards FP and contraceptives. This suggests that the social marketers in their marketing activities should use segmentation strategies and use differentiated targeting strategies between users and nonusers regarding to these dimensions to change the customer behavior positively.
5. As practice/use towards FP and contraceptive was reported as positively associated with the individual awareness, belief and attitude; as the individual attitude had positive association with awareness, knowledge, and belief; as belief positively associated with awareness, the social marketing organizations, other NGO's and government units by intersectorial coordination would better work on increasing awareness, knowledge, belief, and attitude to address all the society to met the unmet need and to change the behavior of the society towards FP program.
6. Attitude of the health providers towards the concept was reported as positively associated with awareness, when service providers maintain positive attitude it helps to increase contraceptive users by increasing customer awareness. The health workers should have positive attitude to give accurate, user friendly information and services for their customer during counseling and delivering of service. In addition, FP service

providers should take the service to the customers rather than bringing the customer to the service. Therefore, NGO's and government units in addition to the social marketers would better work on strengthening their activities like giving different training for the service providers/health workers in order to have favorable attitude towards FP and contraceptive methods. By doing these the social marketers and other concerned bodies increase the user of FP services and contraceptive products.

7. Since the socio-economic belief towards FP and contraceptives have positive relation with individual perception and service quality, the marketing activity like promotion should address the socio-economic belief in order to reduce the individual negative perception towards FP and FP service quality, by doing so the social marketers positively change the individual behavior to use the method. In addition, awareness and knowledge, inconvenience, and experience had positive relation with perception and service quality. When the social marketer in their promotional activity addresses to increase knowledge and awareness, it will reduce the individual negative perception about FP and the service quality. These will also increase the experience of the methods. Moreover, the social marketers should address in their promotional strategies to increase positively the individual perception and increase service quality in order to reduce the inconvenience of the service.
8. As the marketing activities like promotion addresses the people to increases socio-economic belief positively towards FP and contraceptives, it will reduce the factor related to inconvenience and it will helps the people to experience the service and the method. In addition, when the marketing activity increases the people awareness and knowledge, it will reduce factors negatively affecting socio-economic belief towards FP and contraceptives. Moreover, when the social marketers increase people awareness and knowledge it will help the society to experience the service.
9. To sell the benefit of behavioral change and motivate the target customers to perform the actions in the intended manner, the promotional activity carried out by the social marketers should give due emphasis to increase the customer knowledge, to formulate positive attitude and belief towards to the service and the method, and to reduce the factors negatively affecting the individual behavior to use the service like individual

perception and service quality, socio-economic belief, and inconvenience in addition to creating awareness. To do these, the social marketers should:

- ✓ Segment the target audience based on knowledge, belief, attitude, and behavior, and use differentiated marketing strategies because different situations regarding to these dimensions necessitate different communication strategies.
 - ✓ Use intensively integrated marketing communication tools/channels (mass media, selective media and personal media) related to the needed information.
 - ✓ Use impersonal information source in awareness stage, in addition, they should intensively utilize personal information source to change people belief and attitude positively, and to motivate the customers to trial and continuously use FP services and contraceptive methods.
 - ✓ Use cultural sensitive promotional activities and adaptation promotional strategies in addition to the promotional strategies centrally designed.
 - ✓ Intensively utilized word of mouth communication to reduce the factors negatively affecting individual behavior and to motivate the nonusers to practice /experience the method in addition to using the known community leaders celebrities, artists, and respected individuals (opinion leaders) because using opinion leaders helps the customer to model specific behavior and helps to mobilize the people to reduce the fertility rate.
10. The social marketing concept should be fully exercised in Ethiopia to meet MDG's in health sector in general and FP program in particular by establishing effective coordination and networking among government agencies, NGO's, and the private sector institutions that are involved in the provision of FP services.

11. Finally, communication campaigns the social marketers use should be:

- Communicating the basic information regarding to FP and contraceptives like how to access, the benefit, and others should be communicate to the general public.
- Correcting misconception about FP and contraceptive methods.
- Motivating non users to practice the method and motivating the users to continuously use the service.
- Encouraging social mobilization to address the society through integrated marketing communication channels, since social network is important in the spread of knowledge, in forming positive attitude and to motivate potential user, nonuser, and ex-user to use the methods.
- Portrays providers as concerned advisors and customers as active decision makers.
- Develop target specific messages that take the social and cultural situation in to consideration and use appropriate channel.
- Promote the practice of contraceptive as accepted behavior, pointing out some of the economic, social, and health advantage of smaller family size achieved through effective FP and contraceptive practices.

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Appendix A

Questionnaire prepared for sample households in Bahir Dar town

Dear respondent,

Given below are the statements representing individual's knowledge, attitude, practices, attitude of health workers, and factors affecting family planning and contraceptives use. The objective of the study is to assess the family planning practices from social marketing perspective in Bahir Dar town. This information will be used solely for academic purpose for the fulfillment of MA in Marketing Management Education and all the responses will be treated in strict confidentiality. Kindly put a tick-mark (✓) on the option describing your response. I thank you very much in advance.

Section I: Personal Profile:

1. Sex: A) Male B) Female
2. Age: A) less than 18 B) 18-25 C) 26-35 D) 36-45 E) above 45
3. Marital Status: A) Single B) Married C) Divorced D) Widow
4. Educational Level: A) Didn't attend the school B) Primary level
C) Secondary level D) Certificate & Diploma E) First Degree F) Masters and above
5. Religion: A) Christian (Orthodox/Catholic/Protestant) B) Islam
C) Other (specify) _____
6. Occupation: A) Government employee B) Private sector employee
C) Business (wo)man D. Student/Unemployed
7. Monthly Income (ETB): A) Less than 500 B) 501-1000 C) 1001-2000
D) 2001-3000 E) above 3000
8. Number of Children: A) 0 B) 1 C) 2 D) 3-5 E) above 5

Section II: Knowledge, Attitudes and Practices of Family Planning

1. Have you ever heard of family planning methods to be used to prevent unwanted pregnancy?
A) Yes B) No

2. Which of the following family planning methods you are known to/using for preventing unwanted pregnancy? **(You can choose more than one options).**
- A) Pills
 B) IUD
 C) Injectables
 D) Condom
 E) Norplant
 F) Female sterilization
 G) Male sterilization
 H) Traditional Methods (Calendar/Abstinence/Withdrawal etc.)
3. What is the minimum gap do you think should be maintained between two births? ____ Years.
4. To maintain this gap, which of the following approaches/methods would you use/follow-up?
- A) Modern contraceptive methods (Pl. specify _____)
 B) Traditional approaches (Pl. specify _____)
 C) Do not use any method
5. What is your source of information about family planning? **(N.B. you can choose more than one options).**
- A) Television B) Leaflets C) Radio D) Newspaper E) Health extension workers
 F) Partner G) Friends/Relatives H) Posters/Billboards I) Other _____
6. Which of the following represents the place(s) from where you obtain the contraceptives? **(N.B. you can choose more than one options).**
- A) Hospital
 B) Health stations
 C) Shop/Kiosks
 D) Pharmacy
 E) Health Extensions workers
 F) Work place
 G) Friends/Relatives
 H) Other (specify) _____
7. Which of the following do you think is/are the basic purpose/idea behind family planning? **(N.B. you can choose more than one options).**
- A) To limit the family
 B) To have an interval between births
 C) To stop delivering births
 D) To prevent sexual transmitted disease
 E) To avoid unwanted pregnancy
 F) Other(specify) _____

8. How do you find yourself on the part of using contraceptives?

A) Non-user B) Ex-user C) First time user D) Regular user E) Potential user

9. If you use any of the family planning methods, who choose that for you?

A) Myself B) Friends/relatives C) Partner D) Health workers

E) Both me and my partner

10. If you are an ex-user of family planning method(s), what was/were the reason(s) for discontinuation? (**N.B. you can choose more than one options**)

A) Want more children

E) Religious opposition

B) Menopausal

F) Partner disapproval

C) Health concern

G) Due to pregnancy

D) Death of partner

H)Other(specify)_____

SA, A, N, DA, & SD represents Strongly Agree, Agree, Neutral, Disagree, & Strongly Disagree respectively

NO	Description	Rating				
		SA	A	N	DA	SD
11	I believe that a person who use contraceptives is a responsible individual					
12	The male should also use contraceptives like females					
13	I pay high value to the benefits of using contraceptive than side effects					
14	Choosing the most appropriate family planning method for a user is the job of health professionals					
15	I believe family planning service is important for all					
16	I better know the existence of FP programs and campaigns in Ethiopia/Bahir Dar than in the past					
17	I fear to purchase contraceptives in the past due to unknowingness of their use					
18	Today, it is good to know as much as possible about family planning and contraceptives use					
19	People hesitate to discuss on FP and contraceptive issues					
20	I fear religion more than other factors while using FP					
21	Religion has a major influence on using FP even today					
22	I use contraceptives to maintain my family small and manageable					
23	I believe that contraceptives ruin naturalness of sexual intercourse					
24	Issues related to family planning should not be discussed openly					
25	I hesitate to use contraceptives because they are not suitable to me					
26	Consultants and health workers are caring and understanding					
27	There is too much talk on FP and contraceptives use in media					
28	Health workers considered the culture we live during consultation and giving different FP information					
29	Limiting the family size is religiously wrong					
30	I am interested in adopting FP methods/contraceptives					
31	Using contraceptives leads to infertility in the future					

SA, A, N, DA & SD represents Strongly Agree, Agree, Neutral, Disagree, and Strongly Disagree respectively.

Section III: Factors Affecting Family Planning Behavior

No.	I do not use/practice family planning and contraceptives due to:	SA	A	N	D	SD
1	Fear of side effects					
2	Health concern					
3	Lack of knowledge					
4	Not aware of contraceptive methods					
5	No preferred method is available					
6	Assuming little risk towards pregnancy					
7	Too much costly					
8	Infrequent sex					
9	Religious opposition					
10	Not believing in family planning					
11	Community opposition					
12	Family opposition					
13	Want a/additional child					
14	Poor family planning services being offered by the providers					
15	Listened to bad experiences					
16	Negative rumors (WOM) about family planning practice & contraceptive usage					
17	Distance from the service center/health clinic/hospital					
18	Inconvenient opening hour of family planning centers					
19	Lack of access to facilities pertaining to family planning					
Other factors (specify):						

Thank you!!

Appendix B

Interview questions for Social Marketers in Bahir Dar Town

Dear respondent,

I am under taking a research entitled 'Social Marketing and Public Health: A study on Family Planning' in Bahir Dar town. Your answers to the interview questions are very important for the study. All your responses will be kept confidential. I thank you for your cooperation in advance.

1. What are the promotional activities used to reach the people of Bahir Dar town to increase their knowledge and to develop positive attitudes towards family planning services/contraceptive usage?
2. Do the communication strategies differ to different people? What mode of communication/promotion the organizations use to reach to different groups of individuals?
3. What kind of promotion/activities do you use to reduce the factors negatively affecting individual's behavior to practice/use family planning and contraceptives?
4. What communication/promotional mechanisms are designed by the organization to bring favorable changes in the attitudes of service providers towards the clients?
5. Does the organization use the known community leader(s), celebrities, artists and respected individuals in the community in promoting family planning and contraceptives use?

Thank you!!

የሚከተሉት ጥያቄዎች የሚያተኩሩት ስለ ቤተሰብ ምጣኔ አገልግሎት እና በወሊድ መቆጣጠሪያ አጠቃቀም የህብረተሰቡን ዕውቀት፣ አመለካከት፣ አጠቃቀም፣ የጤና ባለሙያዎችን አመለካከት እና አገልግሎቱን ለመጠቀም የሚያጋጥሙ ችግሮችን ለመዳሰስ ነው። የጥናቱ ዋና ዓላማ የቤተሰብ ምጣኔ አገልግሎትን ከማህበራዊ ግብይት እንዲሁ በባህርዳር ከተማ ያለውን ሁኔታ መዳሰስ ነው። የእርስዎ ምላሽም ሚስጥርነቱ የተጠበቀ እና ለገበያ ጥናት ትምህርት ማስተርስ ማሟያ የመመረቁያ ዕቃ-ፍብቻ የሚያገለግል መሆኑን እየገለፅኩኝ መልስ ይሆናል ብለው የሚያስቡትን የ(✓) ምልክት በማድረግ ይመልሱ። ስለትብብርዎ በቅድሚያ እናመሰግናለን።

ክፍል አንድ

1. ያታ ሀ) ወንድ ለ) ሴት
2. እድሜ ሀ) ከ18 ዓመት በታች ለ) 18-25 ሐ) 26-35
መ) 36-45 ሠ) 45 በላይ
3. የጋብቻ ሁኔታ: ሀ) ያላገባ ለ ያገባ/ች ሐ) የተፋታ/ች መ) ባለቤቱ የሞተበት/ችበት
4. የትምህርት ደረጃ: ሀ) ትምህርት ቤት ያልገባ ለ) አንደኛ ደረጃ
ሐ) ሁለተኛ ደረጃ መ) ሠርተሬኬትና ዲፕሎማ
ሠ) ዲግሪ ረ) ማሳተርስና ከዛ በላይ
5. እምነት: ሀ) ክርስትና(ኦርቶዶክስ፣ ካቶሊክ፣ ፕሮቴስታንት) ለ) እስልምና
ሐ) ሌላ (ይግለፁ) _____
6. የሥራ ሁኔታ: ሀ) የመንግሥት ተቀጣሪ መ) ሥራ የሌለው/ተማሪ
ለ) የግል ተቀጣሪ ሠ) ሌላ ይግለፁ _____
ሐ) የራስ ስራ ተዳዳሪ
7. የወር ገቢ
ሀ) ከ 500 ብር በታች ሐ) 1001 — 2000
ለ) ከ501 -1000 መ) 2001 — 3000
ሠ) ከ 3000 በላይ
8. የልጆች ብዛት ሀ) 0 ለ) 1 ሐ) 2 መ) 3-5 ሠ) ከ 5 በላይ

ክፍል ሁለት

1. ያልተፈለገን እርግዝና ለመከላከል ስለሚጠቅም የቤተሰብ ምጣኔ ዕቅድ ስምተው ያውቃሉ?
ሀ) አዎ ለ) የለም
2. ከሚከተሉት ቤተሰብ ምጣኔ ዕቅድ ወስጥ ስምተው/ተጠቀመው የሚያውቁ የትኛውን ነው ? (ከአንድ በላይ መልስ መስጠት ይቻላል)
ሀ) የወሊድ መቆጣጠሪያ ክኒን ለ) ወንድ ማምክን
ለ) አዩዲ ሸ) በባሕላዊ መንገድ
ሐ) የወሊድ መቆጣጠሪያ መርፌ ቀ) ሌላ (ይግለፁ) _____
መ) ኮንዶም
ሠ) በክንድ የሚቀበር የወሊድ መቆጣጠሪያ
ረ) ሴት ማምክን
3. በሁለት ልጆች መካከል በርሶዎ አመለካከት የምን ያክል የጊዜ ልዩነት ቢኖር ጥሩ ነው? ----- ዓመት

4. በተፈለገው የጊዜ ልዩነት ልጆችን ለመውለድ በየትኛው የቤተሰብ ዕቅድ አገልግሎት መጠቀም የተሻለ ነው ይላል? ሀ) በዘመናዊ የወሊድ መቆጣጠሪያ ዘዴ (ይግለጹ) -----
 ለ) በባህላዊ የወሊድ መቆጣጠሪያ ዘዴ (ይግለጹ) -----
 ሐ) ምንም ዓይነት የወሊድ መቆጣጠሪያ አለመጠቀም
5. ስለ ቤተሰብ ምጣኔ ዕቅድ አገልግሎት መረጃ የሚያገኙት በየትኛው የመረጃ ምንጭ (ዘዴ) ነው? (ከአንድ በላይ መልስ መመለስ ይቻላል)
 ሀ) በቴሌቪዥን ለ) በበራሪ ዕሁፎች
 ሐ) በሬዲዮ መ) በጋዜጣ
 ሠ) በጤና ኤክስፔንሽን ሰራተኞች ረ) በፍቅር/ትዳር አጋርዎ
 ሰ) በጓደኞች/የሚቀርቡኝ ሰዎች በ) ሌላ ይግለጹ -----
 ሸ) በግድግዳ ላይ ዕሁፎች/ በተተክሉ ማስታወቂያዎች
6. ከሚከተሉት የትኛው የትኞቹ የወሊድ መቆጣጠሪያ ዘዴዎችን ያገኛሉ? (ከአንድ በላይ መልስ መስጠት ይችላሉ)
 ሀ) ሆስፒታል ሠ) በጤና ኤክስፔንሽን ሰራተኞች
 ለ) ጤና ጣቢያ ረ) መስሪያ ቤት
 ሐ) ሱቅ ሰ) ከጓደኛ/ከሚቀርቧቸው ሰዎች
 መ) ፋርማሲ ሸ) ሌላ (ይግለጹ) _____
7. ከሚከተሉት ውስጥ የትኛው የትኞቹ ከቤተሰብ ዕቅድ አገልግሎት በስተጀርባ ያለው ዋና ዓላማ ነው(ናቸው) ብለው ያስባሉ? ከአንድ በላይ መልስ መስጠት ይቻላል።
 ሀ) የቤተሰብ ቁጥርን መወሰን መ) የአባላዘር በሽታን መከላከል
 ለ) አራርቆ መውለድ ረ) ሌላ (ይግለጹ) _____
 ሐ) ልጅ መውለድ ማቆም
 ሠ) ያልተፈለገ ዕርግዝናን ማስወገድ
8. ዕርሰዎን በየትኛው የወሊድ መቆጣጠሪያ አጠቃቀም ውስጥ ይመደባሉ?
 ሀ) ከማይጠቀሙት
 ለ) ከአቋረጡት መ) ከመደበኛ ተጠቃሚ
 ሐ) ከመጀመሪያ ተጠቃሚ ሠ) ወደፊት ከማይጠቀሙት ውስጥ
9. ማንኛውንም ዓይነት የወሊድ መቆጣጠሪያ ዘዴዎችን ሲጠቀሙ/ለመጠቀም ቢፈልጉ ማን ነው የሚመርጥዎት?
 ሀ) አራሴው ለ) ጓደኞች/የሚቀርቡኝ ሰዎች
 ሐ) የትዳር/ፍቅር አጋሪ መ) የጤና ባለሙያዎች
 ሠ) እኔና የትዳር/ፍቅር አጋሪ
10. የቤተሰብ እቅድ አገልግሎት ለማቋረጥ ምክንያት/ቶቹ ምን ምን ናቸው ብለው ያስባሉ? (ከአንድ በላይ መልስ መስጠት ይቻላል)
 ሀ) ተጨማሪ ልጅ መፈለግ ሠ) እምነቴ ስለማይፈቅደው
 ለ) የእርግዝና ጊዜዬ መተላለፉ ረ) የትዳር/የፍቅር አጋሪ ስለማይደገፍ
 ሐ) በጤና ምክንያት ሸ) በእርግዝና ምክንያት

						ህዲቲቢህጽ	33
						ኢትዮጵያ ፌዴራላዊ ዲሞክራሲያዊ ገንዘብ ሚኒስቴር	32
						ፌዴራል ገንዘብ ሚኒስቴር	31
						ፌዴራል ገንዘብ ሚኒስቴር	30
						ፌዴራል ገንዘብ ሚኒስቴር	29
						ፌዴራል ገንዘብ ሚኒስቴር	28
						ፌዴራል ገንዘብ ሚኒስቴር	27
						ፌዴራል ገንዘብ ሚኒስቴር	26
						ፌዴራል ገንዘብ ሚኒስቴር	25
						ፌዴራል ገንዘብ ሚኒስቴር	24
						ፌዴራል ገንዘብ ሚኒስቴር	23
						ፌዴራል ገንዘብ ሚኒስቴር	22
						ፌዴራል ገንዘብ ሚኒስቴር	21
						ፌዴራል ገንዘብ ሚኒስቴር	20
						ፌዴራል ገንዘብ ሚኒስቴር	19
						ፌዴራል ገንዘብ ሚኒስቴር	18
						ፌዴራል ገንዘብ ሚኒስቴር	17
						ፌዴራል ገንዘብ ሚኒስቴር	16
						ፌዴራል ገንዘብ ሚኒስቴር	15
						ፌዴራል ገንዘብ ሚኒስቴር	14
						ፌዴራል ገንዘብ ሚኒስቴር	13
ህዲ	ህዲ	ህዲ	ህዲ	ህዲ	ህዲ		ተቆ
ጽሑፍ							

ህዲ = ህዲ

ህዲ = ህዲ

ህዲ = ህዲ

ህዲ = ህዲ

ህዲ = ህዲ

ፌዴራል ገንዘብ ሚኒስቴር ፌዴራል ገንዘብ ሚኒስቴር ፌዴራል ገንዘብ ሚኒስቴር ፌዴራል ገንዘብ ሚኒስቴር ፌዴራል ገንዘብ ሚኒስቴር

ተቆ

(ህዲ) ህዲ

ህዲ ህዲ

የሚከተሉትን ጥያቄዎች የርስዎን አስተያየት በፈለጉት ክፍት ቦታ ላይ ለእያንዳንዱ ጥያቄ የ $\sqrt{\text{ምልክት}}$ ያድርጉ

በእ = በጣም አስማማለሁ

እስ = አስማማለሁ

አል = አልሰማማም

በአ = በጣም አልሰማማም

አ = አልወሰንኩም

ተቁ	የቤተሰብ ምጣኔ ዕቅድና የወሊድ መቆጣጠሪያ ዘዴዎችን የማልጠቀመው	ደረጃ				
		በእ	እስ	አ	አል	በአ
1	ጉዳዩን ስለምረጠው ነው					
2	በጤና ምክንያት ነው					
3	ክፍተት ማሳካት ችግር ነው					
4	የወሊድ መቆጣጠሪያ ዘዴዎችን ባለማወቅ ነው					
5	የፈለጉትን የመቆጣጠሪያ ዘዴ በማጣቱ ነው					
6	ለእርግጠኛ የመጋለጫ አጋጣሚ ትንሽ ነው ብዬ ስለማስብ ነው					
7	ውድ በመሆኑ ነው					
8	አልፎ አልፎ የግብረ ሥጋ ግንኙነት ስለማድረግ ነው					
9	ሀይማኖቱ ስለማይፈቀድ ነው					
10	በቤተሰብ ምጣኔ ዕቅድ አገልግሎት ላይ ዕምነት ስለሌለኝ ነው					
11	ማህበረሰቡ ስለማይደግፈው ነው					
12	ቤተሰቦቼ ስለማይደግፉት ነው					
13	ልጅ ስለምፈልግ ነው					
14	ደካማ የሆነ የቤተሰብ ምጣኔ ዕቅድ አገልግሎት በመኖሩ ነው					
15	መኖሪያ ገጠመኞችን በመስማቱ ነው					
16	መኖሪያ ወራዎችን ስለ ቤተሰብ ምጣኔ ዕቅድ አገልግሎትና የወሊድ መቆጣጠሪያ ዘዴዎችን አጠቃቀም በመኖሩ ነው					
17	አገልግሎት ለማግኘት እርቀት ስላለው ነው					
18	የቤተሰብ ምጣኔ ዕቅድ አገልግሎት የሚሰጥባቸው ቦታዎች የስራ ሰዓታቸው ስለማይመቸኝ ነው					
19	የቤተሰብ ምጣኔ ዕቅድ አገልግሎት ለመስጠጥ የሚያስፈልጉ ቁሳቁሶች ባለመኖራቸው ነው					
20	ምክንያት ከለዎት ይግለጹ					

Statement of Declaration

I, the under signed, declare that the thesis is my original work, has not been presented for a degree in any other university and that all sources of material used for the thesis have been duly acknowledged.

Name: Gashaw Tibebe

Signature _____

Date _____

Confirmed By:

Name: Rakshit Negi

Signature _____

Date _____