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The Role of Cultural Dimensions on the Sales Performance of Contraceptives: The case of Family Planning in Addis Ababa

A Research Proposal Submitted to the School of Graduate Studies of Addis Ababa University School of Commerce in Partial Fulfilment of the Requirement in the Master of Arts in Marketing Management

By

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Declaration

I hereby declare that the thesis entitled "The Role of Cultural Dimensions on the Sales Performance of Contraceptives: The case of Family Planning in Addis Ababa" is my original work and submitted by me for the award of Degree of Master of Marketing Management from Addis Ababa University college of business and economics School of Commerce at Addis Ababa and it hasn't been presented for the award of any other Degree of any other university or institution and that all sources of material used for the study have been duly acknowledged.

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Acronyms

1. CPR- Contraceptive Prevalence Rate
2. WHO- World Health Organization
3. NGO- Non-governmental Organization
4. IUCD- Intra-utérine contraceptive devise
5. UNFDA- United Nations Population Fund

Abstract

Ethiopia 's cultural features are complex and typically arranged along ethno-linguistic lines. These cultural features influence the socio-demographic, socio-cultural, socio-economic and socio-political factors of the country. Another thing that is influenced by the cultural background is the view towards family planning. There is an increase in family planning in Ethiopia, largely as a result of improving public access to information and services related to family planning. Nevertheless, Ethiopia remains one of the countries with low rates of contraceptive use with unmet needs and an increasing population. This study seeks to identify the role of cultural dimensions in the sales performance of contraceptives in the family planning sector in Addis Ababa. The study based its assumptions and derived its independent variables from the Hofstede cultural model, which identifies five basic cultural dimensions, namely distance power, individualism, masculinity, insecurity and long-term attributes. Using these variables as the basis for a structured questioner, from a target of 384 respondents, valid data was collected from 365 respondents. Further data was sourced from online scholarly articles and books. In order to analyse the response of the questioner, a descriptive analysis was used to summarize demographic data, correlation analysis was used to see any relationship between independent and dependent variables and lastly Regression analysis was used to know how much the independent variables influenced the dependent variable. After analysis, it was evident that there is a significant relationship between the cultural dimensions and the sales performance of contraceptives. Individualism, Masculinity and Uncertainty Avoidance played a major role out of the five dimensions where consumers purchase decision of contraceptives is highly affected by general societal choices and values, distinct gender roles and fear of unfamiliar situations. In pursuit of sustainable growth for companies in the family planning sector, this study recommends deep understanding of cultural cues and their significance in the community when making Marketing promotion decisions. Furthermore, the identification of influential community leaders and family heads in order to create the pre-awareness of family planning topics at all levels of the society will help the create better platform for open communication and the ability to make their own independent purchase decision free from bias.

Key words: Culture, Cultural Dimensions, Sales Performance, Contraception, Family Plannin

Chapter One

1. Introduction

1.1 Background of the Study

Ethiopia is the second-most populous country in Africa after Nigeria, according to the Ethiopian Demographic and Health Survey published in 2011. Ethiopia is a good example of countries facing multiple encounters because of rapid population growth ranging from environmental degradation, chronic food scarcity, high maternal and infant mortality (Ethiopian Demographic and Health Survey, 2011). Ethiopia 's overall fertility rate is 5.23 children per woman, where population growth is measured at 2.89 percent per year, contraceptive prevalence (CPR) is just 28.6 percent and family planning needs are 34 percent unmet. If Ethiopia continues to keep up with its current growth rate, its population is is projected that much of the world's population growth will come from Africa in the next 40-50 years projected to increase in the next 20 years and reach 300 million by 2050. It, and Ethiopia will be a major part of that growth. This places Ethiopia among countries with the world's highest average fertility rates (Ethiopian Demographic and Health Survey, 2011). For fertility rate to get to a lower level the growth in the use of family planning methods plays a significant role especially in less developed countries like Ethiopia.

Family planning is defined, according to the World Health Organization (WHO), as the willingness of individuals and couples to anticipate and achieve their desired number of children, and the spacing and timing of their births. Family planning contributes a great deal to the family's health and welfare, and thus contributes greatly to a country's social and economic development. The health of mothers is affected not only by nutritional status, but also by early marriage, frequent pregnancy, early motherhood, abortion, etc. In fact, a child's health is also impacted by mom's health status (WHO, 2013).

Millions of sexually active women of reproductive age (15-49) in developing countries want to avoid pregnancy and delay childbearing for at least two years or want to stop pregnancy and limit their family size but have unmet FP needs (Darroch et al., 2011). This means that there are many unmet demands for family planning and that the need remains very high, especially in the least developed countries. Over the last 40 years, developing economies have experienced a very rapid increase in their contraceptive coverage, allowing for a rather

steady decline in fertility. Approximately 25 % of women who would like to postpone their next birth by two years are not currently using a contraceptive method. The need could be addressed by increasing awareness of contraception and family planning, and by offering reproductive health services so that women can prepare their families better (Jean and John, 2013).

The factors that influence the practice of family planning are multidimensional. Several studies show that most of the female family planning knowledge and practice is associated with socio-demographic, socio-cultural, socio-economic, information source, and family planning factors. For example, socio-demographic and economic and media exposure factors have been found to contribute to the family planning practice according to numerous study findings. (Mekonnen Tadesse, Habtamu Teklie, Yazew Gorfu and Gebreselassie Andtesfayi, 2011)

Cost-free family planning is currently provided in the health facilities of the Ethiopian government and NGOs, including hospitals, clinics, health centres and police stations. But Ethiopia is only 29 per cent of low-contraceptive countries. This resulted in a high overall fertility rate and unintended pregnancy that internally affects the state of maternal and child health (Hailemariam et al., 2006). Identifying the possible factors that influence family planning activity would give managers greater feedback for effective implementation and evaluation of their contribution and sales.

In general, sales volume is defined as the quantity of goods that a company retails over a given period, such as a year or fiscal quarter. Income from sales or profits is equal to the total profit that a business earns during the time under scrutiny. The definition of sales and volume of sales interrelate as total sales are equal to the volume of sales multiplied by the unit price. Increased sales volume lets a company gain a fair return. Increased quantity of sales therefore means increased demand, which therefore leads to increased contribution margin. Increased sales volume also helps earlier hit the break-even point which in effect helps a business earn income from its operations.

In this research paper, the researcher tries to examine the role of cultural dimensions on the sales performance of contraceptives in order to come up with marketing recommendations that can help those firms that work under the family planning sector.

1.2. Problem Statement

Ethiopia 's cultural features are complex and arranged typically along ethno-linguistic lines. The definition of contraception and reproductive health is one of the issues that is heavily influenced by this cultural trait. In a country where parent-youth dialogue on reproductive issues is historically shameful, socio-cultural taboos make open conversations about sexual and reproductive health topics very difficult.

In rural areas family planning is even worse due to religious reasons, couples normally have children soon after marriage and only use breastfeeding as a natural form of birth control. Contraceptive sales performance is more common in metropolitan areas where married couples mostly use birth control methods like oral contraceptives, IUDs, and condoms.

Even though young people in Ethiopia constitute over one-third of the total population, most youth do not have access to information on issues that have great impact on their reproductive health. But lately, recent research shows from 2000 to 2011, contraceptive prevalence has increased by more than threefold from 8.2% to 28.6% (UNFPA, 2012). Most regions, rural, urban and socio-demographic populations have seen significant increases in contraceptive use in the last decade.

Increasing family planning in the country is largely a result of improving population access to information and services related to family planning through the government's health extension program, increasing women's education and increasing urbanization over the past decade. Part of the rise also has to do with improving infant survival over the last decade (UNFPA, 2012). Even though Ethiopia remains one of the countries with low contraceptive use rate with unmet need still high at around 25.3 percent, contraceptive use has risen. Approximately half of the women still have unsatisfied demand for family planning and use birth control despite various cultural limitations.

This research was conducted to identify the role of cultural dimensions on sales performance of contraceptives. As far as the student researcher’s knowledge is concerned, this study is unique in its regard that no study has been conducted before till date in Ethiopia. Hence, the

researcher believes that it will bridge this gap & serve as a foundation work for future researchers interested in the area.

1.3. Research Question

- **General Question**
  - What is the role of cultural dimensions on the sales performance of contraceptives?
- **Specific Question**
  - What is the role of Power distance on the sales performance of contraceptives?
  - What is Individualism 's role on contraceptive sales performance?
  - What role does Masculinity have in contraceptive sales performance?
  - Does Uncertainty avoidance have a role on the sales performance of contraceptives?
  - What roles do the Long team attribute to contraceptive sales performance?

1.4. Research Objectives

- **General Objective**
  - To examine the role of cultural dimensions on the sales performance of contraceptives.
- **Specific Objective**
  - To examine the effect of Power distance on the sales performance of contraceptives.
  - To assess the effect of Individualism on the sales performance of contraceptives.
  - To assess the effect of Masculinity on the sales performance of contraceptives.
  - To examine the effect of Uncertainty avoidance on the sales performance of contraceptives.
  - To assess the effect of Long team attributes on the sales performance of contraceptives.

1.5. Significance of the Study

Limited research has been conducted to assess the relationship between culture and contraception in Ethiopia, and to the researcher’s knowledge no study has focused exclusively on cultural dimensions and its role on the sales performance of contraceptives. Therefore, the study will help provide insights on the importance of cultural on sales performance. In addition to that, the findings from this study would assist academicians in broadening of the prospectus with respect to this study hence providing a deeper understanding of the cultural dimensions that and its effects on the sales performance. The other significance of the study is that it will give relevant recommendations for contraceptive

product producers and services producers to understand the relationship between cultural dimension tools and sales performance so that they can in turn use it in their marketing strategies and plans.

1.6. Scope of the Study

The sales performance of contraceptives could be influenced by Maternal age, age at first birth, child mortality experience, fertility desire, ideal family size, maternal education, place of residence, cultural attributes and dimensions, employment status and geographic regions. In this study the researcher attempted to show the role of cultural dimensions on sales performance of contraceptives regarding Power distance, Individualism, Masculinity, Uncertainty avoidance and Long-term attributes.

The study was conducted on 365 people out of which 193 where men and 172 where women. Most of the respondents where in between 21- 30 years of age that are active users of social media platforms (Facebook and Telegram) and four of the respondents were illiterate respondents that the student researcher filled out a paper questioner for before corona outbreak hit. The respondents are all from Addis Ababa, the capital of Ethiopia which has the largest population of 2.7 million people.

1.7. Limitation of the Study

The research is be limited to those people who have had more than a one-time sales performance of contraception. There for the results of the study provides an information that is limited to those customers who are users of contraception. This may mean that the random respondents may or may not be ideal representatives of all other users who use similar products. It is also limited to assessing the opinions of external customers' level of sales performance which excludes the opinions of internal contraceptive service providers and professionals. In addition to the above, unavailability of adequate reference materials that based their study in Ethiopia was the other limitation regarding the topic under the study.

Lastly, due to the outbreak of the global pandemic Corona Virous, also known as COVID-19, physical gathering of questionnaire was not possible in consideration to the transmission methods of the virous. In order to tackle this incident, the student researcher had to turn to online questionnaire forms in order to gather the information required for the research. This return limited the type of respondents to be skewed more to urban residents that are very familiar with technology and have the necessary educational background in order to open, read and respond to the questioner online.

1.8. Definition of Terms

1) **Culture:** Culture consists of patterns, explicit and implicit, of and for behaviour acquired and transmitted by symbols, constituting the distinctive achievements of human groups, including their embodiment in artefacts; The core of culture consists of traditional (i.e. historically derived and selected) ideas and, in particular, their associated values; on the one hand, culture systems may be seen as products of action and, on the other, as conditional elements of future action. (Kroeber. A.L. and Kluckhohn, C. 1952)
2) **Cultural Dimension**- Cultural dimensions are the mostly psychological dimensions, or value constructs, which can be used to describe a specific culture. (Hofstede. G ,1997).
3) **Power Distance**- Power distance defines how social inequality is perceived and accepted in different cultures (Hofstede. G ,1997).

4) Individualism (versus collectivism)- Individualism (versus collectivism) is the preference of people to belong to a loosely knit society where importance is placed on the self and autonomy. In opposition collectivist structures place importance on interdependent social units such as the family, rather than on the self (Hofstede. G ,1997).

5) Masculinity and Femininity- Masculinity and Femininity represents cultures with distinct gender roles where men focus on success, competition and rewards while women focus on tender values such as quality of life and modesty. Femininity represents cultures where gender roles overlap (Hofstede. G ,1997).

6) Uncertainty avoidance- Uncertainty avoidance is the degree to which members of a culture feel threatened or uncertain in unfamiliar situations (Hofstede. G ,1997).

7) Long/Short-term orientation- Long/Short-term orientation describes the extent to which people have a dynamic, future-oriented perspective (long-term orientation – LTO) rather than a focus on the past and present (short-term orientation – STO) (Leung, K., Bhagat, R. S., Buchan, N. R., Erez, M. and Gibson, C. B. (2005).

8) Family planning - Family planning refers to the planning of when to have children, and the use of birth control. It enables individuals and couples to anticipate the number of children they want and to achieve a good spacing and timing of births. Family planning is achieved by the use of contraceptive methods and the treatment of involuntary infertility (Save the Children, 2012).

9) Contraceptive- Contraceptive is any device or act whose purpose is to prevent a woman from becoming pregnant can be considered as a contraceptive (Rakhi. J & Sumathi. M., 2011).

10) Withdrawal- Withdrawal is a traditional form of contraception that involves the withdrawal of penis from the vagina just before ejaculation, thus preventing semen from entering the woman (Rakhi. J & Sumathi. M., 2011).

11) Rhythm (Calendar)Method- The Rhythm method requires predicting ovulation, the period when the woman is most fertile, by recording the menstrual pattern, or body temperature, or changes in cervical mucus, or a combination of these (Rakhi. J & Sumathi. M., 2011).

12) Condom- Condom is a thin rubber or latex sheath that can be put on the genital organ before sexual intercourse. It is one of the most used modern contraceptive method (Rakhi. J & Sumathi. M., 2011).

13) Oral Contraceptive Pills- The Oral pills works by preventing the release of the egg, thickening of cervical mucus and by altering tubal motility. The combined pill consists of two hormones: estrogen and progesterone. This is to be taken every day orally by the woman (Rakhi. J & Sumathi. M., 2011).

14) Injectables- Injectables inhibit ovulation and increase the viscosity of the cervical secretions to form a barrier to sperms (Rakhi. J & Sumathi. M., 2011).

15) Emergency Contraceptive Pill- Emergency Contraceptive Pill two doses of the pill, separated by 12 h, are taken within 3 days (72 h) of unprotected intercourse (Rakhi. J & Sumathi. M., 2011).

16) Intrauterine Devices (IUDs)- A small flexible, plastic device, usually with copper is inserted into the womb which prevents the fertilized egg from settling in. (Rakhi. J & Sumathi. M., 2011).

17) Female Sterilization (Tubectomy)- Female Sterilization is a permanent surgical method in which the fallopian tubes are cut and ends tied to prevent the sperms from meeting the eggs (Rakhi. J & Sumathi. M., 2011).

18) Male Sterilization (Vasectomy)- A permanent surgical method in which, the vasa deferentia which carry the sperms from the testes to the penis, are blocked. This prevents the sperms from being released into the semen at the time of ejaculation (Rakhi. J & Sumathi. M., 2011).

19) Sales- A sale is a transaction between two or more parties in which the buyer receives tangible or intangible goods, services, and/or assets in exchange for money. (Kotler P. 1999).

11) Sales performance: Sales performance is the measurement of the number of sales that an employee makes for a business. It is the process of overseeing and training employees to advance their sales skills, processes, and results (Kotler P. 1999).

1.9. Organization of the Study

A total of five chapters will be covered in this paper. It will start with introductory part on chapter one consisting background of the study, statements of the problem, objectives of the study, significances of the study, scope of the study, limitation of the study and definition of terms followed by the second chapter dealing with related literatures that contain theoretical review, empirical review and the conceptual framework. Chapter three is about details of research methodology used in the study. In chapter four, data Presentation, analysis and interpretation of the data collected will be analysed. At last, summary of findings, conclusion and recommendations by researcher based on the result obtained from the data collected.

Chapter Two

Review of Related Literature

2. Introduction

This chapter presents a comprehensive review of literatures, the conceptual model and the rational for the hypotheses. The literature review consists of three main parts, the theoretical, empirical and conceptual framework about cultural dimensions and two sales performance. The section on sales performance describes the basic definitions and theoretical concepts of sales performance whereas the section on culture includes a definition of culture, an overview of Hofstede's cultural paradigm and other alternative cultural frameworks. The rationale for the hypotheses is based on Hofstede's cultural model to serve as the conceptual framework for this study

2.1. Theoretical Review

2.1.1. Culture

The first foundation of the model proposed in this paper is national culture or better culture, "*as nations can have very little distinction between themselves and can have a common culture (such as the United States and Great Britain). It is a very broad term, but there are several definitions for it that help form a basis of understanding and support the establishment of culture as a viable variable* "(Hofstede, 1980, p. 25).

According to Kroeber. A.L. & Kluckhohn, C. (1952), Culture consists of patterns, explicit and implicit, of and for behaviour acquired and transmitted by symbols, constituting the distinctive achievements of human groups, including their embodiment in artefacts; the core of culture is traditional ideas (i.e. historically derived and selected) and in particular its attachment values. Cultural systems can, on the other hand, be products of action. Another definition of culture by Trompenaars (1993) is that it's a shared way in which groups of people understand and interpret the world. This can lead to the creation of the idea that all actions of entities as well as individuals are partially biased by their cultural background.

2.1.1.1. Geert Hofstede's Cultural Model

The pioneer in intercultural research, Hofstede is named, who introduced cultural principles into intercultural studies based on cultural differences between countries. However, such a collective phenomenon is so broad that it is difficult to conceive of testable hypotheses. In fact, Hofstede 's primary achievement was to express an empirical mapping of countries

across certain cultural dimensions. Its dimensions have been widely used by researchers in a variety of settings. More data has allowed the influence of national culture to be analysed systematically and linked to various aspects of the national economies over recent years. The Dutch researcher Geert Hofstede established the so-called cultural differences research and determined several cultural dimensions via which countries can be separated according to their scores on many variables. By performing a study among employees of IBM around the world (50 countries) he defined 5 dimensions which are introduced below (Hofstede 1981/2001):

- Power Distance – Power distance is a measurement showing to what extent participants of entities and institutions confirm and expect the fact that power is not shared equally. It points out that depending on the level of Power Distance, powerful members as well as lower cadres endorse the status quo (in terms of power distribution).
- Individualism (IDV) – is a dimension plotting immediately two different sides of the same coin against one another. It focuses upon the expectation towards the extent by which individuals are rather integrated into groups versus the assumption that individuals are supposed to look after themselves. This leads to the establishment of the two characteristics, either Individualism or Collectivism. It is important though to keep in mind that those traits are rather directed at entities and small groups like families, instead of states.
- Masculinity (MAS) – A dimension referring to a society's assumption of fulfilment of gender roles. Here we can distinguish between masculinity and its opposite femininity. In this context apart from the fulfilment of roles, masculinity is characterized/defined by highly assertive and competitive actions, while femininity rather shows modest and caring behavior.
- Uncertainty avoidance (UAI) – Concerns itself with a society`s tolerance towards uncertainty and ambiguity. It partially shows the degree to which members of the cultural circle are conditioned to feel comfort or discomfort in "unstructured situations". These unstructured situations can be characterized as new, stranger, surprising or simply varying from the norm. To illustrate the effect upon cultures: it translates partly into a measurement of to what extend cultures try to avoid "such situations" (unstructured) by implementing precautious safety nets or on the contrary to what degree they simply take it as it comes without hesitation. It also influences a religious or philosophical level that is,

by believing in one unique, impeccable truth and the fact that a society owns and understands this truth.

- Long term attributes (LTO) – The fifth and final dimension, with its opposite short-term attributes describes a culture stand towards Virtue without taking Truth into account. The two sides are expressed by standards in behavior which are respectively:
  - Long term attributes- Persistence in one's persecution of tasks and goals and prudence
  - Short term attributes- Conservative, congruence with social rules and the perseverance of one's own reputation.

In addition to distinguishing cultures from the dimensions of Hofstede theoretically, cultures mark dimensions that make them understandable as data. Hofstede's five dimensions of national culture can be "ascribed to simplifying the culture approach" (Fink & Mayrhofer 2009, p. 49): power distance, individualism, humanity and ambiguity avoidance (last versus short-term orientation). As far as organizational culture is concerned, Hofstede et al. (1990) highlight that the regional culture and organizing culture differ considerably. Six dimensions of perceived behaviours describe and conceptualize latter and should not be confused with concepts of national culture. In all, culture may be referred to as a code of standards and customs locally required to act, which are of interest because of their possible impacts on business performance and administration.

As far as organizational culture is concerned, Hofstede et al. (1990) highlight that the regional culture and organizing culture differ considerably. Six dimensions of perceived behaviours describe and conceptualize latter and should not be confused with concepts of national culture. In all, culture may be referred to as a code of standards and customs locally required to act, which are of interest because of their possible impacts on business performance and administration.

2.1.1.2. The Hofstede Cross-Cultural Research

Hofstede is widely recognized for his paradigm shift work in cross-cultural research (Usunier, Furrer & Furrer-Perrinjaquet, 2011). Work began in the 1960s with a standardized international survey of employees within a multinational corporation named Hermes by the Hofstede Code. The company was later identified as IBM, where Hofstede was head of the personnel research department (Hofstede,u 2001). The IBM employee survey was repeated until 1973, with a total of 116,000 responses from 88,000 different employees in 72 countries (Baskerville, 2003, Minkov & Hofstede, 2011). Hofstede used the data to develop four key

dimensions of culture for each country surveyed. The four dimensions were: power distance, individualism/collectivism, masculinity/femininity and uncertainty avoidance. Hofstede claimed that these four dimensions could mostly explain the national differences of values, beliefs and behaviour both in the workplace and in general.

The results of Hofstede 's research have been published in the seminal book Cultural Consequences: International Differences in Work-Related Values (Hofstede , 1980). Culture's Consequences has become a classic, and in 2001 Hofstede published a second edition that added a fifth dimension called long-term attributes. The long-term dimension of attributes was developed in conjunction with Michael Harris Bond. It was based on the study of student values in 23 countries using the Chinese Value Survey. The dimension contrasts future-oriented thinking with past and present-oriented thinking (Minkov & Hofstede, 2012). A sixth dimension was added in the third edition of Cultures and Organizations: Software of the Mind (Hofstede & Minkov, 2010). This dimension was developed in cooperation with Michael Minkov and was based on the World Value Survey conducted by Inglehart. The dimension encompasses happiness and a sense of control over one's own life (Minkov, 2009).

Table 1: Hofstede's 6 Dimensions

Dimension	**Name**	**Description**	**Measure**
Power	Power Distance (PDI)	Level of inequality of power and authority	Low versus high
Predictability	Uncertainty Avoidance (UAI)	Tolerance towards uncertainty in life	Strong versus weak
Self	Individualism versus Collectivism (ID)	Emphasis of personal goals over group goals	Low versus high
Gender	Masculinity versus Femininity (MAS).	Level of equality between the sexes	Masculine versus Feminine
Time	Long-term versus Short-term Attributes (LTO).	Attitudes toward the future rather than present	Long-term versus short-term
Well Being	Indulgence versus Restraint	Perception of life control and importance of leisure	Indulgence versus Restraint

2.1.1.3. Alternative cross-cultural theory's

Many cross-cultural theories have been proposed for the improvisation of national culture. In his 1980 seminal work, Geert Hofstede, a Dutch social psychologist and one of the most important cross-cultural theorists, describes national culture in four measurable dimensions: power distance, uncertainty prevention, individualism versus collectivism, and masculinity versus femininity (Hofstede, 1980).

- **Inglehart's cross-cultural dimensions**: The US sociologist Ronald Inglehart theorizes that socio-economic growth only produces two cross-cultural dimensions: religious versus secular-rational, and survival versus self-expression (Inglehart, 1990). The first dimension does not refer to the power gap of Hofstede and the second dimension does not refer to a mix of individualism and masculinity (Hofstede, 2011).
- **Schwartz's cross-cultural theory**: developed by Israeli psychologist Shalom Schwartz, the alternative cross-cultural theory identifies seven dimensions at the country level: embodiment, intellectual autonomy, affective autonomy, hierarchy, mastery, egalitarianism, and harmony (Schwartz, 1994). Schwartz 's national ratings for teachers compare strongly with Hofstede 's scores for avoidance of ambiguity, individualism and masculinity (Hofstede, 2011).

The GLOBE data represents the structure of the original Hofstede model with a somewhat different methodology (Hofstede, 2011). Furthermore, three factors typically drive the election of the Hofstede (1980) models of national culture over others. First, Hofstede data enables a wider range of countries than other data sets to be used. For instance, Hofstede measures the national cultures of all the Member States of the European Union (EU) and GLOBE does not. Secondly, Hofstede (1980) has a lower number of dimensions than Schwartz's (1994) of seven. GLOBE has nine dimensions, but high inter-correlation ships have been reported among them, and therefore multi-collinearity problems may arise when all are used in the same model (Laskovaia et al., 2017). Thirdly, several researchers have repeated the Hofstede dimension, and replications show that the cultural differences identified in Hofstede 's dimensions are fundamental.

Lately Kirkman and Gibson (2006) study 180 empirical studies conducted between 1980 and 2002 and find that dimensions of Hofstede successfully predict cross-country differences and interconnections between cultures and organisations. However, the Hofstede theory is not free from criticism. One important criticism is that the study of a single company cannot

provide information about entire national cultures, as the framework was developed using only IBM data in the 1960s and 1970s. Nevertheless, it is important to note that the differences between cultures have been measured and the use of one company eliminates the impact of the management policies and practices of different organizations on behaviour in a different way. In fact, detailed validations show that country ratings at Hofstede are strongly correlated with other data of all kinds (Hofstede, 2002).

Another complaint is that the IBM data is old and therefore obsolete. Nevertheless, the data have since been checked against all kinds of external metrics, and subsequent studies indicate that the country ranking of the Hofstede remains accurate. A possible explanation is that there are no absolute positions in his country rankings, but positions relative to other countries (Hofstede, 2011). As a result, even after changes like the introduction of emerging technology that impact all countries together but not their relative roles, his initiatives maintain validity.

2.1.2. Sales performance

When analysing the existing literature there two main divergences on the categorization of sales performance, measures based on outcome (results of sales) and those based on behaviour (how they do it).

Examples of conventional metrics based on outcomes include sales efficiency, market share and turnover, while behaviour-driven outcomes can be defined as adaptive, communication skills which are part of a sells man's ability to sell, and activities he or she carries out. A difference is defined among the two as the more subjective behaviour metric, with reporting focused on the salesperson's interpretation of the manager, while the results allow for more quantitative measurements. (Küster & Canales, 2011). It is concluded that a blend of outcome and behavioural interventions should be used for better performance.

2.1.2.1. Sales

A sale is defined as the transaction between two or more parties in which the buyer receives tangible or intangible goods, services, and/or assets in exchange for money (Kotler P. 1999). Sales performance on the other hand is the measurement of the number of sales that an employee makes for a business. It is the process of overseeing and training employees to advance their sales skills, processes, and results (Kotler P. 1999).

There are many factors that are identified as influencers of sales performance. Churchill Jr., Steven W & Neil M. Ford. (1985), in their meta-analysis, classify the background of performance in increasing order of importance: personal factors, organizational and environmental factors; motivation; aptitude; levels of skills, and the perception of their role within the organization and within the sales process. Subsequently, the meta-analysis conducted by Verbeke, Dietz, and Verwaal (2011) shows the ambiguity of roles, cognitive aptitude, involvement in the work, the degree of adaptability and the sales-related knowledge as the main influencers of salespeople's performance.

Regarding the most appropriate way to obtain the information needed to measure and evaluate a sales performance, Churchill Jr. et al. (1985) state that the main divergence between authors lies in the use of subjective or objective measures as the way of measuring and evaluating the salespeople's performance. Despite being subjective, the self-efficacy and self-informative interventions are shortcomings because they may have an ascending bias in self-assessment. Nevertheless, some scholars find these interventions to be beneficial, because this possible bias has little power to affect the harm to the evaluation (Churchill Jr.et al., 1985). Consequently, Churchill Jr. et al. (1985) argues that auto-efficacy and numerical data are not very divergent when used as a method of performance assessment by salespeople.

2.1.2.2. Sales Efficiency vs. Effectiveness

Sales Efficiency is defined as 'the best use of the available resources' (Zal-locco, et al., 2009) or, how many steps does it take to reach company goals. this can be the allocation of resources, ensuring minimum wastage of capital and time, as well as ensuring that effort is not wasted on non-profitable customers. sales efficiency is usually defined by salespersons as Quality vs. Quantity, ensuring good time management as well as cost-effectiveness. (Zallocco et al. (2009).

There the productivity principle is part of an organizational paradigm that allows salespeople to take responsibility for contributing to best practice and improving data quality, thus providing the best customer experience possible. Sales Effectiveness has also been described as how the company plan suits the objectives and objectives. Effectiveness, by way of contrast, has been demonstrated to have an even more profound significance as it was also used to describe how customer interaction was made, how often and how tailored customer interactions were and how appropriate the customer portfolio is to guarantee a high standard

of customer service. Zallocco et al, (2009) researched the most important degree of uncertainty and variance in responses in the perceived sense of effectiveness. There was not only a difference in how effective managers and salespeople were, but also the concept of efficiency had difficulty defining.

Sales performance stimulation by the Organization has always been a priority in both private and public sectors, since it is directly linked to the value creation of the entity. Organizations strive continuously for better performance, power and competitive advantage. Many companies fail to boost their efficiency, however. The principal explanation for this battle is that the management is unaware of their organizational results in the correct evaluation.

If a company is inefficient but effective, it may survive, but the cost of operating management processes and inputs will be too high. Cost-inefficient organizations do not have the proper management of resource allocation. From an accounting point of view, they may even break or have very little profit. Although such organizations have excellent long-term perceptions of the degree of overall success, market share, sales performance, growth rate and innovation of the organization as compared to key competitors (Zokai, 2006).

Inefficient and efficient organizations should consider assessing their allocation of resources. In such entities, morality is usually high. Responsive modifications implemented and subtly incorporated would result in an improved performance, contributing to the desired competitive advantage of the company. As high-performance companies, high efficiency and high efficiency organizations are well known. The results are productive, cost management is under control, tasks are distributed and completed in a timely manner. Usually, such organizations have a high moral and personal commitment, which also results in the highest quality of the outcome. Employees are aware of the tasks they have been delegated to perform and are also well informed of the indicators used to assess their outcomes. Their performance and attitudes lie in the company's long-term goals and vision (Zokai, 2006).

Summary

From the theories which are presented above, the reader can understand that the cultural effects that influence our society has a deepening effect both in the organizational prospect and in the wide arena of marketing, sales and performance of a company. The Hofstede Cultural model, which is prominent of all studies in assessing the effect of culture on organizational performances, gave a new viewpoint in which organizations are carved by a prevailing and dominant culture in the country as well as in the organization. But when it comes to the marketplace, the effects of culture are more prevalent than a controlled environment which is managed by rules of the organization.

Therefore, in order to understand the link and role of cultural dimensions from an individual level as well as the mechanisms of their decision making process for contraceptive sales performance, this study will be using Hofstede's cultural model from business perspective in order to find a new array of situation to get help that define a set of factors specifically suitable to local contraceptive health beliefs and behaviours. This study may help to show the gap and could be used as a clue in assessing the effect of cultural dimensions on sales performance of contraceptives supplied by the contraceptive and family planning health sector.

2.2. Empirical Review

John B Casterline, Zeba A Sathar and Minhaj ul Haque (2001) assessed the strength of a set of hypothesized barriers to contraception in Pakistan according to a study in Punjab. Survey data were analysed which were collected in the province of Punjab in 1996 and which included unusually detailed measurements of the different perceived costs of contraception, as well as targeted measurements of fertility motivation.

The research framework identifies six key barriers to contraceptive use: the motivating power to prevent pregnancy, awareness and information about contraception, the social and cultural acceptability of contraceptives, husband's expectations and behaviours, health issues and access to resources perceived. Early contraceptive modelling of the structural equation in which the six barriers were treatment variables of latent were estimated to be a net effect of each barrier.. The figures suggest that the two major barriers to the use of a contraceptive are the woman's belief that such actions will interfere with her husband's desires for fertility and her attitudes towards family planning and her belief of contraception's social or cultural

unacceptableness. The results confirm the value of taking serious contraceptive costs and trying to measure these costs in the context of empiric family planning research.

Ho: Masculinity Vs Femininity have no role on the sales performance of contraceptives.

Ha: Masculinity Vs Femininity have a significant role on the sales performance of contraceptives.

According to the Hee Sun Park (2000) study on relationships between attitudes and subjective norms, in order to establish an elaboration on the moderate to high correlation between attitudes and subjective standards recorded in earlier researches, the relationship between behavioural attitudes and subjective standards tests the hypothesis that rational actions across cultures. Subjective norms were found to be linked to only social attitudes toward behaviour. The result shows that when the observed attitudes are social in nature, the correlation between attitudes and subjective regulations that occurs in a research. Members of collectivism tend to gain higher rates of subjective standards and social attitudes; however, the high rates of subjective standards and social attitudes don't necessarily help predict behavioural intent. It is proposed that inter-cultural differences in attitudes and social norms' absolute strengths may not be indicative of the differences in behavioural intent prediction in relative weights of both components.

Ho: Individualism Vs Collectivism have no role on the sales performance of contraceptives.

Ha: Individualism Vs Collectivism have a significant role on the sales performance of contraceptives.

According to family planning reports, Anastasia J measured the socioeconomic status of women and their contraceptive behaviour. The findings (1998) underline the importance of women's economic power and personal influence over partners' choice of contraception and behaviour. People having complete influence of the selection of a partner are significantly more likely that they will consult with a spousal about family planning and current contraceptive uses. Women who work for cash are far more likely to consult with their partners about family planning than those who do not. The likelihood of traditional and modern contraception methods ever increasing significantly.

Ho: Power distance factors have no role on the sales performance of contraceptives.

Ha: Power distance factors have a significant role on the sales performance of contraceptives.

James McCarthy, a household survey conducted in Ilorin, Nigeria, between September 1988 and January 1989, based on the International Family Planning Perspective (1991) on the knowledge, attitudes and practices of males of Gbolahan an Oni, provided data on contraceptive knowledge, the attitudes and practices of 1022 males. The data provide comparative information on rates of education and area of residence that serve as proxy for socioeconomic status, although the sample is not representative of the region. Contraceptive awareness among these men is virtually universal, with the most commonly known methods of condoms and oral contraceptives. Condoms are also the most commonly used method, but less than half of the men in the most educated and highest socio-economic groups use them.. Many men at all stages of education and residency have a positive approach to family planning and contraception use is related to contact on husband and female family planning. Among men who say they spoke about it, 22-60% of those say they use a method compared to 4-10% of the women who say they didn't talk to their wives about family planning.

Ho: Uncertainty avoidance has no role on the sales performance of contraceptives.

Ha: Uncertainty avoidance has a significant role on the sales performance of contraceptives.

Based on family planning reports by Anastasia J. (1998) Considering the social consequences of early childbearing, unplanned pregnancy and AIDS transmission, the study notes that there is a great need to understand how adolescents make sexual and reproductive decisions. Drawing primarily on sub-Saharan African literature , this paper focuses on three behavioural outcomes: non-marital sexual intercourse, contraceptive sales performance and condom sales performance.. It examines young people's perceptions of the costs and advantages of participating in these behaviours, their evaluation of the potential impact of their action and the role of families, peers and dyads in shaping their reproductive decisions. It is revealed from literature that cultural values in sexuality and gender roles are strongly influenced by the strengths of teenagers' lives and by economic disadvantage. Unprotected sex decisions can also be based on inadequate knowledge and misjudging of the risks of pregnancy and sexually transmitted infections. In some contexts, no decision-making is common.

Ho: Long Term Vs Short Term orientation have no role on the sales performance of contraceptives.

Ha: Long Term Vs Short Term orientation have a significant role on the sales performance of contraceptives.

Despite many empirical studies, no consistent, systematic relationships have emerged between sales performance and the cultural attributes. However, there is some evidence that,

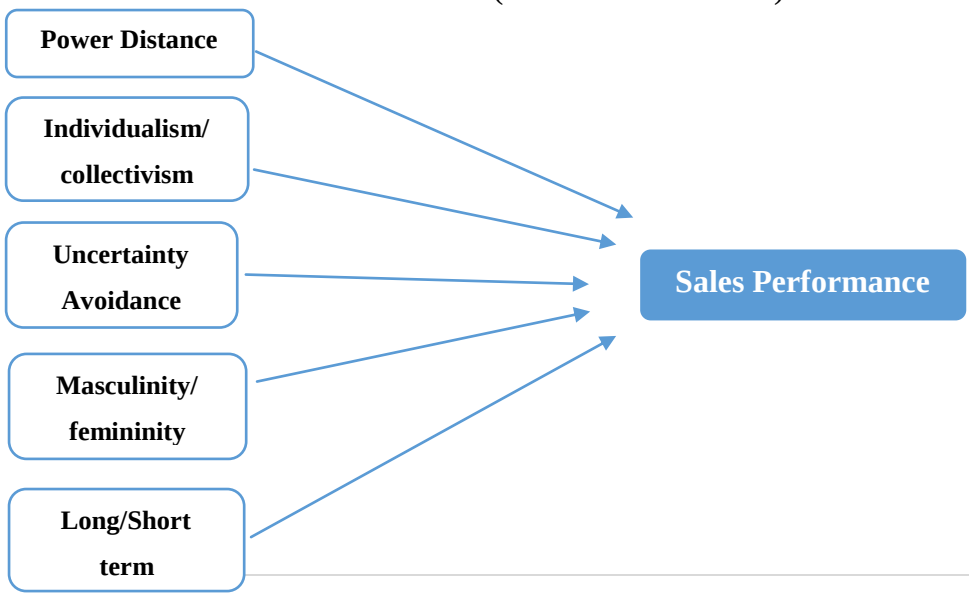
beyond a certain point, high levels of cultural attributes are associated with deteriorating sales performance possibly because of the problems of complexity that cultural attributes create. Among some countries, cultural attributes have been associated with increased sales performance up to a point; after which further cultural influencers have been associated with declining sales performance. Other studies have also detected a curvilinear relationship between cultural dimensions and sales performance.

2.3. Conceptual Framework

Intensive review was done on various studies to select an appropriate conceptual framework to assess the role of cultural dimensions on the sales performance of contraceptives. Finally, the student researcher adapted Hofstede dimensions of individual culture model used in the article "Market Sustainability: A Globalization and Consumer Culture Perspective in the Chinese Retail Market" (Farman A. et al 2018) to serve as the conceptual framework for this study.

The model discusses the interrelated cultural dimensions positioned about other countries through a score on each dimension. In his ground-breaking book Culture's Consequences, Hofstede (1980) identifies five dimensions of national culture which are Power distance, Individualism, Uncertainty avoidance, Masculinity and Long/Short term orientation. Against such a background, it is no surprise that the Hofstede model is by far the most established, widely used and recommended in international business literature and that its dimensions have become the standard instrument for measuring and comparing cultural differences (Breuer et al., 2018).

Figure 1 Conceptual Framework- An Adaption of Hofstede Cultural dimension Model (Farman A. et al 2018)



Chapter Three

Research Methodology

3. Introduction

This section deals with how the study will be conducted, specifically on the approach of the study, method of data collection, sampling techniques and methods of data analysis.

3.1. Research approach

Based on the type of data it employs, a research can follow quantitative, qualitative and mixed approaches. A Quantitative research is used in researches that has measuring and counting attributes. The approach involves the quantitative generation of data, which can be formally and rigidly analysed in a rigorous quantitative way (Kothari, 2004). It is also often concerned with finding evidences to either support or contradict a hypothesis that contains concepts to be measured. Hence, in this study the student researcher found the Quantitative research approach appropriate to investigate the role of the cultural dimension variables in line with the main aim of the research which is testing the developed hypothesis.

3.2. Research design

In this study, the student researcher used an explanatory research method that describes the causal links between independent and dependent variables that relates to the research problem. Since the intention of this study is to evaluate the role of the independent variables over the dependent variable, the method is suitable and helpful in examining the relationship.

3.3. Data Type and Data Source

Both primary and secondary data were used to attain the study goals. The Primary data collected was obtained via a structured questionnaire. The questionnaire had two parts where the first part was used to collect the personal information of respondents using nominal scale and the second part consisted the perception of respondents that measured the dimensions of the hypothesized factors. In the questionnaire a 5-points Likert scale rating technique is used which started with 1= strongly disagree to 5= strongly agree.

3.4. Population of the study

The target population of the study comprise of all individual customers' and potential customers who are occasional and/or regular users of contraception, which are either men or women aged 18 to 40. In the research, the population of the study was calculated using the

infinite population sampling formula because it is impractical to count the number of contraceptive users. Addis Ababa is the only viable destination where the service is available to gather data from the respondents.

3.5. Sampling technique

Because of the large number of the sample unit, time and cost constraint, the sample was drawn from the targeted population by using a non-probability sampling. This method of sampling involves purposeful or deliberate selection of universe units to form a sample representing the universe (Kothari , 2004). In this research, convenience sampling technique was used where 361 population elements in the study were found by sharing the online questionnaire to different social media platforms like Facebook and Telegram groups or channels that share information and tips on health care and well-being whereas 4 of the respondents response was collected using the traditional questioner where the student researcher filled out the form for the respondents as they were illiterate . A few of the online facebook groups' names are Family Issues Ethiopia, Ethio Medical Information, Parenthood and Afro Medic. The users of these groups are very diverse with different views and backgrounds which made the result of the study somewhat holistic.

3.6. Sample size

The following infinite population sampling formula was used to arrive at the sample size. Where -Sample size Z – z value at the defined confidence interval, e.g. z=1,96 at 95 percent CI p – Degree of uncertainty (0,5) q – Q=1-p (0,5) e – Desired level of accuracy (±5 percent) Where n0 is the sample size, Z2 is the abscissa of the normal curve that cuts the region α at the tails (1 – α) equal to the desired level of confidence, e.g. 95 percent), e is the desired level of confidence.

The value for Z is found in the statistical tables containing the area under the normal curve In order to illustrate, the researcher assumed that there was a large population that the researcher did not know the variability of the proportion of the area under the normal curve; therefore, assumed p=.5 (maximum variability).

Furthermore, it is desired to have a 95% confidence level and ±5% precision

= =384.16 ≈ 384

3.7. Validity of the Instrument

Validity is whether our assumptions, inferences or propositions are valid. This involves the degree to which we calculate what we are expected to do and, more precisely, our calculation accuracy (John et al, 2010). A criterion-related validity, called a correlation coefficient, was used in this study to measure the extent to which the instrument scores correspond to an external criterion (i.e., usually another measure from another instrument) either at present (current validity) or in the future (predictive validity).

3.8. Reliability of the Instrument

Reliability estimates the continuous calculation or, more precisely, the extent to which an instrument calculates the same as it is used each time under the same conditions for the same subjects. Trustworthiness is essentially about consistency. That is, if we measure something many times and the result is always same, then we can say that our measurement instrument is reliable (John et al., 2010).

In order to test the internal consistency of variables in the research instrument Cronbach alpha coefficient will be calculated. Cronbach-alpha is widely used in educational research when instrument for gathering data have items that are scored on a range of values, i.e. different items have different scoring points or attitude scales in which the item responses are in continuum (Oluwatayo, 2012). This coefficient varies from 0 to 1, and a value of 0.6 or less generally indicates unsatisfactory level of internal consistency (Malhotra & Birks, 2003). This coefficient was calculated for all items under each variable and the results showed an acceptable level of reliability.

3.9. Methods of data analysis

The data gathered from the questionnaires were analysed with the Statistical Package for the Social Sciences (SPSS version 20). Descriptive analysis was used to organize and summarize the demographic data of the respondents which include age, gender, educational level, marital status and employment status. On the other hand, correlation analysis was used to see if there is any relationship between the independent and the dependent variables. In addition to that regression analysis was also used to know how much the independent variables have influenced the dependent variable.

3.10. Ethical considerations

According to Resnik (2015) many of the ethical norms help to ensure that researchers can be held accountable to the public. Therefore, this research will take this in to account & be responsible to keep the interests of the public it dealt with. Participants will be asked if they are voluntary to participate in the study. In addition, Anonymity of individuals who participated in filling of the questionnaires will remain anonymous throughout the study. Information collected from the customers will be kept confidential and not to be used for any other purposes than this study.

Chapter Four

Data Presentation and Analysis

4. Introduction

This chapter is generally structured accordingly: the reliability test for the steps taken was presented and the demographic profile of the respondents was analysed. The results of descriptive analysis were first presented, followed by the results of Pearson Correlation Coefficient, in order to facilitate the empirical analysis.

4.1. Samples and response rate

There were a total of 384 questioners distributed and 379 returned. After excluding 14 invalid questionnaires, a total of 365 valid questionnaires were accepted for a high response rate of 98.69%. Therefore, out of the 384 questionnaires distributed, 95.05% of the subjects returned valid questionnaires.

4.2. Demographic profile of respondents

The samples of this study were classified according to three demographic background information collected during the survey. The aim of the demographic analysis in this research is to describe the characteristics of the sample, such as the proportion of respondents in the sample of males and females, the age range and the academic qualifications of the respondents and other attributes. The demographic composition of the respondents is summarized in the table below.

It is evident from the table that most respondents are between the ages of 21-30 (69.3%). The major participants were males (52.6%), whilst 47.4% of the participants were females. Furthermore, the academic qualification of the respondents dominated by graduates from under and post-graduation schools. This is probably since the most active participants of social media groups and channels are within the age of 21-30 (Jenn,2020) where most people complete their Bachler's degree and move on to post graduate programs.

Table 2: Age of Respondents

			Frequency	Valid Percent	Cumulative Percent
Age	18-20		29	7.9	7.9
	21-30		253	69.3	77.3
	31-40		55	15.1	92.3
	41-48		28	7.7	100.0
	Total		365	100.0	

Table 3: Gender of Respondents

		Frequency		Valid Percent	Cumulative Percent
Gender	Male	193		52.6	52.6
	Female	174		47.4	100.0
	Total	367		100.0	

Table 4: Educational background of the respondents

		Frequency	Valid Percent	Cumulative Percent
Educational Status	Illiterate	4	1.1	1.1
	Can read and write	6	1.6	2.7
	Primary (1-5)	3	.8	3.5
	Secondary	10	2.7	6.3
	Intermediate	42	11.4	17.7
	Graduate/Post-graduate	302	82.3	100.0
	Total	367	100.0	

Regarding the respondent's other demographic distribution table in the next page state that majority of the respondents are single (58.6%); have faiths predominantly Christian (90.2%). On the other hand, most of the respondents stated that a person significant to the respondents are head of the household which account to 58.6% of the respondents. Regarding their occupation, majority of the respondents are employees of a private firm. Questions regarding the responsibility to make decision on using contraceptives lay primarily on the respondents themselves according to table 9.

Table 5: Marital Status of respondents

		Frequency	Valid Percent	Cumulative Percent
Marital Status	Single	215	58.6	58.6
	In a relationship	55	15.0	73.6
	Married	79	21.5	95.1
	Divorced	12	3.3	98.4
	Widowed	6	1.6	100.0
	Total	367	100.0	

Table 6: Religion of respondents

		Frequency	Valid Percent	Cumulative Percent
Religion	Muslim	36	9.8	9.8
	Christian	331	90.2	100.0
	Total	367	100.0	

Table 7: Family Head

		Frequency	Valid Percent	Cumulative Percent
Who is the head of the household	My mother in law	2	.6	.6
	My father in law	6	1.7	2.2
	Myself(respondent)	135	37.3	39.5
	Significant other	212	58.6	98.1
	Any Other	7	1.9	100.0
	Total	362	100.0	
Total		367		

Table 8: Occupational Response

		Frequency	Valid Percent	Cumulative Percent
Occupation	Government worker	46	13.1	13.1
	Private employee	148	42.0	55.1
	Unemployed	18	5.1	60.2
	Student	64	18.2	78.4
	Self Employed	76	21.6	100.0
	Total	352	100.0	

Table 9: Distribution of decision on family planning

In your family, who decides about the decision to plan for a pregnancy?			
	Frequency	Valid Percent	Cumulative Percent
My spouse	59	17.0	17.0
Myself (Respondent)	202	58.0	75.0
Any Other	87	25.0	100.0
Total	348	100.0	

Descriptive statistics of the level of agreement of the respondent's Perception towards different variables of the research

The analysis of this study was performed using a descriptive statistic or a central tendency from which the researcher used the mean scores of each variable. The main reason for using this measure was to demonstrate the average response of the respondents to each question that was included in each dimension of the predictor variable and to reach the large mean of each dimension. Finally, the interpretation is made by using the grand mean of each independent dimension based on a yes/no question (1. Yes & 2. No) for the purpose of achieving the study's partial research objectives.

Table 10: Perception on the sales performance and knowledge on Pills

	N	Mean	Std. Deviation
Have you ever heard of pills	365	1.0493	.21682
Have you ever used pills	365	1.7699	.42150
Do you know where a person could go to get pills?	365	1.1041	.30582
Have ever experienced any side effects while using pills?	84	1.9524	.21424
Valid N (listwise)	84		

The above table state that majority of respondents have heard of contraceptive method which consists of periodic intake of pills. But according to the mean result only few have used it. This is in the researcher's opinion that this contraceptive method is primarily used by females. However, many of the respondents know where to find this contraceptive if they

ever need on one either for themselves or others. On the other hand, a handful number of respondents (84) had experienced some side effects while using.

Table 11: Perception on the sales performance and knowledge on IUCD

	N	Mean	Std. Deviation
Have you ever heard of IUCD?	365	1.2438	.42998
Have you ever used IUCD?	276	1.9783	.14610
Do you know where a person could go to get IUCD?	276	1.0580	.23411
Have ever experienced any side effects while using IUCD?	6	1.6667	.51640
Valid N (listwise)	6		

The above table shows to what extent is the respondent's knowledge and sales performance on IUCD. Based on most of the respondents have heard about IUCD in different ways. But when it comes to the sales performance and application of this contraceptive method majority of the respondents did not use this method. Conversely most of the respondents know where to acquire this contraceptive method. Out of those who used this contraceptive method some (6) respondents experienced side effects associated with the sales performance.

Table 12: Perception on the sales performance and knowledge of Injection

	N	Mean	Std. Deviation
Have you ever heard of Injection?	365	1.3288	.47041
Have you ever used Injection?	213	2.0000	.00000
Do you know where a person could go to get Injection?	365	1.1671	.37360
Have ever experienced any side effects while using Injection?	0		
Valid N (listwise)	0		

The above table shows that majority of the respondents have heard of injection and know where this method can be acquired but all the respondents have never used this type of contraceptive method.

Table 13: Perception on the sales performance and knowledge on IUCD Sales performance of Implant

	N	Mean	Std. Deviation
Have you ever heard of Implant/F-implant?	365	1.2685	.44378
Have you ever used Implant/F-implant?	213	2.0000	.00000
Do you know where a person could go to get Implant/F-implant?	365	1.1671	.37360
Have ever experienced any side effects while using Implant/F-implant?	0		
Valid N (listwise)	0		

As well as the contraceptive method of injection, this method also has a similar pattern. This means that most of the respondents have heard about this type of contraceptive and where to get it from, but no respondent has yet been found who used this method.

Table 14: Perception on the sales performance and knowledge on Condom

	N	Mean	Std. Deviation
Have you ever heard of Condom?	365	1.0000	.00000
Have you ever used Condom?	298	1.5839	.49374
Do you know where a person could go to get Condom?	365	1.0000	.00000
Have ever experienced any side effects while using Condom?	124	2.0000	.00000
Valid N (listwise)	124		

Condom is by far the most famous way of modern contraception in comparison to its counterparts, since all respondents are aware of this method of contraception. When it comes to the use of this contraceptive, it has been used by many of the respondents from the male gender group. As to where this contraceptive method can be found, all respondents know where they can find one. And no respondent has yet experienced any side effects associated with this method of contraception.

Table 15: Perception on the sales performance and knowledge on Sterilization (Female/Male)

	N	Mean	Std. Deviation
Have you ever heard of Female sterilization?	365	1.5178	.50037
Have you ever used Female sterilization?	365	2.0000	.00000
Do you know where a person could go to get Female sterilization?	365	1.7918	.40659
Have ever experienced any side effects while using Male sterilization?	0		
Valid N (listwise)	0		

Table 16: Sales performance of Male Sterilization

	N	Mean	Std. Deviation
Have you ever heard of Male sterilization?	365	1.7041	.45707
Have you ever used Male sterilization?	365	2.0000	.00000
Do you know where a person could go to get Male sterilization?	365	1.9014	.29857
Have ever experienced any side effects while using Male sterilization?	0		
Valid N (listwise)	0		

Both above tables show the knowledge and sales performance of female and male sterilization. As compared with its counterpart most respondents have heard about male sterilization than female sterilization. But all respondents have never used it, according to table 15 and table 16. Regarding as where to find this contraception service again more respondents know where they can get male sterilization service than female sterilization.

Table 17: Perception on the sales performance and knowledge on Periodic Abstinence

	N	Mean	Std. Deviation
Have you ever heard of Periodic abstinence?	365	1.4630	.49931
Have you ever used Periodic abstinence?	365	1.6110	.48820
Do you know where a person could go to get Periodic abstinence?	142	1.0000	.00000
Have ever experienced any side effects while using Periodic abstinence?	142	2.0000	.00000
Valid N (listwise)	142		

The above table depicts the sales performance and knowledge of periodic abstinence. This type contraceptive is a traditional way of contraception which mainly concern females.

Respondents were asked if they have heard of periodic abstinence and most of the respondents have heard of this method. To clearly see the sales performance level the table below can give some augmentative details.

Table 18: Frequency distribution on the sales performance of periodic abstinence

		Have you ever heard of Periodic abstinence?		Total
		Yes	No	
Gender	Male	74	117	191
	Female	122	52	174
Total		196	169	365
Have you ever used Periodic abstinence?				
Male		0	191	191
Female		142	32	174
Total		142	223	365
Do you know where a person could go to get Periodic abstinence?				
Female		142		142
		142		142
Have ever experienced any side effects while using Periodic abstinence?				
Female			142	142
			142	142

Table 19: Perception on the sales performance and knowledge on Withdrawal

	N	Mean	Std. Deviation
Have you ever heard of Withdrawal?	365	1.0548	.22789
Have you ever used Withdrawal?	365	1.5014	.50068
Do you know where a person could go to get Withdrawal?	347	1.0058	.07581
Have ever experienced any side effects while using withdrawal?	185	2.0000	.00000
Valid N (listwise)	185		

The above table portrays the usage of withdrawal method which is principally used by male respondents. The table above shows that most of the respondents have heard of withdrawal

technique and how it is performed. In addition to that, no side effects were recorded with the usage by the respondents.

To clearly see the sales performance level the table next page can give some augmentative details.

		Have you ever heard of Withdrawal?		Total
		Yes	No	
Gender	Male	189	2	191
	Female	156	18	174
Total		345	20	365
Have you ever used Withdrawal?				
Male		182	9	191
Female		0	174	174
Total		182	183	365
Do you know where a person could go to get Withdrawal?				
Male		189	2	191
Female		156	0	156
Total		345	2	347
Have ever experienced any side effects while using withdrawal?				
Male			185	185
Total			185	185

Descriptive statistics of the level of agreement of the respondent's Perception towards different variables of the research

The researcher uses an itemized scale of ratings to create a collection. This range will be used to assess the respondents' level of perception towards each variable. The researcher uses the formulation below to build the range (Shrestha, 2015). This study was analysed using descriptive statistics or using central tendencies, from which the researcher used each variable's mean scores. The key reason for using this metric was to show the respondents' average responses to each question included under each dimension of the predictor variable, and to meet the broad mean of each dimension.

Finally, the analysis is performed using the great mean of each independent variable to achieve the study's partial research goals.

Itemized rating scale: $\underline{Max - Min}$

5

$= \frac{5 - 1}{5}$

$= 0.80$

The mean of each individual item ranging from 1- 5 falls within the following interval:

Interval of Means	**Perception**
1.00 – 1.80	Strongly Disagree
1.81 – 2.60	Disagree
2.61 – 3.40	Neutral
3.41 – 4.20	Agree
4.21 – 5.00	Strongly Agree

4.3. Respondents' perception on Individualism

This section of the questionnaire tested the attitude and views about individualism. A series of five statements were presented to respondents and respondents were asked to rate their level of agreement with each statement. Table 20 indicates the mean and standard deviation for each item.

According to the data illustrated below, respondents agree that they want to use contraceptives that their friends use with mean score of 4.09. Respondents also agree that they prefer when a service provider in its commercials uses language directed towards me over language directed towards the whole community with mean score of 4.06. Respondents have agreeing attitude towards different options and categories (size, colour, and type, and flavour, duration) to make their contraceptive purchase decision with mean score of 4.00.

Respondents agree that they expect to be addressed in a manner that differentiates me from other buyers when purchasing contraceptives and contraceptive sales performance consultancy with mean score of 4.08. Respondents also agree that they I do not feel comfortable with the contraceptives I use; I will personally make a point of letting the service provider know it with mean score of 4.08.

This implies that contraceptives that are more directed to the personality of the buyer are preferable by the buyers. As each buyer has its own preferences regarding the features which she/he value most, it is essential to know that every advertisement or campaigns to promote contraceptives should address the user directly by showing the advantages and special features that a product or service can benefit her/him personally.

Table 20: Perception on individualism

	N	Mean	Std. Deviation
When I choose contraceptives, I prefer to choose one that my friends use as well, even if it is not the best one.	365	4.0932	.72406
I prefer when a service provider in its commercials uses language directed towards me over language directed towards the whole community.	365	4.0658	.76392
I like it when I can get different options and categories (size, colour, and type, and flavour, duration) to make my contraceptive purchase decision.	365	4.0000	.80178
I expect to be addressed in a manner that differentiates me from other buyers when purchasing contraceptives and contraceptive sales performance consultancy.	365	4.0877	.85677
If I do not feel comfortable with the contraceptives I use, I will personally make a point of letting the service provider know it.	365	4.0877	.88825

4.4. Respondents perception on Masculinity

This section of the questionnaire tested the attitude and views about masculinity. A series of five statements were presented to respondents and respondents were asked to rate their level of agreement with each statement. Table 21 indicates the mean and standard deviation for each item.

According to the data illustrated below, respondents agree that they would rather be helped by someone who is very knowledgeable but rude or friendly but only has average knowledge with mean score of 4.13. Respondents also agree that it more important that the product can help improve your quality of life or the status and recognition you get from others for using it with mean score of 3.67. Respondents feel more comfortable when they purchase contraceptives from a salesperson with the same gender as they are with mean score of 3.89.

Respondents agree that they think it is the man's job to go to the pharmacy and purchase contraceptives with mean score of 4.05. Respondents also agree that they feel shame towards women that openly purchase contraceptives in public pharmaceutical centres mean score of 4.07.

Perceptions of respondents as clearly pointed out in the table gives certain idea often neglected. As indicated by respondents' gender of a salesperson of contraceptive is a factor that determines whether a product or service is acquired. This is mainly because of the gender

trust that makes a buyer comfortable or otherwise. As many of the respondents agreed that it's a man's job to purchase a contraceptive this gender trust must be enhanced. However, women's gender needs, desires and purchase requests in regard to contraceptives seems to be perceived passively in the society.

Table 21: Perception on Masculinity

	N	Mean	Std. Deviation
You are choosing between two contraceptives would you rather be helped by someone who is very knowledgeable but rude.	365	4.1370	.72845
In choosing a contraceptive is it more important that the product can help improve your quality of life or the status and recognition you get from others for using it?	365	3.6795	1.23979
I feel more comfortable when I purchase contraceptives from a salesperson with the same gender as I am.	365	3.8959	.93474
I think it is the man's job to go to the pharmacy and purchase contraceptives.	365	4.0575	.72965
I feel shame towards women that openly purchase contraceptives in public pharmaceutical centres.	365	4.0740	.81369

4.5. Respondents perception on Uncertainty Avoidance

This section of the questionnaire tested the attitude and views about Uncertainty Avoidance. A series of six statements were presented to respondents and respondents were asked to rate their level of agreement with each statement. Table 22 indicates the mean and standard deviation for each item.

The data illustrated in table 22 shows that respondents are not willing to try a new contraceptive without having heard anything about the quality with mean score of 3.68. They also have agreeing attitude toward using only one type of birth control with mean score of 3.89. In addition, respondents agree that they prefer to use a contraceptive with multiple advantages with mean score of 4.05. Respondents also point out that they prefer an entertaining and out of the box contraceptive product ad than a serious ad which features an expert giving out formal messages with mean score of 4.07. In addition, respondents agree that it is important for them if the contraceptive has clear guides with a mean score of 3.96

and 4.19. The overall mean for the perception on uncertainty avoidance is 3.93, indicating that most of the respondents are towards agreeing level of agreement with the statements specified in the study.

Uncertainty on contraceptives mainly emanates from the lack of certainty or knowledge of the outcome of the contraceptives. Likewise, many respondents declined the use of contraceptives without hearing it from others. As results from questions on awareness of contraceptives shows that there is a gap of information that most respondents were not using IUCD, implants and other contraceptives as much as condom, pills, withdrawal and periodic abstinence. It is in the researcher's belief that information was not dispersed on IUCD, implant and sterilization as a result of low general practice in the public which make them lack word of mouth and recommendations from one to another.

Uncertainty on some contraceptives make buyers to rely more on the products that they knew before. In choosing contraceptives respondents found very useful to buy contraceptives that has clear guidelines on how to use which helps them to create sense of certainty on the product.

Table 22: Perception on Uncertainty Avoidance

	N	Mean	Std. Deviation
A new contraceptive is launched in the market, I'm not willing are you to try it without having heard anything about the quality from sources you	365	3.6795	1.23979
I am comfortable and confident with using only one type of birth control method at a time.	365	3.8959	.93474
I prefer choosing a contraceptive that has additional advantage (example- STD prevention, sexual performance enhancer) when making my purchase decision.	365	4.0575	.72965
I you prefer an entertaining and out of the box contraceptive product ad and a serious ad which features an expert giving out formal messages	365	4.0740	.81369
In choosing a contraceptive tool, it is important to me that there are clear guidelines and rules about how to use it.	365	3.9562	.95114
I would not buy a contraceptive from a contraceptive salesperson who admits to not being able to answer all of my questions regarding the contraceptive product.	365	4.1945	.64873

4.6. Respondents' Perception on long term and short-term attitudes

This section of the questionnaire tested the views about long term and short-term attitudes of contraceptive sales performance. A series of four statements were presented to respondents and respondents were asked to rate their level of agreement with each statement. Table 23 indicates the mean and standard deviation for each item.

The data illustrated in table 23 shows that respondents have agreeing attitude about the unwillingness to wait for the benefits of using that product for a long period of time with mean score of 3.81, respondents were asked if It would disturb them when a contraceptive product gives them safety but that does not have comfort with mean score of 3.93. They also would use more services that contribute to the safety of all its users and the environment with mean score of 3.90. In addition, respondents prefer to change contraceptive product as suits them for the moment over using the same product for an extended period with mean score of 4.06. The overall mean for the perception of the duration of using contraceptives is 3.92 indicating that most respondents are towards agreeing level agreement with the statements specified in the study.

Table 23: Perception on Long term vs. Short Term

	N	Mean	Std. Deviation
When I choose a new contraceptive product, I am not willing to wait for the benefits of using that product for a long period of time.	365	3.8110	1.08430
It would disturb me when a contraceptive product gives me safety but that does not have comfort.	365	3.9370	.77309
I wish I would use more services that contribute to the safety of all its users and the environment.	365	3.9096	.89261
I prefer to change contraceptive product as suits me for the moment over using the same product for an extended period.	365	4.0603	.76796

4.7. Respondents' Perception on Power distance

This section of the questionnaire tested the attitude and views about power distance. A series of four statements were presented to respondents and respondents were asked to rate their level of agreement with each statement. Table 24 indicates the mean and standard deviation for each item.

The data illustrated in table 24 shows that respondents have neutral attitude towards choosing the type of contraceptive method they use after having a discussion and agreement with their partner with mean score of 3.05. They have agreeing level if they're experiencing some side effects of contraceptives, they would tell their partner with mean score of 3.89. In addition, respondents have disagreeing attitude towards some contraceptives being luxurious and that they are for more privileged people even if they are not expensive with mean score of 2.05. Respondents also point out that If they get into a conflict with a product provider, they would compromise with the situation with mean score of 3.67. The overall mean for the perception of power distance is 3.17, indicating that most respondents are towards semi neutral and agreeing level of agreement with the statements specified in the study.

Table 24: Perception on Power Distance

	N	Mean	Std. Deviation
I choose the type of contraceptive method I will use after having a discussion and agreement with my partner.	365	3.0521	.87708
If I was experiencing some side effects of contraceptives on my body, I would openly inform my partner and also seek medical help immediately.	365	3.8959	.93474
Often I feel that some contraceptives are luxurious and that they are for more privileged people even if they are not expensive.	365	2.0562	.95114
If you get into a conflict with a product provider, I would compromise with the situation	365	3.6767	1.24901
Valid N (listwise)	365		

4.8. Correlation analysis: Relationship between the study variables

In this study Pearson's correlation coefficient was used to determine whether there is significant relationship between Individualism, Masculinity, Long term vs. Sort term orientation, power distance and uncertainty with contraceptive sales performance. The Pearson correlation coefficient is the most common method for measuring the degree of relation between two variables.

This coefficient assumes that the two variables have a linear relation; that the two variables are casually related (Kothari, 2004). The following section describes the correlation findings about the relationship between independent variables and dependent variable.

. Table 25 below indicates that the correlation coefficients for the relationships between independent variables (individualism, masculinity, long vs. short term orientation, power distance and uncertainty avoidance) and its dependent variable (Contraceptive sales performance) are linear and positive ranging from moderate to strong correlation coefficients.

Table 25: Correlation Analysis

		SALES PERFORMANCE
INDIVIDUALISM	Pearson Correlation	.761**
	Sig. (2-tailed)	.000
	N	365
MASCULINITY	Pearson Correlation	.566**
	Sig. (2-tailed)	.000
	N	365
LONG vs. SHORT	Pearson Correlation	.457**
	Sig. (2-tailed)	.000
	N	365
POWERDISTANCE	Pearson Correlation	.617**
	Sig. (2-tailed)	.000
	N	365
UNCERTAINITY	Pearson Correlation	.571**
	Sig. (2-tailed)	.000
	N	365

As it is clearly indicated in Table 4.10, a moderate to strong and positive relationship was found between individualism and contraceptive sales performance ($r = .761$, $p < .05$), Masculinity and contraceptive sales performance ($r = .566$, $p < .05$), long term and short term orientation and contraceptive sales performance ($r = .457$ $p < .05$) power distance and contraceptive sales performance ($r = .617$, $p < 0.05$), uncertainty avoidance and overall contraceptive sales performance ($r = .571$, $p < .05$) which are statistically significant at 95% confidence level.

4.9. Multiple Linear Regression

4.9.1. Assumptions Testing in Multiple Regression

In order to maintain validity of data and solidity, the regressed results of research under multiple regression patterns must be satisfied with the fundamental assumptions. The assumptions such as multi collinearity, homoscedasticity, linearity, and normality have therefore been tested by this study.

4.9.2. Sample size

Various authors tend to provide several cases necessary for multiple regressions with different guidelines. A formula for the estimation of sample size specifications is given by Tabachnick and Fidell (2001), considering the number of independent variables to be used: N>50 + 8 m (where m = number of independent variables). Four separate variables existed in this study and there were 384 cases. The study therefore fulfilled the assumption of sample size.

4.9.3. Multi Collinearity

Multi collinearity shall be checked by means of correlations between the model's variables. Independent variables show at least some relationship with dependent variable (above 0.3 preferably). In this case all of the scales (independent variables) correlate substantially with contraceptive sales performance ($r = .761$, $p < .05$, $r = .566$, $p < .05$, $r = .457$ $p < .05$, $r = .617$, $p < 0.05$, $r = .571$, $p < .05$) respectively.

Variance Inflation Factor Tolerance and Variance (VIF) is used for collinearity diagnostics for variables as part of the multiple regression procedure. The tolerance is an indicator of the extent to which other independent variables in the model do not explain the variability of the specified independent. If this is very small (less than 0.10), the multiple correlation with other variables is high and suggests multi-collinearity (Pallant, 2010). The Variance Inflation (VIF) factor is just the opposite (1 divided by tolerance) of the tolerance. According to Pallant, (2010), VIF values above 10 would be a concern, indicating multi Collinearity. The result shows that the tolerance value for each independent variable is (0.561, 0.125, 0.756, 0.501 and 0.111) respectively. Therefore, multi Collinearity assumption is not violated. This is also supported by the VIF value, which is 1.783, 7.991, 1.322, 1.996 9.034 which is well below the cut-off value of 10.

Table 26: Multi-collinearity Analysis

	Collinearity Statistics	
	Tolerance	VIF
INDIVIDUALISM	.561	1.783
MASCULINITY	.125	7.991
LONG vs. SHORT	.756	1.322
POWERDISTANCE	.501	1.996
UNCERTAINITY	.111	9.034

4.9.4. Normality and Linearity

One way of checking these assumptions is to instruct the residual dispersal plot and standardized residuals needed in the study for the normal probability plots of regression. These are shown in standardized graphical regression plots of normal P-P plots. The points will be placed in a straight diagonal from bottom left to top right in normal probability plots. No major deviations from normality could be proposed. No breach of normality assumptions was exposed in the tests of standard P = P Map.

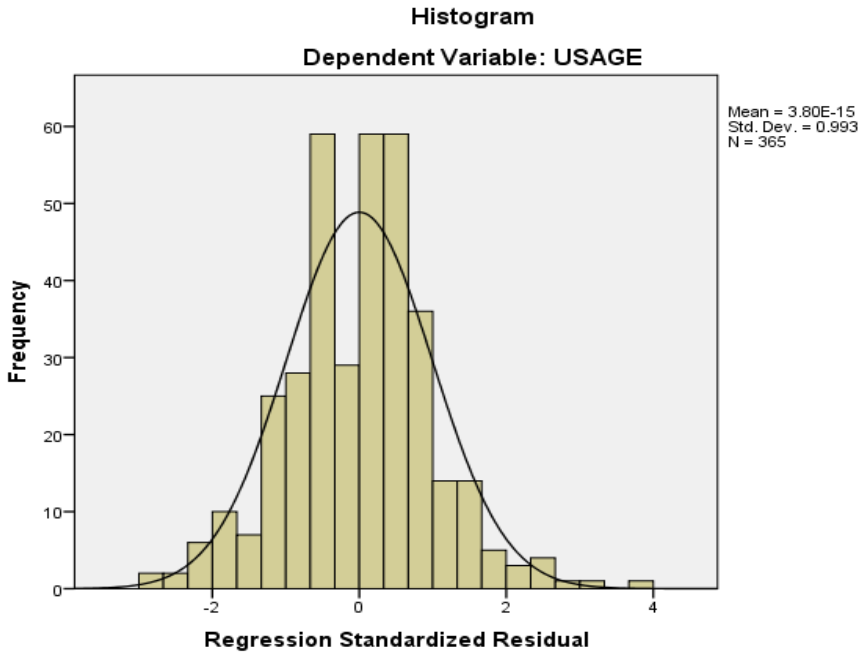


Figure 2 Source: Survey Result

The study used both methods of assessing normality; graphically using Normal Probability Plot (P-P) graph and numerically using Skewness and Kurtosis. Figure 2 depicted that the scores are normally distributed.

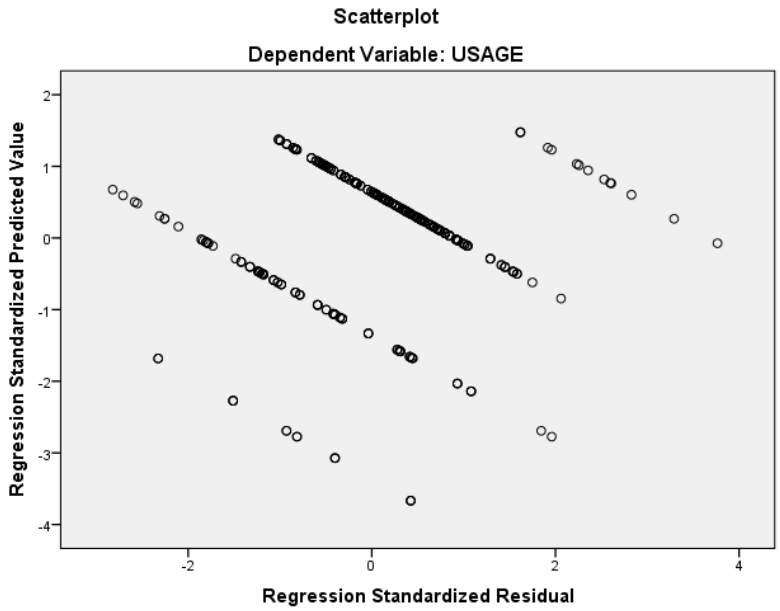


Figure 3 skewness value

The skewness value provides an indication of the symmetry of the distribution while kurtosis provides information about the sharpness of the peak of a frequency-distribution curve. For variables with normal distribution the values of skewness and kurtosis are zero, and any value other than zero indicated deviation from normality (Hair, J. F., Anderson, R. E., Tatham, R. L., & Grablowsky, B. J. (1998). According to Hair *et.al*, (1998), the most commonly acceptable value for (kurtosis/skewness) distribution is ±2.58. Therefore; as it can be seen in the following table, the kurtosis and skewness values of the variables fall within the range.

Table 27: Skewness and Kurtosis

	Mean	Skewness		Kurtosis	
	Statistic	Statistic	Std. Error	Statistic	Std. Error
INDIVIDUALISM	4.0668	-1.122	.128	1.033	.255
MASCULINITY	3.9688	-.688	.128	.281	.255
LONG vs. SHORT	3.9295	-.829	.128	1.352	.255
POWERDISTANCE	3.8452	-.458	.128	.402	.255
UNCERTAINITY	3.9763	-.627	.128	.475	.255

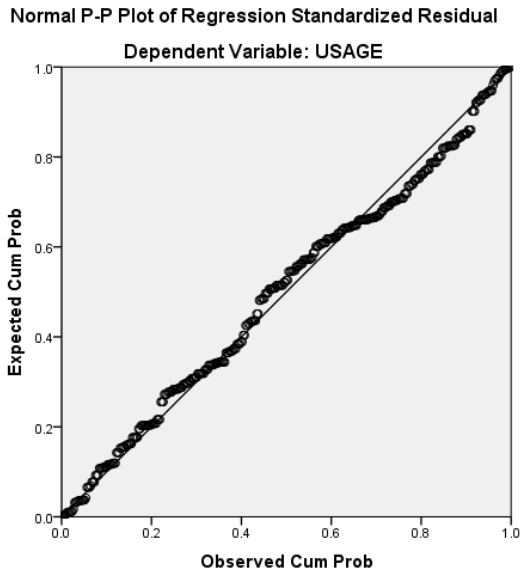
4.9.5. Homoscedasticity Test

The last assumption of the linear regression analysis is homoscedasticity. The scatter plot is good way to check whether the data are homoscedastic (meaning the residuals are equal across the regression line). The following scatter plots show examples of data that are not homoscedastic (i.e., heteroscedastic):

Homoscedasticity makes to calculate the true standard deviation of the forecast errors difficult, usually resulting in confidence intervals that are too large or too short. In particular, if the variance of the errors is increasing over time, confidence intervals for out-of-sample predictions will tend to be unrealistically narrow. Heteroscedasticity can also have the consequence of giving too much weight to a small subset of data (namely the subset where the error variance was greatest) when calculating the coefficient.

As can be seen in the figure below there are no violations of this assumption of linear regression

Figure 4: Homoscedasticity test



4.9.6. Multiple Regression Analysis

Multiple regression analysis was employed to examine the influence of cultural attributes (Individualism, Masculinity, Long term vs. Sort term orientation, power distance and uncertainty) on contraceptive sales performance.

Table 28: Model Summary

Model Summary[b]					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.813[a]	.661	.656	.36046	1.578
a. Predictors: (Constant), Individualism, Masculinity, long term vs. short term, uncertainty and power distance					
b. Dependent Variable: Sales Performance					

The regression model presents how much of the variance in the measure of contraceptive sales performance is explained by the diversification elements. The predictor variables i.e. Individualism, Masculinity, long term vs. short term, uncertainty and power distance have accounted 65.6% of adjusted R square which indicates 65.6% of contraceptive sales performance was explained by the variation of the five predictor variables.

The significance levels for all independent variables are less than 0.05. This indicates that there is a strong positive and significant relationship between the independent variables (Individualism, Masculinity, Long term vs. Sort term orientation, power distance and uncertainty) and dependent variable (contraceptive sales performance). The standardized beta value for individualism is 0.585.

SP= α + β1 (I) + β2 (M) + β3 (LS) + β 4 (P) + β 5 (U) + e

SP = 0.504 + 0.585I + 0.206M + 0.094LS + 0.317P + 0.152U + e

Where;

SP = Sales performance

I = Individualism

M = Masculinity

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.504	.171		2.955	.003
	INDIVIDUALISM	.585	.045	.529	12.884	.000
	MASCULINITY	.206	.091	.197	2.269	.024
	LONG vs. SHORT	.094	.034	.098	2.768	.006
	POWERDISTANCE	.317	.048	.286	6.576	.000
	UNCERTAINITY	.152	.108	.130	1.406	.006

LS = Long term vs. Short term orientation

P = Power distance

U = Uncertainty avoidance

4.9.7. ANOVA analysis

Table 29: ANOVA analysis

ANOVA[a]						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	90.851	5	18.170	139.848	.000[b]
	Residual	46.645	359	.130		
	Total	137.496	364			
a. Dependent Variable: SALES PERFORMANCE						
b. Predictors: (Constant), Uncertainty avoidance, Long Vs Short, Individualism, power distance, Masculinity						

Value is (139.848) at 0.000 which means that there is statistically significant effect of independent variables (Individualism Vs Collectivism, Masculinity Vs Femininity, Long term vs. Short term orientation, Power distance and Uncertainty avoidance) on the dependent variable (sales performance of contraceptives).

4.10. Discussion

This research aims to determine the degree to which cultural dimensions play a role in selling contraceptives. Descriptive analyses, simple linear regression and correlation analysis approaches have also been used. This research conducted a few comparative discussions based on the findings from previous studies.

In the first place, five predictor variables were identified which were categorized according to socioeconomic, demographic and other close characteristics. A detailed review of the study indicates that most respondents between the ages of 21-30 (69.3%) are men (52.6%), while 47.4% of respondents are women. Likewise, who is a central factor in family planning exercising the household boss. Respondents who are household leaders were more likely to be familial planners than those who were not. The explanation for this could be that freedom is experienced when and which way of contraception should be used, as the head of the household. Compared to other studies made by James McCarthy, a household survey conducted in Ilorin, Nigeria, between September 1988 and January 1989, based on the International Family Planning Perspective, provided a data on contraceptive knowledge, the attitudes and practices of 1022 males. The contraceptive awareness among the men is virtually universal, with the most commonly known methods of condoms and oral

contraceptives. The condom is also the most commonly used method, but it is used by less than half the men.

This study also revealed a statistically significant association between contraceptive sales performance practice and respondent ‘s education level. Respondents’ who had no education were less likely to practice family planning compared to respondent who had higher education. The reason might be longer years of education could probably give respondent better chance to understand uses of contraceptive to reduce fertility, maternal and child morbidity and mortality. Also educated respondent could avoid the negative effects of family planning methods by getting appropriate advice from a service provider thereby increased their consistent use. Several studies show that education of respondent is significantly associated with contraceptive use practice. For instance, in Kenya respondent with primary incomplete education were twice less likely to experience an unmet need for family planning compared to those with primary complete or higher education (Wafula and Ikamari, 2007).
Another alternative is that women who learned about contraception at school before they became sexually active may differ from those who did not. For example, they may have been raised by liberal parents who tolerated this type of schooling for their daughters, and the home climate in these more liberal families may have independently predisposed daughters to use contraceptives.
In this study male education have statistically significant relation with acceptance of contraception. In another study conducted by Laxmi Manjeera M et al., 15 study in Mangalore (2013) showed that husbands’ education increased the contraceptive sales performance increased which was found to be statistically significant.
Similarly a study conducted in Mojo town on Family planning service utilization revealed that Respondent who attained secondary and higher level of education were found to be more likely to have the intention to practice Family planning compared to respondent who had no education, respectively (Gizaw and Regassa, 2011).

Marital status is one of the factors that had significant association with contraceptive use in this study. Respondent who were never in a union were more likely to practice family planning compared to the rest. In contrast respondent who are married were less likely to practice family planning compared to those respondents who were no longer living with partner. Compared to other similar studies show that Marital status of the respondent is significantly associated with contraceptive use practice, a study conducted on the socioeconomic status of women and their contraceptive behaviour by Anastasia J revealed

that People having complete influence of the selection of a partner are significantly more likely that they will consult with a spouse about family planning and current contraceptive uses. The lowest mean modern contraceptive prevalence in all regions of the world were females who were married with no children.

As far as the religion is concerned, the data collected does not justify that there is a significant association between religion and contraceptive usage as the 90.2% of the respondents who responded were Christian which does not make a fair judgement for the overall religious contraceptive's usage assumptions. When reading though other articles and studies prepared about the relationship between consumers religion and contraceptive usage it was common to find that respondents who were followers of Christian religion were more likely to practice family planning compared to those respondents who were followers of Islam religion. A consistent result was conducted in western Ethiopia, Oromia region through survey with 1,352 mothers of reproductive age, 42% were protestant Christian, 30% orthodox Christian and 25% Muslim. Modern contraceptive was available in health care facilities; however, all mothers have been influenced by religion not to use contraceptives. Muslims were 65% less likely to utilize modern contraceptive as compared to orthodox Christianity. (Setegn and tesfa 2018).

This study has found that occupation of respondent is significantly associated with the practice of contraceptive use. Respondent who are not employed were less likely to practice family planning as compared to respondent who are government, private company or self-employed. In this study occupation have statistically significant relation with acceptance of contraception. Similar findings were observed in laxmi manjeera m et al., 15in study in Mangalore where occupation had relation with contraceptive sales performance and these results are in line with findings in India and Ghana (Aryeetey et al., 2010 and Kumar et al., 2010).

Furthermore, the overall mean for the perception on the cultural dimension variable individualism, is 4.06. This indicates that most of the respondents are towards agreeing level of contract with the statements specified in the study. Majority of the respondents want services and communication that specifies their need and desires and don't want to be treated as the general rest. They want to be differentiated as an individual when advised about contraception method, they want to have different options and categories to choose from (size, colour, type, flavour, duration) and prefer to be spoken to on the language they are

fluent in. Nevertheless, when choosing contraceptives, they tend to finally choose a contraceptive that their families and Friends use more often. This may be because subjective norms were found to be linked to only social attitudes toward behaviour. The result shows that when the observed attitudes are social in nature, the correlation between attitudes and subjective regulations that occurs in a research.

The overall mean for the perception on Masculinity is 3.96, indicating that most of the respondents are towards well-disposed level of agreement with the statements specified in the study. According data collected the respondents that they value being approached by a knowledgeable service provider preferably with the same gender in order to comfortably purchase a contraceptive. In addition to the data collected showed that is clear gender role differentiation between men and women during the procurement of contraceptives where the man is considered responsible to make the purchase and that people feel negatively when a woman does it. Lastly, the findings show that respondents base their contraceptive choices and selections in consideration of its effect on the quality of life or the status and the recognition they get from others for using it.

The overall mean for the perception on uncertainty avoidance is 3.97, indicating that most respondents are towards agreeing level of agreement with the statements specified in the study. Uncertainty on contraceptives is mostly caused if there is a lack of reliable knowledge of the outcome of the contraceptives. As a result, it makes them rely more on the products that they only knew before or is the most recommended by others. In addition to that it is apparent that consumers need clear guidelines on how to use the contraceptives with open and honest listing of advantages and possible side effects which helps them create sense of certainty on the product in order to purchase and consume with out worry. This finding is in line with James McCarthy's household survey conducted in Ilorin, Nigeria (1991), where the data provided in the research shows that comparative information on rates of education is a big factor in the contraceptive awareness among consumers who use the most commonly known methods like condoms and oral contraceptives.

The overall mean for the perception long term and short-term attributes is 3.92 indicating that most respondents are towards agreeing level agreement where the majority have the unwillingness to wait for the benefits of using that product for a long period of time and also prefer to change contraceptive product as suits them for the moment over using the same product for an extended period of time. This shows that the respondents are more of those

that have short term attributes towards the use of contraception's where they choose comfort over safety. They would also use more contraceptive services that contribute to the safety of all its users and the environment.

Lastly in the case of power distance, the overall mean for the perception on power distance is 3.17, indicating that most respondents are towards neutral and agreeing level of agreement with the statements specified in the study. Most of the respondents showed a neutral attitude towards choosing the type of contraceptive method after an agreement with their partner. This showed that they are entitled to their own contraceptive choices where they are free to select, use and speck up when they experience side effects of the contraceptives to their partner as well as a specialist. There is no categorization amongst contraceptives regarding the economic and status backgrounds of consumers and it was also evident that consumers don't feel to get a privilege treatment when a conflict arises with a contraceptive service provider. In fact, consumers will majority of the time be open to listening to the concerns of the service provider and that they will compromise with the situation.

Chapter Five

Summary, Conclusion and Recommendation.

5.1. Summary of Findings

To summarize more on the major findings of the variables under study that resulted from correlation analysis, individualism was one of the factors that had the most significant association with contraceptive sales performance in this study. Respondent who are more focused on their personal preferences and were more likely to use contraceptives compared to those respondents' who focus societal wise ($r = .761$, $p < .05$).

Masculinity is a significant factor contributing to practicing family planning. Respondents who are masculine to the use of contraceptive were more likely to practice family planning as compared with those stand on the contrary ($r = .566$, $p < .05$). The explanation for this could be the decision in contraceptive purchase is believed to be a task left to men rather than women.

Furthermore, the study also revealed there is significant association with uncertainty avoidance and contraceptive use respondents who are subtle to what they want to use, and information given regarding. A strong relationship was found between the two variables ($r = .571$, $p < .05$).

And the same goes to power distance and use of contraceptives as respondents who are see themselves compromising in situation regarding product or service provided and their personal interest. A strong and positive relation was found between power distance and the sales performance of contraceptives ($r = .617$, $p < 0.05$).

As far as orientation towards short term and long-term objectives moderate relationship was found. Moderate to significant relation was found between short term and long-term objectives and the sales performance of contraceptives ($r = .457$ $p < .05$).

5.2. Conclusion

The findings suggest that Masculinity, Individualism, Power distance and Uncertainty avoidance were found to have the most significant role on the sales performance whereas Long term Vs short term objectives only have moderate role. This means that the student researcher accepts all alternative Hypothesis namely hypothesis 1, 2, 3, 4 and 5 because of the significant relationship they have with the sales performance of contraceptives and rejects

the all null hypothesis. Using this data, all the above aspect needs to be considered in the design of family planning strategies to effectively increase modern contraceptive use among adolescents everywhere, particularly in conservative context.

Though the Ethiopian government has so far improved access to contraceptives, utilization is lagging, mainly due to religious influences, limited contraceptives knowledge in the religious community, and low home-based contraceptive coverage. Societal attitudes and norms of this community towards modern contraceptives need to be modified through innovative and culturally appropriate interventions. In Ethiopia, where people's religious devotion remains reasonably high, knowledge on natural-contraceptive methods is equally important to help religious people make an informed decision about family planning in accordance with their faith.

Educational campaigns on the awareness of family planning services must therefore be organized by stressing the benefits of the services because they help to reduce misunderstandings and increase access and utilization of family planning services. Improving literacy status of these women their awareness can be created and acceptance can be increased. Measures should be taken to enhance the socio-economic status so that the subjects which will increase their health seeking behaviour and they will be in a better position to afford the temporary methods of family planning.

5.3. Recommendations

Based on the findings, the student researcher recommended the below in order to increase respondent 's contraceptive use practice and sales performance:

- Firms and non-profit organizations that work on family planning and contraception merchandizing at different must consider as a priority must increase the awareness about contraceptive methods, in a way that promotes clearly their sales performance, advantage, possible side effects and service availability and accessibility tailored to each community. By doing so, different sets of people might feel comfortable enough to purchase contraceptives.

- Health care practitioners and health extension workers should continue to improve their own knowledge of contraceptives and their impact on the community and economy. Salespersons / salespersons for health extensions must be fluent in their languages.

- While consulting women about contraception methods in maternal health centres, it should be requested that the client brings their significant other so that they can both can gain

knowledge about the need for family planning and details on the opportunities and possible challenges they will face.

- Modern Contraception merchandisers and non-profit companies like DKT and PSI must create culturally relevant content throughout their marketing promotion and sales driver tools like TV, Radio, Digital, Newsletters and Point of sales materials.

- Modern Contraception Manufacturers must take the time to understand the need and preference of their consumers and invest in research development and innovation products that serve more than one basic purpose.

- It would be beneficiary for Modern contraception providers to identify the influential people in a community like community leaders, in order to teach them the true ascetics behind family planning so that there will be an eradicated negative word of mouth that goes around in a community.

- Pharmaceutical retailers must always advise on the profiles of the contraceptives that can be sold over the counter considering the age and the medical backgrounds of the consumer. They should be able to respond to consumer questions with a fact-based answer. They should not hold back on the details of the possible side effects when a consumer raises concern so that the client will make a rational decision.

- MOH and other bodies that work on the creation and promotion of awareness in regard to family planning must create a platform for parents under Kebele, Wereda and Zone level to teach their kids once they reach an age of understanding after the parents finish receiving the appropriate know how. This will eventually build the culture of openly discussing the need for family planning and the consequences that may occur at both a Micro and Macro level if it is not applied with in the community.

- Finally, further research recommended to be conducted on rural and upcountry urban areas to strengthen previous findings and come up with new findings that can fill the remaining gaps since there are variations in respondent‘s family planning practice based on residence the government should give more emphasis to improve the contraceptive use service delivery in rural areas.

5.4. Limitations and directions for future Research.

The research is limited to the view of those respondents that live in Addis Ababa and that were active participants of the Social health focused media groups. These respondents clearly had more exposure to modern day contraceptive sales performance awareness compared to a person living in rural parts of Ethiopia. In addition to that, the research was limited to those respondents that already had the exposure to sexual intercourse and the procurement of contraceptives. Hence, the results of the study are not representative of other customers who have never used contraceptives. In addition, since the study used a nonprobability sampling method, the results of the study may not be generalized to the population. The study is also limited to the specified variables of cultural dimensions identified by Hofstede's Cultural Model. Future researchers can compare among specified contraceptive manufacturing companies operating in same sector. They can also investigate new factors that have roles on the sales performance of contraceptives other than the variables used in this research. In addition, it would be best to use larger sample size & better sampling method like an experimental Method in order to make a good before and after comparison the sales performance contraceptive sales performance when independents are present and missing. Buy using the experimental method, the future researcher may even increase the studies scope to investigating the roles of the variables in an urban city and in rural area to have a more clearer and accurate data about the different perception of contraceptives and the factors that influence its sales performance.

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Appendix

Questionnaire

Addis Ababa University School of Commerce

The objective of the questionnaire is for partial fulfilment of the requirement for master's degree on marketing management. Basically, the general objective of the study is to identify the role of cultural dimensions on the sales performance of contraceptives. It is designed to collect data about contraceptive purchase decisions and the cultural dimensions that influence it . The data collected from this questionnaire will all be used for the purpose of the research and believe that it will help to improve family planning service in the future to meet every once need. You do not need to write your name on the questionnaire. I hereby request you to be open and honest while responding so that the research could succeed and achieve the intended goal.

Finally, dear respondents I appreciate your cooperation and willingness in the name of Addis Ababa University School of Commerce, thank you.

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Instruction

Dear please circles your answers in the proper place or mark X in the box of your choice for questions with choices.

No.	Questions	Answer
1	Gender	1. Male 2. Female
2	Age	1. 18 to 20 years 2. 21 to 30 years 3. 31 to 40 years 4. 40 to 48 Years
3	Marital Status	1) Single 2) Married 3) Divorced 4) Widowed
4	What is your religion? (Religion have the potential to influence the acceptance and use of contraceptive by couples from different religious background)	1. Muslim 2. Christian 3. Other

5	What is your educational qualification?	1. Can read, write and perform simple sums 2. Primary (1 to 5) 3. Middle (6 to 8) 4. Secondary 5. Intermediate 6. Graduate/Postgraduate
6	Who is the head of the household?	1. My spouse 2. My Mother-in-law 3. My Father-in-law 4. Myself (respondent) 5. My Parents 6. Any other
7	What is your occupation? That is, what kind of work do you mainly do?	1. Government worker 2. Private company employee 3. Unemployed 4. Student
8	In your family, who decides about the decision to plan for a pregnancy?	1. My spouse 2. Myself (respondent) 3. Any other

No.	Methods	Have you ever heard of (method)?	Source of information	Have you ever used (method)?	Do you know where a person could go to get (method)?	Have ever experienced any side effects while using any modern method?
1	Pills(Women can take a pill every day to avoid becoming pregnant)	1. Yes (prove it) 2. No If no, go down		1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
2	IUD (Women can h loop or coil placed insi by a doctor or a trained worker)	1. Yes (prove it) 2. No If no, go down		1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
3	Injection (Women can have an injection by a health provider that stops them from becoming pregnant for one or more months)	1. Yes (prove it) 2. No If no, go down		1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
4	Implant/F-implant (Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years)	1. Yes (prove it) 2. No If no, go down		1. Yes 2. No	1. Yes 2. No	1. Yes 2. No

5	Condom (Men can put a rubber sheath on their organ before sexual intercourse)	1. Yes (prove it) 2. No If no, go down		1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
6	Female sterilization (Operation for women to avoid more pregnancies)	1. Yes (prove it) 2. No If no, go down		1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
7	Male sterilization (Operation for men to avoid more pregnancies)	1. Yes (prove it) 2. No If no, go down		1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
8	Periodic abstinence (A woman can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant)	1. Yes (prove it) 2. No If no, go down		1. Yes 2. No	1. Yes 2. No	1. Yes 2. No

9	Withdrawal (To avoid pregnancy the man does not ejaculate inside a woman during intercourse)	1. Yes (prove it) 2. No If no, go down		1. Yes 2. No	1. Yes 2. No	1. Yes 2. No
10	Others	1. Yes (prove it) 2. No		1. Yes 2. No	1. Yes 2. No	1. Yes 2. No

		Strongly agree (5)	Agree (4)	Uncertain (3)	Disagree (2)	Strongly disagree (1)
1	I know how to use modern contraceptives, if I want to use.					
2	I know where to find modern contraceptives, if I want to use.					
3	In my opinion, if I use modern contraceptive, it is because my friends are using it.					
4	In my opinion, if I use modern contraceptive, it is because my friends suggested it?					
5	I feel confident when asking for contraceptives in medical centres.					
6	I feel free in discussing about any Sexually related health issue with those around me.					

1. Individualism

1.1 How much discount do you think is a fair amount for people with low income to use contraceptives?

For Free	Discounted amount	Full Amount
1	2	3

1.2 When I choose contraceptives, I prefer to choose one that my friends use as well, even if it isn't the best one.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

1.3 I prefer when a service provider in its commercials uses language directed towards me over language directed towards the whole community.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

1.4 I like it when I can get different options and categories (size, colour, type, flavour, duration) to make my contraceptive purchase decision.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

1.5 I expect to be addressed in a manner that differentiates me from other buyers when purchasing contraceptives and contraceptive sales performance consultancy.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

1.6 If I don’t feel comfortable with the contraceptives I use, I will personally make a point of letting the service provider know it.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

2.Masculinity

2.1 You're choosing between two contraceptives – would you rather be helped by someone who is very knowledgeable but rude or friendly but only has average knowledge.

Friendly and Average knowledge	Disagree	Neutral	Agree	Rude and very knowledgeable
1	2	3	4	5

2.1 In choosing a contraceptive is it more important that the product can help improve your quality of life or the status and recognition you get from others for using it?

Quality of Life	Disagree	Neutral	Agree	Status and Recognition
1	2	3	4	5

2.2 I feel more comfortable when I purchase contraceptives from a salesperson with the same gender as I am.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

2.3 I think it's the Man's job to go to the pharmacy and purchase contraceptives.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

2.4 I feel shame towards women that openly purchase contraceptives in public pharmaceutical centres.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

3.Uncertainity Avoidance

3.1. A new contraceptive is launched in the market, how willing are you to try it without having heard anything about the quality from sources you trust?

Not willing at all	Disagree	Neutral	Agree	Very willing
1	2	3	4	5

3.2 I am comfortable and confident with using only one type of birth control method at a time.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

3.3 I prefer choosing a contraceptive that has additional advantage (example- STD prevention, sexual performance enhancer) when making my purchase decision.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

3.4 Would you prefer an entertaining and out of the box contraceptive product ad or a serious ad which features an expert giving out formal messages?

Funny Ad	Generic TV for all consumer types (Neutral)	Expert in the Ad
1	2	5

3.5 In choosing a contraceptive tool, it is important to me that there are clear guidelines and rules about how to use it.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

3.6 I would not buy a contraceptive from a contraceptive salesperson who admits to not being able to answer all of my questions regarding the contraceptive product.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

4.Long term Vs short Term Orientation

4.1 When I choose a new contraceptive product, I'm willing to wait for the benefits of using that product for a long period of time.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

4.2 It would disturb me when a contraceptive product gives me safety but that doesn't have comfort.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

4.3 I wish I would use more services that contribute to the safety of all its users and the environment.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

4.4 I prefer to change contraceptive product as suits me for the moment over using the same product for an extended period.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

5.Power Distance

5.1 I choose the type of contraceptive method I will use after having a discussion and agreement with my partner.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

5.2 If I was experiencing some side effects of contraceptives on my body, I would openly inform my partner and also seek medical help immediately.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

5.3 Often I feel that some contraceptives are luxurious and that they are for more privileged people even if they are not expensive.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

5.4 If you get into a conflict with a product provider, how would you like the conflict to be resolved?

Compromise	One party gets exactly as they want
1	2