The Impact of Social Marketing on Contraceptive Utilization: the Case of Dessie Town

Thesis Submitted to the School of Graduate Studies of Addis Ababa University in Partial Fulfilment of the Requirements for degree of Masters of Marketing Management Education

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The Impact of Social Marketing on Contraceptive Utilization: the Case of Dessie Town

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DECLARATION

I **TESFAYE BIHONEGN** declares that this work entitled, **"The Impact of Social Marketing on Contraceptive Utilization: the case of Dessie Town"** is my own effort and study. I have produced it independently except for the guidance and suggestion of the research advisor.

This study has not been submitted for any degree or diploma in this or any other university. It is offered here in partial fulfilment of the requirement of the degree of masters in Marketing Management Education.

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CERTIFICATE

This is to certify that TESFAYE BIHONEGN has carried out his research work on the topic, "**The Impact of Social Marketing on Contraceptive Utilization: the case Dessie Town**" under my supervision. This work is original in nature and submitted for the partial fulfilment of the requirement for degree of Masters of Marketing Management.

Research Advisor

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LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CPR	Contraceptive Prevalence Rate
CSA	Central Statistical Agency
CSM	Contraceptive Social Marketing
DHS	Demographic and Health Survey
EDHS	Ethiopian Demographic and Health Survey
FGAE	Family Guidance Association Ethiopia
HIV	Human Immune Deficiency Virus
MOH	Ministry of Health
NGO	Non Governmental Organization
PSI	Population Service International
SMP	Social Marketing Program
SPSS	Statistical Package for Social Science
STD	Sexually Transmitted Disease
UNAIDS	United Nations Joint Program on HIV/AIDS
USAID	United States Agency for International Development
WHO	World Health Organization

ABSTRACT

The objective of this study is to assess the impact of social marketing on modern contraceptive utilization in Dessie Town. It compares the number of children and average age difference in between children of users and non-users of modern contraceptive methods. The data used is mainly primary (collected through questionnaire, focus group discussion and interview). Other sources (secondary data) include written materials The primary data were collected from 104 user and 94 non-user of modern contraceptive methods selected by systematic random sampling. Descriptive statistics, t-test and chi-square test were employed for analysis. The findings of the study indicate that there was a statistical difference between users and non-users with regard to their number of children and average age difference between children. Exposure to family planning messages and having of detailed knowledge about each and every contraceptive method were directly related with contraceptive utilization. Prices of contraceptive methods did not significantly affect contraceptive utilization. It is therefore recommended that Social marketing activities in the country should be continued and strengthened. These efforts need to be expanded to rural areas. The private sector is expected to give emphasis for the modern contraceptive methods delivery service like other types of services. For transparency, prices of methods need to be advertised so that users know the range of costs involved and will not be deceived with unreasonable prices. Pharmacy store managers may have to become better informed about contraceptive choices available to customers and options for referring customers for higher-level care. Accessibility of contraceptive methods has impact on contraceptive utilization. Therefore, providers are expected to make modern contraceptive methods accessible to the residences of contraceptive users. Social marketers should provide detail knowledge about these methods through print, broadcast media and leaflets.

Chapter One

Introduction

1.1 Background of the Study

Family planning is a key not only to population growth but also to the health of women in the reproductive age. It reduces the risk of maternal morbidity and mortality and prevents the risk of unwanted pregnancies. It helps women to improve their health and increase the chance of their children's survival. In Ethiopia, in 1963, a group of volunteers initiated the Family Planning Program by forming an Association. At the initial stage, Pathfinder provided technical and financial assistance for the establishment of the Association. The main reasons for starting this service were due to the prevalent alarming situation of frequent and high rate of infants and mothers and a large number of abandoned children who needed care and protection. For many years, this Association was rendering service such as counseling and clinical service without legal recognition. At the beginning, the services provided were limited to few clinics and in the St. Paul's Hospital. Contraceptive pills were supplied to volunteer clients by prescription.

In 1970, the Family Guidance Association (FGAE) was recognized as an association, the leading NGO engaged in promotion of family planning services in the world. The small fund and family planning commodities that FGAE received as assistance enabled it to extend its services to government and municipal health service of Addis Ababa and the Haile Sellassie Foundation hospital. Thus, these health care facilities in Addis Ababa together with other health care units outside of Addis Ababa provided family planning services along with maternal and child health clinics. Besides, training of medical doctors and nurses in family planning was also conducted during the same year. In 1972 FGAE opened the first branch office in Asmara, which was part of Ethiopia at that time. In 1975, FGAE was officially registered in the Ministry of Interior as a non-profit making voluntary organization. In the same year, regional 1 coordinating branch offices were established in Awassa, Tigray, and Assab. In 1977, the Awassa coordinating branch office was established to cover Sidamo, Bale, and Gamugaffa regions. Similarly, from

1978 to 1984 other coordinating branch offices were set up in Addis Ababa, Harar and Jimma to cover each of their respective areas and neighboring regions.

The health communications field has been rapidly changing over the past two decades. It has evolved from a one-dimensional reliance on public service announcements to a more sophisticated approach which draws from successful techniques used by commercial marketers, termed "social marketing." Rather than dictating the way that information is to be conveyed from the top-down, public health professionals are learning to listen to the needs and desires of the target audience themselves, and building the program from there.

Social marketing was "born" as a discipline in the 1970s, when Philip Kotler and Gerald Zaltman (1971: 12) realized that the same marketing principles that were being used to sell products to consumers could be used to "sell" ideas, attitudes and behaviors. Kotler and Andreasen (1985) define social marketing as "differing from other areas of marketing only with respect to the objectives of the marketer and his or her organization. Social marketing seeks to influence social behaviors not to benefit the marketer, but to benefit the target audience and the general society." This technique has been used extensively in international health programs, especially for contraceptives.

The contraceptive social marketing project in Ethiopia was established in 1990 through the Department of AIDS in MOH and PSI with the managerial and financial assistance from its affiliate, DKT international (the acronym DKT stands for the initials of Dhendra K. Tyagi, the Indian Pioneer who devoted most of his life to the early Indian Family Planning Program). In order to institutionalize the social marketing effort in Ethiopia, a local NGO named "Dink Kistet Le Tena" or DKT Ethiopia has been incorporated. DKT Ethiopia is a non-profit NGO, which socially markets different types of modern contraceptive methods.

Contraceptive social marketing (CSM) consists of the sale of highly subsidized brand of contraceptives through widespread established retail outlets using standard distribution and wholesaling networks. Brand –focused advertising is always an essential component of such programs and it is often accompanied by generic advertising about birth control and/or about specific methods. Contraceptive social marketing is believed to bring highly

subsidized products to the very poor people at affordable price. The notion of contraceptives social marketing is that people value something if they pay for it. The idea is that a product loses some if not all its value when given away free. Therefore, charging even a small price becomes important to the perceived value of the item. When an individual chooses to pay a price for something the product will be used, not wasted and contraceptives social marketing uses the same techniques and philosophy which is responsible for most its commercial success (DKT international, 1997).

1.2 Statement of the Problem

Social marketing is globally recognized as a key strategy for improving access to a wide range of products and services that directly and positively impact the outreach and coverage of health care. From product development, testing and targeted communication to consumer research and market segmentation, social marketing looks at the provision of health care products and services not as a medical problem, but as a sociological issue, and a marketing challenge. Social marketing in the health sector seeks to bring about changes in health seeking behavior by creating access to, and improving the demand for products and services, needed for sustaining the sought after change in behavior (Haywood 1991).

One of the main areas where social marketing has been popular is family planning. Social marketing, in which contraceptives are distributed at subsidized prices through established commercial retail outlets, helps to provide convenient access to affordable family planning. Social marketing programs provide people with contraceptive information, supplies, and services. Successful contraceptive social marketing programs are those that make possible the rapid spread of voluntary use of modern contraceptive methods throughout the country. Such programs help people achieve their personal programs.

Social marketing organizations are supposed to promote and improve the use, accessibility and affordability of modern contraceptive methods. Improving the accessibility and availability of a wide range of contraceptives; providing more affordable contraceptives; conducting a research to know the knowledge, preference, and

behavioral change of the market (users); and promoting the modern contraceptive methods through different promotional techniques are the major tasks of contraceptive social marketers.

Contraceptives social marketing program in Ethiopia is started with condom distribution in 1990 and followed by the oral pill in 1996 (DKT annual report, 1998). Since the establishment of the contraceptive social marketing program in the country, there are different researches conducted in Ethiopia. Research conducted on contraceptive social marketing in Adama Wereda by Fantanesh Belay (1999) describe the prevalence rate, accesses of modern contraceptives, availability of mixes, and prices of modern contraceptive methods. The finding also indicated that kiosks, commercial outlets (private clinics, pharmacies, and drug vender shops), and NGO clinics in the town were the major source of contraceptives. Kiosks, drug vender's shops, and pharmacies were identified as main outlets in the town.

There are also other studies conducted on different areas in Ethiopia. The purposes of these studies were to assess the factors influencing utilization of contraceptive methods. Among the variables analyzed religion, ethnicity, educational background, monthly income, inter-spousal communication, and occupation of methods mixes had statistically significant association with modern contraceptive utilization (Kebede F. 1998, Tesfaye U. 2001, Zelalem F. (1996). Thus, previous studies were more concentrated on assessing the contraceptive social marketing and identifying determinant factors with related with demographic and socio-economic issues.

However, this study has tried to see the impact of contraceptive social marketing on contraceptive utilization and the relationship between social marketing variables (promotion, price, product and place) with contraceptive utilization.

1.3 Research Questions

1. Is there any significant difference between users and non-users of modern contraceptive methods with regard to their number of children?
2. Is there any significant difference between users and non-users of modern contraceptive methods with regard to average age difference of their children?

3. Is there any significant relationship between using various promotional tools on contraceptive utilization?
4. Is there any significant impact of prices of contraceptive methods on contraceptive utilization?
5. Is there any impact of accessibility of contraceptives on contraceptive utilization?
6. Do varieties contraceptive methods affect contraceptive utilization?
7. What are the major problems of contraceptive social marketing in the study area?

1.4 Objectives of the Study

General Objective

- The overall objective of this study is to investigate the impact of contraceptive social marketing on contraceptive utilization in Dessie Town.

Specific objectives

The specific objectives of the study are to:

- See the difference between user and non-users of modern contraceptive methods with regard to their number of children.
- See the difference between users and non-users of modern contraceptive methods with regard to the average age difference of their children.
- See the impact of the accessibility of contraceptive methods on contraceptive utilization.
- Examine the effects of promotional practices of the contraceptive methods on contraceptive utilization.
- Investigate the impact of variety contraceptive methods on contraceptive utilization.
- Identify the relationship between prices of contraceptive mixes and contraceptive utilization.

1.5 Significance of the Study

The researcher believes that this study has the following significance:

- It may provide information for social marketers about the impact of their program on the limiting and spacing situation of women living in study area.
- It may show the impacts of distribution system, variety methods, prices and promotional practices of contraceptive on contraceptive utilization.
- It may also provide some information for social marketers regarding the extent which these variables determine contraceptive utilization.
- It can also serve as a base for other interested parties to make detailed and further study in related areas.

1.6 Scope of the Study

The scope of the study is delimited in Dessie Town, the capital city of North Wollo. The study also delimited on married women and found in reproductive age (15-49). Moreover, the study is delimited the impact of social marketing program on contraceptive utilization and the relationship of social marketing variables (contraceptive-method varieties, contraceptive accessibility, price of contraceptives and promotional practices) with modern contraceptive utilization.

1.7 Limitations of the Study

The study was conducted to assess the impact of social marketing on contraceptive utilization. In conduct this study, some limitations were encountered. The following were of the major factors that contributed to the limitations of the study.

- There was a problem of getting documents that are related to the list of women living in each kebele.
- Lack of related research work materials on the topic was one of the shortcomings.

- The major limitation of the research is the findings, especially about price, are not supported by data collected from males (husbands). As you know husbands are influential in decision making about most of family concerns.
- Some of the respondents did not have a positive attitude to respond for the study. However, the researcher tried to create awareness about the purpose of the study then after the respondents were motivated to respond to the designed questionnaire.

1.8 Organization of the Study

This thesis comprises six chapters. The first chapter comprises background of the study, statement of the problem, research questions, objectives of the study, significance of the study, scope of the study and limitation of the study. The second chapter deals with the review of literatures.

The third part of the study deals with the research design and methodology of the study, which comprises the study area, sample size, methods of data collection and analysis. The fourth chapter deals with the analysis part of the study. The fifth chapter is about discussion of the findings. Conclusion and Recommendations are presented at chapter six. In addition to these, references and sample questionnaire, focus group and interview guidelines are attached.

1.9 Operational Definitions

Social Marketing: the very first formal definition of social marketing was that offered by Kotler and Zaltman (1971) holds that social marketing is the design, implementation and control of programs calculated to influence the acceptability of social ideas and involving considerations of product planning, pricing, communication, distribution, and marketing research.

Product: the social marketing product is not necessarily a physical offering. A continuum of products exists, ranging from tangible, physical products (e.g., contraceptive-mix), to services (e.g., medical exams).

Price: price refers to what the consumer must do in order to obtain the social marketing product.

Place: place describes the way that the product reaches the consumer. For a tangible product, this refers to the distribution system--including the warehouse, trucks, sales force, retail outlets where it is sold, or places where it is given out for free.

Promotion: It is the communication- persuasion strategy and' tactics that will make the product familiar, acceptable, and even desirable to the audience. Promotion include advertising, personal selling, publicity, and sales promotion.

Advertising: any paid form of non-personal presentation and promotion of products, services, or ideas by an identified sponsor.

Personal Selling: Any paid form of personal presentation and promotion of products, service, or ideas by an identified sponsor.

Publicity: Any unpaid form of non-personal presentation and promotion of products, services, or ideas where the sponsor is unidentified.

Sales Promotion: Miscellaneous paid forms (special programs, incentives, materials, and events) designed to stimulate audience interest and acceptance of a product.

Contraceptive Use: Use of modern contraceptives during sexual intercourse to avoid unplanned pregnancies.

Modern Contraceptive Methods: Refers to contraceptives which are technological outcomes used for limiting and spacing the number of children and average age difference of children.

Chapter Two

Review of Related Literature

2.1 Social Marketing: Conceptual Framework

Social marketing was "born" as a discipline in the 1970s, when Philip Kotler and Gerald Zaltman realized that the same marketing principles that were being used to sell products to consumers could be used to "sell" ideas, attitudes and behaviors. Kotler and Andreasen define social marketing as differing from other areas of marketing only with respect to the objectives of the marketer and his or her organization. Social marketing seeks to influence social behaviors not to benefit the marketer, but to benefit the target audience and the general society. Social marketing is the application of commercial marketing concepts and techniques to target populations to achieve the goal of positive social change.

Social marketing uses commercial marketing tools to sell products and ideas for the public good. The key to a successful social marketing campaign is learning what will work with the target population. This is far more effective than simply telling people what they "should do."

The target population is more likely to adopt a desired behavior if we assess and subsequently try to change their attitudes toward the behavior, their perceptions of benefits of the new behavior, and their perceptions of how they think their peers will view their behavior.

Social marketing relies on commercial marketing's conceptual framework to guide program development and implementation. This framework places consumers at the center of an exchange process in which they act primarily out of self-interest attempting to maximize the ability to satisfy wants and needs and minimize the cost to do so. Social marketing identifies consumer wants and needs and then develops ways to satisfy them. Social marketing may be used to get people to adopt new protective behaviors such as

healthful diets or exercise, or to stop practicing risky behaviors such as smoking. The product may also be a service such as prenatal care or immunization, with the objective being to increase people's utilization of the service. A commodity, such as a condom, may also be promoted, but again the focus is on the behavior associated with the commodity.

Social marketing provides a mechanism for tackling social problems by encouraging people to adopt healthier lifestyles. However, health problems have a social, as well as an individual, dimension.. Social marketing also has a great deal to offer here by influencing the behavior, not just of the individual citizen, but also of policy makers and influential interest groups. Social marketers might target the media, organizations and policy and law makers. Social marketing, like generic marketing, is not a theory in itself. Rather, it is a framework or structure that draws from many other bodies of knowledge such as psychology, sociology, and anthropology and communications theory to understand how to influence people's behavior (Kotler and Zaltman, 1971). Like generic marketing, social marketing offers a logical planning process involving consumer oriented research, marketing analysis, market segmentation, objective setting and the identification of strategies and tactics. It is based on the voluntary exchange of costs and benefits between two or more parties (Kotler and Zaltman, 1971). However, social marketing is more difficult than generic marketing. It involves changing intractable behaviors, in complex economic, social and political climates with often very limited resources (Lefebvre and Flora, 1988). Furthermore, while, for generic marketing the ultimate goal is to meet shareholder objectives, for the social marketer the bottom line is to meet society's desire to improve its citizens' quality of life. This is a much more ambitious - and more blurred-bottom line.

2.2 The Development of Social Marketing

Social marketing evolved in parallel with commercial marketing. During the late 1950s and early 1960s, marketing academics considered the potential and limitations of applying marketing to new arenas such as the political or social. To many, however, the idea of expanding the application of marketing to social causes was abhorrent. Luck (1974) objected on the grounds that replacing a tangible product with an idea or bundle of

values threatened the economic exchange concept. Others feared the power of the marketing, misconceiving its potential for social control and propaganda (Laczniack et al 1979). Despite these concerns, the marketing concept was redefined to include the marketing of ideas and the consideration of its ethical implications.

The expansion of the marketing concept combined with a shift in public health policy towards disease prevention began to pave the way for the development of social marketing. During the 1960s, commercial marketing technologies began to be applied to health education campaigns in developing countries (Ling et al 1992, Manoff 1985). In 1971, Kotler and Zaltman published their seminal article in the Journal of Marketing 'Social marketing: an approach to planned social change'. This was the first time the term "social marketing" had been used and is often heralded as its birth. They defined social marketing as "the design, implementation and control of programs calculated to influence the acceptability of social ideas and involving considerations of product planning, pricing, communication, distribution and marketing research." (p5).

By the 1980s, academics were no longer asking if marketing should be applied to social issues, but rather how should this be done? During this period, practitioners shared their experiences and made suggestions for the development of social marketing theory and practice (Ling et al 1992). Bloom (1980) explored the evaluation of social marketing projects and found that many studies were poorly designed and conducted. In 1981, Bloom and Novelli reviewed the first ten years of social marketing and advocated more research to dispel criticism that social marketing lacked theory. They identified a need for research to examine audience segmentation, choosing media channels and designing appeals, implementing long term positioning strategies, and organizational and management issues (Bloom and Novelli, 1981). Lefebvre and Flora (1988) and Hastings and Haywood (1991) then gave social marketing widespread exposure in the public health field, generating lively debates about its applicability and contribution.

2.3 Defining Social Marketing

A social marketing campaign or program contains the following elements: a consumer orientation, an exchange, long term planning approach, moving beyond the individual approach (Lefebvre and Flora 1988, Andreasen 1995).

2.3.1 A consumer Orientation

Consumer orientation is probably the key element of all forms of marketing, distinguishing it from selling - and product - and expert-driven approaches (Kotler et al 1996). In social marketing, the consumer is assumed to be an active participant in the change process. The social marketer seeks to build a relationship with target consumers over time and their input is sought at all stages in the development of a program through formative, process and evaluative research. In short, the consumer centered approach of social marketing asks not "what is wrong with these people, why won't they understand?", but, "what is wrong with us? What don't we understand about our target audience?"

2.3.2 An Exchange

Social marketing not only shares generic marketing's underlying philosophy of consumer orientation, but it also its key mechanism, exchange (Kotler and Zaltman 1971). While marketing principles can be applied to a new and diverse range of issues - services, education, high technology, political parties, social change - each with their own definitions and theories, the basic principle of exchange is at the core of each (Bagozzi 1975). Kotler and Zaltman (1971) argue that: "marketing does not occur unless there are two or more parties, each with something to exchange, and both able to carry out communications and distribution" (p4).

2.3.3 Long-term Planning Approach

Like generic marketing, social marketing should have a long term outlook based on continuing program rather than one-off campaigns. It should be strategic rather than tactical. This is why the marketing planning function has been a consistent theme in social marketing definitions (Kotler 1971).

The social marketing planning process is the same as in generic marketing. It starts and finishes with research, and research is conducted throughout to inform the development of the strategy. A situational analysis of the internal and external environment and of the consumer is conducted first. This assists in the segmentation of the market and the targeting strategy. Further research is needed to define the problem, to set objectives for the program and to inform the formulation of the marketing strategy. The elements of the social marketing mix are then developed and pre-tested, before being implemented. Finally, the relative success of the plan is monitored and the outcome evaluated.

2.3.4 Moving Beyond the Individual Consumer

Social marketing seeks to influence the behavior not only of individuals but also of groups, organizations and societies. Levy and Zaltman (1975) suggest a six fold classification of the types of change sought in social marketing, incorporating two dimensions of time (short term and long term) and three dimensions of level in society (micro, group, and macro). In this way social marketing can influence not just individual consumers, but also the environment in which they operate.

Group and macro level change are important because they also impact on health and lifestyle decisions. For example, people's choices about taking up exercise may be limited by their income, local service provision or social mores. Macro-level factors can also have a more direct impact on health: for example, the presence of fluoride in the water (whether natural or artificial) can improve dental health, especially among children. This example demonstrates that there are many measures that can be taken to improve people's health without the individual citizen having to do anything at all. Better roads, reduced industrial pollution and improved safety standards on cars are similar examples.

2.4 The Social Marketing Process

The social marketing process is circular, or iterative (Novelli, 1990). Novelli has identified aspects of the social marketing process including analysis, planning, development testing and refinement, implementation, assessment, and feedback.

Analysis in social marketing is first applied to the marketplace itself. Social marketing analysis is the consumer who is involved in the marketing exchange. Other consumer attributes examined may include life-style and behaviors. Consumers may be analyzed according to the benefits they are seeking and their user or behavior status (Novelli, 1990).

The planning phase must result in clear, specific directions for action (Novelli, 1990). Once objectives have been set and the analysis completed, strategies can be devised for each element in the marketing mix. The first of these is the product, or offering. Product strategy decisions involve the selection of product characteristics. While it is often difficult to alter the product in social change programs to meet consumer expectations, it may be possible to shape some attributes of the offering that affect consumer perceptions.

Distribution strategies are also part of social marketing planning (Novelli, 1990). The channels for disseminating the offering to the target market may be direct or may utilize intermediaries. Another aspect of developing a distribution strategy is to determine the place at which the offering will be made available to the consumer.

Price strategies often involve understanding the consumers' perceptions of monetary, psychic, energy, and time costs (Novelli, 1990). Decisions must be made on how to reduce these costs and/or otherwise facilitate adoption of the behavior being promoted. A solid communication strategy should contain the primary benefits that the target consumer can expect, supporting points to bolster the promised benefits, the specific action the consumer is encouraged to take, and the tone or image of the communication that is to be conveyed over time. It should also establish the tactics for program advertising, public relations, direct marketing, promotion, and face-to-face communication.

The next step in the social marketing process is product concept development and testing (Novelli, 1990). Pre-testing provides direction for improving the impact of the message being conveyed. Methods for doing this include focus groups and interviews (Baumgartner, & Strong, 1998). After the selected concepts are transformed into full messages they are pre-tested in nearly final form to assess the target audience's

comprehension and reaction. Once these elements have been completed the social marketing program is implemented. During and throughout implementation, the marketplace and distribution channel performance should be monitored..

As implementation proceeds, a systematic assessment of the social marketing plan's effectiveness helps to determine what changes should be made during and following the program (Novelli, 1990). The purpose of the social marketing program is to gather, process, and report timely, adequate, and accurate data for marketing decision making.

Finally, all information is collected and reviewed to uncover problems, disclose weaknesses, and identify marketing opportunities (Novelli, 1990). This information is used to refine and improve the initial social marketing program and plan.

2.5 Commercial marketing versus Social marketing

As stated before social marketing builds on commercial marketing principles and techniques. There are several differences in the environment of commercial and social issues which affects the marketing techniques as well. It has been stated that social marketing is far more complex than commercial marketing (Kotler et al 2007). The main differences and similarities of commercial and social marketing are stated under here.

Differences

- Type of product
  While the product for commercial marketing primary is services and goods, social marketing often deals with selling behavior change.
- The gain
  The aim for commercial marketing is the gain of profit or the company and in social marketing the gain is for the individual and/ or the society. Commercial marketing is competitive and concerned with market share while social marketing is complementary and concerned with market expansion.
- Competitors

In commercial marketing the competition is usually identified to be other companies selling similar goods but in social marketing the competition is mostly the current or preferred behavior of the target group.

Similarities

- Customer orientation

  Commercial marketing is based on a view that the product offered need to appeal to the customer in all aspects (product, price, place and promotion) and so must the social marketing program.

- Exchange theory

  What benefit consumers can expect can expect in return for the cost they are willing to pay. Resources for exchange health issues could be money, time, physical and cognitive effort, lifestyle, psychological factors and social contacts.

- Marketing research

  As one of the pillars of marketing, marketing research provides valuable information about the target audiences.

- Audiences are segmented

  You can't say everything to everybody. Strategies must be tailored to suit the need, wants, resources and behavior of the people you want to target (Kotler and Roberto1989).

- All 4 P's are integrated in the strategy

  You need to put effort into all the P's and not just to promotion will talk more about the marketing mix under the heading "practical social marketing".

- Results are measured and used for improvement

  Monitoring systems, feedback and evaluation is used as a tool to modify on-going strategies and/or to change future approaches.

2.6 Social marketing-Mixes

Like commercial marketing, the primary focus is on the consumer--on learning what people want and need rather than trying to persuade them to buy what we happen to be producing. Marketing talks to the consumer, not about the product. The planning process takes this consumer focus into account by addressing the elements of the marketing mix.

This refers to decisions about 1) the conception of a Product, 2) Price, 3) distribution (Place), and 4) Promotion. These are often called the four Ps of marketing (Kotler, 2008).

2.6.1 Product

The social marketing product is not necessarily a physical offering. A continuum of products exists, ranging from tangible, physical products (e.g., contraceptive-mix), to services (e.g., medical exams). In order to have a viable product, people must first perceive that they have a genuine problem, and that the product offering is a good solution for that problem. The role of research here is to discover the consumers' perceptions of the problem and the product, and to determine how important they feel it is to take action against the problem.

2.6.2 Price

Price refers to what the consumer must do in order to obtain the social marketing product. This cost may be monetary, or it may instead require the consumer to give up intangibles, such as time or effort, or to risk embarrassment and disapproval. If the costs outweigh the benefits for an individual, the perceived value of the offering will be low and it will be unlikely to be adopted. However, if the benefits are perceived as greater than their costs, chances of trial and adoption of the product is much greater (Bandura 1977).

In setting the price, particularly for a physical product, such as contraceptives, there are many issues to consider. If the product is priced too low, or provided free of charge, the consumer may perceive it as being low in quality. On the other hand, if the price is too high, some will not be able to afford it. Social marketers must balance these considerations, and often end up charging at least a nominal fee to increase perceptions of quality and to confer a sense of dignity to the transaction. These perceptions of costs and benefits can be determined through research, and used in positioning the product.

The demand for family planning services arises from their role as an input into producing and achieving a desired number of children. Therefore, family demand will depend on the price and quality of services, conditioned on the target number of children. The cost of family planning services includes the cost of the contraceptives, the cost of transport to

the facility providing family planning services, the value of the time it takes to reach the facility, and the registration (or outpatient) fee. The quality of services can be proxies by such variables as the number and composition of staff, the number and types of services available, and the regularity of supplies of contraceptives. Other ways of preventing births—such as periodic abstinence, rhythm, and withdrawal—rely to an even greater extent than modern methods on behavior modification, and thus also entail costs to the user. The costs of different methods will determine users' choices. When the cost of modern methods rises, we expect a shift from modern to traditional methods or, if traditional methods are also too costly to practice, to no contraception and possibly a higher family size.

2.6.3 Place

Place describes the way that the product reaches the consumer. For a tangible product, this refers to the distribution system--including the warehouse, trucks, sales force, retail outlets where it is sold, or places where it is given out for free. For an intangible product, place is less clear-cut, but refers to decisions about the channels through which consumers are reached with information or training. This may include doctors' offices, shopping malls, mass media vehicles or in-home demonstrations. Another element of place is deciding how to ensure accessibility of the offering and quality of the service delivery. By determining the activities and habits of the target audience, as well as their experience and satisfaction with the existing delivery system, researchers can pinpoint the most ideal means of distribution for the offering.

2.6.4 Promotion

Finally, the last P is promotion. Because of its visibility, this element is often mistakenly thought of as comprising the whole of social marketing. However, as can be seen by the previous discussion, it is only one piece. Promotion consists of the integrated use of advertising, public relations, sales promotions, and personal selling. The focus is on creating and sustaining demand for the product. Public service announcements or paid advertisements are one way, but there are other methods such as coupons, media events, editorials, coupons or in-store displays. Research is crucial to determine the most

effective and efficient vehicles to reach the target audience and increase demand. The primary research findings themselves can also be used to gain publicity for the program at media events and in news stories. Promotion about social marketing program can be released through different channels.

2.7 Contraceptive Social marketing

Contraceptive social marketing employs commercial marketing techniques to promote the use of modern contraceptive methods. The approach advertises contraceptives through the mass media and sells them at partly subsidized prices in retail outlets, but small shops are increasingly being used.

Access to family planning service is limited by both geographic and social factors. Contraceptive social marketing has a number of advantages over other service delivery approaches, the most important of which is access (Neil Price 1994).

Family planning services are not yet within geographic reach of a significant proportion of the rural population of developing countries. Contraceptive social marketing has the potential to make contraceptives more accessible in areas not reached by health institutions and community based distribution programs, as retail system tend to be more extensive in developing courtiers than either of these contraceptive service delivery systems.

There is a need for more variety in contraceptive service delivery approaches, in order to serve the different needs of clients. In particular, the need for privacy is largely unmet through clinic based delivery. A woman's need for privacy may be determined whether she perceives her need for contraception as legitimate (Caldwell et al 1992). Social factors also act access constraints on the young and the unmarried, including widowed and divorced women. The social construction and legitimating of sexuality has been detrimental not only to adolescents but to women who are no longer in married relationship (Neil Price 1992).

For the young, the unmarried and the previously married, the social marketing of contraceptives at retail outlets and pharmacies provides much needed anonymity in terms of family planning. The social marketing of condoms can meet a similar need for men as well as for women. Contraceptive social marketing, thus, has the potential to address gender issues in family planning and reproductive health. There remains a clear need to improve the supply of information and services to men. Social marketing of condom is one way of increasing male involvement in family planning and contributing to the presentation of sexual transmitted infections, including HIV.

Further, by de-medicalising access to contraception and through extensive use of the mass media, contraceptive social marketing programs popularized and legitimize contraception and make it more culturally acceptance, thereby encouraging people to sue other service delivery programs. Advocates of contraceptive social marketing also argue that it can lead to change in policies, laws and regulations which are obstacles to making contraception accessible.

Because they normally utilize commercial distribution and supply networks, contraceptive social marketing programs can be highly cost effective (Sherris et al 1985). For many supporters of contraceptive social marketing, its cost recovery capacity is becoming extremely important. As demand for modern contraceptive methods increase, the need to share the costs of providing contraceptive methods between the public, non-government and private sectors is considered vital.

According to Neil Price (1994) contraceptive social marketing has the following limitations:

- The amount of price of methods has negative effect on consumers' willingness to continue purchasing and using contraceptives.
- By most of the conventional quality of service indicators, contraceptive social marketing is left wanting (Bruce 1990). Contraceptive social marketing differs fundamentally from contraceptive service delivery through the public health system, it does not use trained health workers or inter-personal communications approaches to deliver its products; it employees commercial marketing system

and techniques; and it regards contraceptive methods as a product rather than as a social or health service.

- It treats contraceptive users as market consumers rather than as health care clients. Consequently, it is unable to ensure or regulate for quality of service.
- Contradictions and retailers do not have the time, expertise or interest to explain the correct use or discuss what might be the most appropriate type of contraceptive methods for individual customer. So that, contraceptive social marketing alone cannot provide informed choice for couples wishing to use modern contraception no guarantee that side effects are adequately monitored or addressed.
- The appraisal and monitoring of contraceptive social marketing program involves a different set of criteria and skill from other approaches to contraceptive service delivery. The only reproductive behavior indicators currently used in the monitoring and evaluation of the impact of it is the couple's year of protection. This indicator provides a measure of output activity level only and in fact is a euphemism for how many packets of pills, condoms and spermicides were used effectively.
- Unlike other program, contraceptive social marketing does not attempt to reach at risk couples, but targets its service at people who can afford to pay for contraceptive methods.
- Contraceptive social marketing program depend upon government support and co-operation for their success.
- Donor financing of contraceptive social marketing programs, including the supply of free contraceptives and of technical support, has to far been vital to contraceptive social marketing programs, making contraceptive social marketing vulnerable to changes in donor policy. This has its own limitations-order lead times are long; there are limits to the number of brands and the packages designs available; and brands are sometimes changed (Lenton 1991).

2.8 Types of Modern Contraceptive Methods

Contraception- the prevention of conception altogether-is the category of birth control in which the sperm and egg are prevented from uniting. The following are some of the types of modern contraception.

Pill (oral contraceptives): popularly called "the pill", are the most popular form of reversible contraception in different countries. The pill is actually a series of pills containing synthetic estrogen and/or progesterone egg production and the menstrual cycle (Bryan et al 2002).

Implant: is a set of thin, matchstick-sized capsules containing levonorgestrel (a progestin) that is inserted under a woman's skin. Over a period of up to 5 years, the hormone is slowly released. When the implant (its trade name is Norplant) is removed, which may be done at any time, fertility is restored. It is an effective long-term contraceptive method. Unlike other forms of contraceptive methods, user error is almost nonsexist with Norplant, and so its theoretical and actual effectiveness rates are virtually the same ((Liskin and Fox 1982).

Injectable: is one of the most effective reversible methods of contraception and yet one of the most controversial. This method provides three months of protection for each injection of 150 mg and has been quite popular in most areas in which it has been introduced. Most users do experience irregular menses and a decrease in menstruation, and after a year of use many women become amenorrheic. Menstrual irregularities are the major cause of discontinuation of this method. Although some women have a slight gain in weight and the method may have a diabetogenic influence, the method has few other side effects or complications (Fraser 1982).

Condom: condom is a thin soft flexible sheath of latex rubber, polyurethane, or processed animal tissue that fits over the erect pines to prevent semen from being transmitted. Condoms are available in a variety of sizes, shapes, colors. Condom provides effective contraception when properly used (Bryan et al 2002).

Spermicides: a spermicidal is a substance that is toxic to sperm. Spermicidal preparations are available in a variety of forms: bioadhesive gel, foam, film, cream, jelly, and suppository. Spermicidal preparations are considered most effective when used in combination with condom (Bryan et al 2002).

IUD (intrauterine device): the intrauterine device, or IUD, is a tiny plastic or copper device that is inserted into the uterus through the cervical to prevent conception. The type of device inserted determines how long it may be left in place; the range is 1 year to indefinitely (Liskin and Fox 1982).

Sterilization: sterilization involves surgical intervention that makes the reproductive organs incapable of producing or delivering viable gametes (sperm and eggs). It can be made on both sexes (Bryan Strong et al 2002).

2.9 Barriers of Contraceptive Use

The family planning program has been successful in improving contraceptive acceptance and reducing fertility rates but its achievements have been modest. While contextual and structural factors (high levels of illiteracy, poor access to sources of knowledge, poverty, gender and non -gender-based disparities) are partly responsible, the direction, emphasis and strategies followed hitherto in the family welfare program have largely contributed to the limited success of the program.

2.9.1 Inadequate Knowledge

Inadequate knowledge of contraceptive methods and incomplete or erroneous information about where to obtain methods and how to use them are the main reasons for not accepting family planning (Levine et al., 2006). In many cases, men and women who were aware of contraceptive methods did not have timely knowledge.

2.9.2 Limited access and availability of services

Over the decades, there has been considerable expansion and strengthening of the health care infrastructure, and family welfare services are now an integral part of services provided by government and private health institution, pharmacies, and NGO's across the country. Access to and availability of services is significant issues of concern.

Although exact definition of access to contraceptive methods vary, access in generally taken to refer to the extent to which an appropriate package of contraceptive methods and services can be obtained by individuals in a given location. The relevance of geographic proximity to contraceptive services is an important determinant of contraceptive use (Tsui et al 1997).

2.9.3 Poor quality of services

Once a client reaches the service delivery system through a clinic, hospitals, pharmacies, and other service delivery points, her decision to adopt or sustain contraceptive use is influenced by the quality of service provided.

Quality of the service is defined as in terms of six fundamental elements or dimensions: choice of methods, technical competence, and information given to clients, interpersonal relations, and mechanisms to ensure follow-up and continuity, and an appropriate constellation (Bruce 1990).

Chapter Three

Research Design and Methodology

This part of the study deals with the research design or method, types of data collected, the data collection techniques, sampling procedure, method of analysis employed, and the ethical consideration pertaining to the study.

3.1 Population

The study's target population is the married couples living in "DESSIE" town who are in the age of year 15-49. This age category is targeted because users of contraceptives do fall in it. The total number of population (married couples living in the city) is around 21,500 (according to the information gained from the 20 kebeles available in the city). Among these, the researcher selected only three kebeles (5, 13, and 17) via purposive sampling technique for they have well documented data and relatively large number of married couples.

The number of registered married couples in each kebele during the time of visit was as follows:

Table 3.1 selected kebeles and their respective number of married women

No	Kebele	Population
1	5	2,300
2	13	1,700
3	17	1,800
	Total	**5, 800**

Source: From achieves in respective kebeles.

3.2 Sampling Technique and Procedure

As mentioned above the total target population for this study is 5, 800. A sample size of 200 may be required to ensure appropriate use of maximum likely hood estimation to generalize valid fit measure and to avoid inaccurate inferences (Hair et al, 1999 in Molina et al, 2007). Thus, the total number of sample selected was 210 and to that end 240 number of questionnaires were distributed taking return of incomplete questionnaire and /or lack of response at all in to consideration. The selection of the study subjects (representative sample size) was carried out through a systematic sampling technique.

3.3 Types of Data Collected

Both primary and secondary data are used. The primary data are collected from the participants (user and non-user respondents and coordinators) while secondary data are collected from brochures and related research works (Zelalem F. 1996, Tesfaye U. 2001 and Fantanesh Belay 1999).

3.4 Data Collection Method

The invaluable data were collected via questionnaire (from contraceptive users and non-users), interview (with coordinators) and focus group discussion from selected users and non-users.

The questionnaire was actually developed and adapted from various types of questionnaires that were applied in different family planning related studies previously and review of related literature.

Twenty female ((Students of Admas University College—Dessie Campus) questionnaire distributors were employed. This is made so because the researcher believed that the respondents can ask for clarity and / or explanation and share with information freely. Orientation and training were given to this group regarding the question items included in the questionnaire as they were supposed to have the same with the respondents.

The sampled married couples (who were supposed to fill the questionnaire) were approached by the researcher for collecting the data by using their house number obtained from the same source—respective Kebeles.

There were interview sessions with coordinators of the social marketing program. Interview guide was prepared for gathering supplementary information from coordinators in this specific study.

The focus group discussion was highly substantial and supplements the information gathered through the self-report questionnaire and the interviews. To make the discussion more interesting and resourceful guiding questions were prepared in advance. The focus group discussion participants encompassed six modern contraceptive users and four non-users, a total of ten individuals. Other individuals were invited to participate in the discussion session. But, they fail to share the program.

3.5 Method of Data Analysis

After data collection was done, data entry and analysis was made using SPSS version 17 statistical package. During the analysis, descriptive statistics were employed, followed by cross-tabulation and chi-square tests were used to identify the relationship between variables. To see statistical significance on selected variables, t-value was employed.

3.6 The Study Area

I have conducted this study in Dessie. Dessie town, the capital of South Wollo Administrative Zone, is located at a distance of 401 kilometers east of Addis Ababa along the main way to Mekele. Dessie is one of the main way to towns in Ethiopia. The elevation of the town ranges from 2400 up to 2700 meters above sea level. The town was founded in the time of Nigus Michael in the 19th century approximately in 1885 E.C. It has a moderate (Weina Dega) currently in to 10 centers and 20 Kebeles.

The rationale of selecting the study area is that I had many experience as a teacher in Admas Universsity College at Dessie Branch. I have served for four years as instructor in this university college before pursuing my postgraduate program at Addis Ababa

University. When I was in Dessie, I was participating in different social affairs and had created a special acquaintance to the kebele administrative bodies.

Most of my former staff colleagues and my students have also been living in Dessie town. All these factors have facilitated my entry and access to the research setting and thereby develop confidentiality among the research participants.

Dessie is part of the national program of social marketing. National promotional campaigns through different media are found in the town. Modern contraceptive methods are distributed through pharmacies, private and government health institutions, and NGO clinics. Moreover, modern contraceptive methods are promoted through brochures, local radio programs, bill boards, etc. in the town.

3.7 Ethical Consideration

Permission to get access to respondents' record (specifically the locations, age, status—married or not—and other relevant information) was obtained from the zonal health bureau and other local authorities like the respective kebele administrators to conduct the study. The purpose of the study was clearly explained to the respondents and their right to refuse to participate in the study was thoroughly communicated and informed consent was obtained from the study subjects. Confidentiality of the respondents of this study was also maintained and respected.

Chapter Four

Results

The major objective of this study was to investigate the impact of social marketing on the modern contraceptive utilization in Dessie town. This chapter is devoted to the presentation and interpretation of data related to the present study. As indicated in the methodology part of this study, a sample size of 210 was intended to be obtained and used for analysis but because of incomplete responses and existence of unreturned questionnaires, the total number of questionnaires used for analysis purpose and thereby conclusions and recommendation was 196. Of these questionnaires 104 and 92 were obtained from users and non-users respectively.

4.1 The Demographic and Socio-Economic Characteristics

The demographic and socio-economic characteristics such as age, educational status, income, occupation, religion, number of children and average age difference are the major characteristics of the sample respondents.

4.1.1 Age and Current Contraceptive Usage Status of Women

Studies conducted in sub-Saharan countries revealed that younger women in the age group 15-24 are less likely to use contraception than their counter parts in the age 25-34 (Bertrand, 1993). As it is presented in table 4.1 below , among women in the youngest age group 15-24 the proportion of current users was 20(53.2%) and among women in the age group 25-34 it was 40(57.2%). The proportion of current users among women in the late reproductive age group, 35-44 and above 44 were 31(56.4%) and 13(39.4%), respectively.

Hence, from the above findings it can be concluded that age of women affects the use of contraceptive methods. In the age group 15-24 living in the area are less likely to use contraceptives than their counter parts in the age group 25-34.

Table 4.1 Contraceptive usage status by age

Age	Currently using contraceptives				Total	
	Yes		No			
	f	%age	F	%age	f	%age
15-24	20	52.6	18	47.4	38	100
24-25	40	57.2	30	42.8	70	100
And 35-44	31	56.4	24	43.6	55	100
Above 44	13	39.4	20	60.6	33	100
Total	**104**	**53**	**92**	**47**	**196**	**100**

4.1.2 Educational status and contraceptive usage

Education of women has often been viewed as a strong factor, which can bring a change in every aspects of women's life. Education of women enhances their status, facilities, rational thinking of individuals regarding family planning. Hence more educated people make appropriate fertility decision well in advance in the course of their marital life and tend to go for early contraceptive adoption (Bahurja, P.K, and Verma, R.K, 1993).

As it can be seen from table 4.2, among illiterates, those not completed primary level of schooling, 34(83% reported that they did not use contraceptive and the remaining small proportion 7(17%) reported that they were using contraceptives.

According to this study, among the respondents who are able to read and write 11(40.7%) and 16(59.3%) were current users and non-users of modern contraceptive. On the other hand, among the respondents who have completed their primary level education, 8(53.33%) and 7(46.67%) were current users and non-users of contraceptives, respectively. From secondary level of schooling respondents 31(70%) and 12(30%) were users and non-users of contraceptives. From diploma holders of respondents, 40(70%) were users of modern contraceptive users. Hence, from the above findings it can be concluded that educational status of women has impact on utilization of modern contraceptives.

Table 4.2 Educational status and contraceptive usage

Educational Status	Currently using contraceptives				Total	
	yes		No			
	f	%age	F	%age	f	%age
illiterate	7	17	34	83	41	100
able to read and write	11	40.7	16	59.3	27	100
Primary level education	8	53.33	7	46.67	15	100
Secondary education	31	70	12	30	43	100
Diploma	40	70	18	30	58	100
Above diploma	7	58.33	5	41.67	12	100
Total	**104**	**53**	**92**	**47**	**196**	**100**

4.1.3 Monthly income and Contraceptive Usage

Respondents were asked about their amount of monthly income, as shown in table 4.3, 12(24%) and 38(76%) of users and non-users of modern contraceptives monthly income was below birr 150, respectively. 22(48%) users and 24(52%) of non-users were getting in the range of birr 151 to 650 as monthly income. The monthly income for 37(71%) of users and 15(29%) of non-users were in the range of 651 to 1400. From this study one can observe that income has a contribution to use modern contraceptive methods.

Table 4.3 State of contraceptive use by monthly income

Monthly income	Currently using contraceptives				Total	
	yes		No			
	f	%age	F	%age	f	%age
Below birr 150	12	24	38	76	50	100
151-650	22	48	24	52	46	100
650-1400	37	71	15	29	52	100
1401-2350	22	76	7	24	29	100
2351-3500	7	58.33	5	41.66	12	100
3501-5000	1	100	0	-	1	100
Above 5000	3	50	3	50	6	100
Total	**104**	**53**	**92**	**47**	**196**	**100**

4.1.4 Religion and Contraceptive Use Status

Table 4.4 presents the percentage distribution of current contraceptive users and non-users by religion. Between the orthodox Christians 45(41.28%) and 64(58.72%) were current users and non-users of contraception respectively. Among the Muslims, 38(59.38%) and 26(40.62%) were current users and non-users of modern contraceptive

methods. Moreover, 13(100%) and 8(80%) of users of contraceptives were catholic and protestant respectively. From this one can conclude that the first two religions, especially Orthodox Christianity, were among the factors which affect contraceptive utilization.

Table 4.4 contraceptive use status by Religion

Religion	Currently using contraceptives				Total	
	yes		No			
	f	%age	F	%age	f	%age
Orthodox	45	41.28	64	58.72	109	100
Muslim	38	59.38	26	40.62	64	100
Catholic	13	100	0	-	13	100
Protestant	8	80	2	20	10	100
Total	**104**	**53**	**92**	**47**	**196**	**100**

4.1.5 Occupation and Contraceptive Use Status

As shown in table 4.5, respondents were asked about their occupation, 6(9.67%) of users and 56 (90.33%) of nOn-users were house wives. 43(69.35%) and 19(30.65%) users and non-users, respectively, were government or private employees. 24(75%) and 8(25%) of users and non-users were merchants. Therefore, the type of occupation affects the contraceptive use behavior of respondents.

Table 4.5 occupation and contraceptive use status

Occupation	Currently using contraceptives				Total	
	yes		No			
	f	%age	F	%age	f	%age
House wife	6	9.67	56	90.33	62	100
Govt/private employee	43	69.35	19	30.65	62	100
Student	18	78.26	5	21.74	23	100
Farmer	5	83.33	1	16.67	6	100
Merchant	24	75	8	25	32	100
Daily worker	8	72.72	3	27.28	11	100
Total	**104**	**53**	**92**	**47**	**196**	**100**

4.2 The Impact of Social Marketing on Modern Contraceptive Utilization

The major activities done by contraceptive social marketing programmers are creating many choice of contraceptives; distributing different modern contraceptives; training of health care providers of the public and private health sectors; and ensuring media communications in order to create and increase awareness and knowledge of people towards methods.

However, it is not easy to measure the impact of contraceptive social marketing program. Ideally, contraceptive social marketing program should be evaluated in terms of absolute changes in contraceptive prevalence. In practice, however, getting sufficient and accurate data about utilization and assuring whether the "users" are really consuming (utilizing) the contraceptive they bought, except the injectables, is difficult.

In a similar fashion, DKT Ethiopia has been using sales volume for a specified time interval as a criterion to measure the impact and effectiveness of the program. The adoption of this criterion presumes that when someone purchases a method, she will use it. But, the sales volume of contraceptive methods indicates scope of effort but not necessarily how many married women are really using the methods for the intended objectives.

In this study, as opposed to the aforementioned, the researcher used both number of children and state of spacing between the children in each family between users and non-users of methods as criteria to measure the impact of the program. But, the number of children and average age difference between children of short period users, who have been using contraceptives for not more than two years, were not considered as exposed group by the program. Therefore, seven number of user respondents were excluded from exposed group and added to non-exposed group (non-users). Thus, this was indicated in terms of tables with mean calculated and to show whether the difference is statistically significant or not was depicted using t-test.

4.2.1 The Impact of Social Marketing Program on Number of Children

Respondents were asked about the number of children they have. As indicated in table 4.6, the average number of children for users and non-users of modern contraceptive methods is 2 and 5 respectively. This reveals that the number of children of the

respondents who were exposed to the contraceptive social marketing program is less than that of the non-exposed group.

Table 4.6 Average number of children for users and non-users

Respondents	No	Number of children	
		Mean	**Standard deviation**
Users	97	2	1.64
Non-users	99	5	2.87

In addition, the above descriptive result needs inferential statistics to measure whether the difference is statistically significant or not. Hence, a t-test was employed to test the null hypothesis formulated.

Ho= There is no statistically significant difference between users and non-users of modern contraceptive methods in terms of average number of children.

As it can be observed above, the average number of children for users was 2 with a standard deviation of 1.64. Likewise, the average number of children for non-users of modern contraceptives was 5 with a standard deviation of 2.87. So, the observed t-value for the difference between means was 9.22.

The critical value of t-test for 194 degree of freedom assuming a two-tailed test at alpha 0.05 is 1.960. As it is observed, the obtained t-value is greater than the critical value. This result suggests rejecting the null hypothesis and accepting the alternative hypothesis. Therefore, the contraceptive social marketing program has statistically significant impact on the number of children of users of modern contraceptive methods. Put differently, the number of children for those who used the contraceptive method(s) is less than those for the non-users.

4.2.2 The Impact of Social Marketing on Average Age Difference between Children

Respondents were asked about the average age difference between their children. As indicated in table 4.7, the average age difference between children for users and non-users of modern contraceptive methods is 2.54 and 1.84 respectively. This reveals that the average age difference between children of the group who was exposed to the contraceptive social marketing program is greater than that of the non-exposed group.

Table 4.7 Average age difference between children for users and non-users

Respondents	No	Number of children	
		Mean	**Standard deviation**
Users	97	2.54	2.5
Non-users	99	1.84	0.61

In addition, the above descriptive result needs inferential statistics to measure whether the difference in average age is statistically significant or not. Hence, a t-test was employed to test the null hypothesis formulated.

Ho= There is no statistically significant difference between users and non-users of modern contraceptive methods in terms of average age difference of children.

As it can be observed above, the average age difference of children for users was 2.54 with a standard deviation of 2.5. Likewise, the average age difference of children for non-users of modern contraceptives was 1.84 with a standard deviation of 0.61. So, the observed t-value for the difference between means was 2.69.

The critical value of t-test for 194 degree of freedom assuming a two-tailed test at alpha 0.05 is 1.960. As it is observed, the obtained t-value is greater than the critical value. This result suggests rejecting the null hypothesis and accepting the alternative hypothesis.

Therefore, the contraceptive social marketing program has statistically significant impact on the users' children age difference.

4.3 Marketing Communications about Modern Contraceptive Methods

Exposure to messages through a variety of channel is currently considered the most effective way to change the knowledge, attitude, and practice of modern contraceptives. Promotional campaigns often include a combination of radio spot or advertisements; radio dramas; television advertisements; videos, print materials such as newsletters, magazines, leaflets, posters; clinic based counseling; and community activities such as festivals, theater, and group meetings (Piotrow et al. 1997).

Table 4.8 illustrates the awareness of methods, the type of methods they know, and the extent of their knowledge about how to use the product. Respondents in this study exhibited familiarity with many of contraceptive methods. All respondents were heard of modern contraceptive methods.

As shown in table 86 (43.88%) of the total respondents were knew about pills, 72(36.73%) of the respondents were informed about injectable contraceptive. Thus, pills and injectables are the most known types of modern contraceptive methods by both the users and non-users.

Furthermore in this study respondents were also asked about their exposure to contraceptive method messages by asking how you came to know about contraceptives. The table shows that about 10(41.67%) users and 14(58.33%) of non-users of modern contraceptive methods were exposed to print media like magazine and newspapers. With TV and radio advertisements 21(25.6%) of users and 61(74.40%) of non users were exposed. 23(100%) of the users were heard from health professionals in the form of counseling, but no one non- user was informed by these people. Some users of modern contraceptive were getting the information from pharmacy salespeople. 11(39.28%) and 17(60.72%) users and non-users, respectively, of modern contraceptive methods have collected the information from billboards, pamphlets and posters. There were 35(100%) respondents from the users who were exposed for all types of media, whereas, there was no respondent who was exposed for all types of media from non-users of contraceptives. From this one can conclude that messages about modern contraceptives through different media affect the contraceptive use behaviors of women. Some studies shows that a dose –

response effect exists between the amount of exposure to family planning messages that a person experiences and the increase in that a person experiences and the increase in that person's use of contraceptive methods.

The last question in the table illustrates the relationship between contraceptives knowledge and usage. It can be seen from the table that, 101(92.67%) of user reported that they have detailed knowledge about each and every modern methods of contraceptive where as only 8(7.33%) of non-users have the same knowledge. On the other hand, 3(3.45%) of users and 84(96.55%) reported that they had no detailed knowledge of contraceptives. Thus, women who have detailed knowledge about at least one method were found to be more likely current users of contraceptives than their counter parts-those who have no detailed knowledge about the methods through different media.

In order to test whether the relationship between having detailed knowledge and contraceptive utilization is statistically significant or not, chi-square was employed. Hence, the following null hypothesis was tested.

Ho= There is no significant relationship between having detailed knowledge about each method and its usage

As indicated in table 4.9, the chi-square test result suggests rejecting the null hypothesis and accepting the alternative hypothesis at 95% confidence interval indicating that there is statistically significant relationship between having detailed knowledge about how to use and where the preferred method is found with contraceptive utilization. Thus, from the chi-square test result it is possible to conclude that there exists significant relationship between knowledge about contraceptives obtained from different media and contraceptive utilization.

Table 4.9 Chi-Square Test Result

	Value	**df**	**Asym.sig. (2-tailed).**	**Exact sig. (2-sided)**	**Exact sig. (1-tailed)**
Pearson Chi-Square	154.607	1	.000		
Continuity	151.046	1	.000		
Correction					
Likelihood Ratio	187.691	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-linear Association	153.818	1	.000		
N of Valid Cases	196				

4.4 The Impact of Methods Price on Contraceptive Utilization

The issue of pricing contraceptives in family planning programs is becoming more and more important. In the early days of international family planning assistance, the

Table 4.8 current modern contraceptive use by awareness of methods

No	Questions	Currently using contraceptives				Tota
		Yes		No		
		f	%age	F	%age	f
1.	Have you ever heard about modern contraceptives? Yes	104	53	92	47	196
	No	-	-	-	-	-
	Total	104	53	92	47	196
2	What kind of contraceptive do you know? Pills	37	43	49	57	86
	IUDs	1	20	4	80	5
	Inject able	46	63.88	26	46.22	72
	Implant/Norplant	8	88.88	1	11.22	9
	Spermicidal	0	-	2	100	2
	Condom	7	70	3	30	10
	Female sterilization	3	37.5	5	66.63	8
	Male sterilization	2	100	2	100	4
	total	104	53	92	47	196
3.	How did you come to know about contraceptives?					
	From various publications	10	41.67	14	58.33	24
	Television and radio	21	25.60	61	74.40	82
	Health professionals	23	100	-	-	23
	Pharmacy and Shop keepers	4	100	-	-	4
	Billboards, pamphlets, posters, etc . . .	11	39.28	17	60.72	28
	From all media	35	100	-	-	35
	Total	104	53	92	47	196
4.	Do you have detailed knowledge about each and every modern contraceptive method?					
	Yes	101	92.67	8	7.33	109
	No	3	3.45	84	96.55	87
	Total	**104**	**53**	**92**	**47**	**196**

assumption was made that most products and serviced would be provided free of charge and that when a price was to be charged, it should be very low in order to be affordable to even the poorest program participants. But as family planning programs expanded during the 1980s and as the funds available to pay for them become more and more scarce relative to the growing demand, the pressure to raise prices intensified. Programmers were increasingly exhorted by donors to raise the prices of contraceptives and contraceptive services in order to recover as much as possible of program costs from the customer, thus reducing dependence on donor subsidies. A debate has ensured between those who advocate an emphasis on self-sufficiency for family planning programs and those who insist that such programs, first and foremost, must serve the poor (Harvey 1991:53).

Respondents were asked about affordability of the price of contraceptives, how price affects selecting a specific method, their attitude for free services, and whether the price affects their decision to use modern contraceptive methods with Likert scale form of questions for both users and non-users of the methods. As shown in the table 4.10, the averages are 3.6 and 3.56 of users and non-users, respectively. The difference between these two averages is not considerable.

Table 4.10 the attitudes of users and non-users toward price

	Attitude towards prices of methods	
Respondents	**Mean**	**Standard deviation**
Users	3.6	1.09
Non-users	3.56	0.97

In order to test whether the difference is statistically significant or not, t-test was employed. The following null hypothesis was tested.

Ho= Prices of the methods doesn't significantly affect the use of modern contraceptives.

As it can be observed above, the average attitude of users was 3.6 with a standard deviation of 1.09. Likewise, the average attitude of non-users of modern contraceptives was 3.56 with a standard deviation of 0.97. So, the observed t-value for the difference between means was 0.04.

The critical value of t-test for 194 degree of freedom assuming a two-tailed test at alpha 0.05 is 1.960. As it is observed, the obtained t-value is less than the critical value. This result suggests rejecting the alternative hypothesis and accepting the null hypothesis. Therefore, the price of contraceptive methods doesn't significantly affect the contraceptive practices of women.

4.5 Usage and Access of Modern Contraceptive Methods

Access is generally taken to refer to the extent to which an appropriate package of contraceptive methods and services can be obtained by individuals in a given location. In this sense, the term assumes a continuum of effort required to obtain services. Access may be also defined operationally in terms of the presence or absence of any family planning services.

Respondents were asked about their contraceptive use shown in table 4.11, 104(53%) of the respondents had ever used any of contraceptive methods. The study revealed that the most commonly preferred method was pills by 43(41.3%). 36(34.6%) of the respondents were preferred to use injectable. Female sterilization, implant (Norplant) and IUDs were the least preferred contraceptive methods. From the respondents, no one was using spermicidal and male sterilization as family planning methods.

As it can be seen in the table, respondents also asked about how long they had used modern contraceptive methods. 50 (48.1%) of the respondents were said for more than five years. 47(45.2%) of the respondents were said for two to five years. 4 (3.8%) of the respondents were using for one to two years. Thus, most of the respondents were using the methods for more than two years.

Respondents were also asked about the reasons why they have used of modern contraceptives. 56(53.8%) and 48(46.2%) of the user respondents were said for child spacing and for limiting their number of children, respectively.

4.11 Table use of contraceptive methods

No	Questions	Respondents	
		f	%age
1.	Do you use any one of modern contraceptives?		
	Yes	104	53
	No	96	47
	Total	196	100
2.	If you response is "yes" for question number 1, which one? of the following mechanism do you use?		
	Pills	43	41.3
	IUDs	3	2.9
	Inject able	36	34.6
	Implant/Norplant	4	3.8
	Spermicidal	-	-
	Condom	14	13.5
	Female sterilization	4	3.8
	Male sterilization	-	-
	Total	104	100
3.	How long did you use modern contraceptive methods?		
	Below a year	3	2.9
	1 -2 years	4	3.8
	2 -5 years	47	45.2
	More than 5 years	50	48.1
	Total	104	100
4.	Why do you intend to use modern contraceptive methods?		
	For children spacing	56	53.8
	To limit the family size	48	46.2
	Total	104	100

As it can be observed in table 4.12, respondents were asked about whether they had discontinued using contraceptive or not. 65 (62.5%) of respondents were responded that they have discontinued of their practice of contraception. The majority of women, 36 (55.4%), in the study area said that their main reason was lack of the accessibility of the methods. Finding other better method and need of pregnancy were the other methods mentioned by respondents. From this one can conclude accessibility of contraceptive methods affects contraceptive using behaviors.

As shown in the table below, all respondents have shifted from one to the other contraceptive method. They were also asked about their reason of shifting. 67(64.4%) of the respondents were said that they have found another better method. The former methods results healthy problems; the former method was not easily accessible; and the former method was not suitable to use were the other reasons why the shifted from one method to the other. Therefore, the availability of different choice of modern contraceptive methods creates an opportunity for users to shift from one method to the other based on their interest.

Table 4.12 Accessibility of modern contraceptive methods

No	Questions	Respondents	
		f	%age
1.	Have you ever discontinued using modern contraceptives?		
	Yes	65	62.5
	No	39	37.5
	Total	104	100
2.	If your response to question number "6" is yes, why?		
	It results in another health problems	3	4.6
	I cannot easily get the method	36	55.4
	I need to get pregnant	13	20
	My life partner prohibits me	2	3.1
	Poor follow-up from service providers	-	-
	I became pregnant while using	4	6.2
	I prefer another better method	4	6.2
	Not convenient to use it	2	3.1
	I found it to be costly	1	1.5
	Total	65	100
3.	Have you ever shifted from using one method to another one?		
	Yes	104	100
	No	-	-
	Yes	104	
4.	If your response is yes for question number 8, why?		
	The former method is not suitable to uses	9	8.7
	I have found another better method	67	64.4
	The former method was not easily accessible in my area	10	9.6
	The former method was costly	6	5.8
	The former method results in healthy problem	12	11.5
	I am influenced by other people and media	-	-
	I have got the second method for free	-	-
	Total	104	100

4.6 Source of Modern Contraceptive Methods

As indicated in the table below, the major source of modern contraceptives was private hospitals or clinics 43(41.3%), the second major source was pharmacies 33(31.7%). The majority of respondents preferred pharmacies followed by private hospitals and clinics. Thus, the respondents used distance from their residence or work place as a criterion to select the source for modern contraceptive methods.

Table 4.13 source con contraceptives

No	Questions	Respondents	
		f	%age
1.	Where did you get modern contraceptive methods?		
	Government hospitals and health stations	18	17.3
	Private hospitals or clinics	43	41.3
	Pharmacies	33	31.7
	Shops	9	8.7
	NGO clinics	1	1
	Total	104	100
2.	Where do you prefer to get your right choice contraceptive methods?		
	Government hospitals and health stations	12	11.5
	Private hospitals or choice	33	31.7
	Pharmacies	47	45.2
	Shops	11	10.6
	NGO clinics	1	1
	Total		

4.7 Reasons for Non-use of Contraceptive Methods

As shown in the table below, non-user respondents were asked about their reason why they did not use modern contraceptive methods. Respondents were given various reasons for not using. Lack of knowledge about how to use modern contraceptives; lack of knowledge about where to get the service; prohibited in my religion; fear of side effects; distance to access to my choice; and preferred method is not available were the major reasons mentioned by non-users of modern contraceptive methods.

They also asked about their intention about future use of contraceptives. 38(41.3%) of the respondents have intention to use and 37(40.2%) of the respondents were not intended to use contraceptives in the future. The remaining respondents were not sure to use of not modern contraceptives.

Table 4.14 reason for discontinuing using contraceptives

No	Questions	Respondents	
		f	%age
1.	What are the reasons for not to use modern contraceptive?		
	Lack of knowledge about how to use it	13	14.1
	Lack of knowledge about where to get the service	14	15.2
	Prohibited in my religion	12	13
	Fear of side effects	12	13
	Afraid to seen by others	8	8.7
	Opposition from my life partner	4	4.3
	Non affordable price	-	-
	Preferred method is not available	10	10.9
	Distance to get access to my choice	14	15.2
	I need to get pregnant	5	5.4
	Total	92	100
2.	Do you have a plan to use contraceptives in the future?		
	Yes	38	41.3
	No	37	40.2
	I am not sure	17	18.5
	Total	92	100

4.8 Problems of contraceptive social marketing program

As indicated in the table below, 79(40.3%) of the respondents were believed that the program has problems while 82(41.8%) of the respondents were believed that there are no problems associated to the program. The remaining respondents did not know whether the program is in problem or not.

Table 4.15 problem of contraceptive social marketing

No	Question	Respondents	
		f	%age
1.	Do you think hat contraceptive social marketing has problems?		
	Yes	79	40.3
	No	82	41.8
	I don't	35	17.9
	Total	196	100

From the open-ended question, respondents had provided some of the problems of the program. Inaccessibility of the preferred methods, side effects of methods, lack access to have detailed knowledge of each method, lack of counseling services, poor supervision regarding price, lack different alternatives or varieties lack of closed supervision were some of the problems mentioned by the respondents.

QUALITATIVE STUDY

4.9 Focus Group Discussion

The qualitative study was carried out through focus group discussion (FGD). Based on the checklist that was developed to guide the discussion, relevant information was obtained. The participation freely and actively expressed their ideas about family planning issues.

The results of the Focus Group Discussion revealed that most of the study subjects have heard of modern contraceptive methods, but they have limited knowledge about the specific modern contraception. This hindered most of the participants to have a range of choice of contraceptive and utilization. For instance the participants were asked to enumerate the modern contraceptive methods they know and those non-users were frequently mentioned pill and inject able, while users were cited pill, inject able, condom, IUD and Norplant. However, the degree of knowledge for most of participants was limited.

Hospital, health center, FGAE, and pharmacies were source of supply for contraception. Majority of participant said that the most common source of information about modern are TV, radio, posters, leaflets, print media, and health professionals.

The participants also described about their reason for usage of contraceptive methods and the most frequently mentioned reasons were child spacing and limiting.

The result from discussion showed that the majority of women approved of use of modern contraceptive methods, and those who are not currently using family planning methods, discussed that they intend to use in the future.

Desire to have more children, religious and cultural norms; lack of access to preferred method, fear of side effects and lack of detailed knowledge were the most cited reasons by women for not using contraceptive methods. They assured that price is not the factor for not using contraception.

The participants also discussed about reasons for discontinuing methods and the most frequent reasons mentioned by women were lack of access to preferred method followed by desire to have more children and fear of side effects.

Injectables and pills were preferred by the majority of participants but Norplant, diaphragm, spermicidal, female and male sterilization were not needed by participants. The reasons were lack of information about these methods and fear of side effects.

Most of participants discussed that there is inadequate supply of different modern contraceptive methods particularly injectables, therefore either women will discontinue using method or she may switch to other methods which may not be methods of her choice. Participants said that we have inadequate knowledge about specific contraception.

The participants have discussed about the difference between users and non-users with regard to the number of children they have and average age differences between children. They have forwarded that there is the difference in number of children between users and non-users. The number of children of users is lower than non-users. Likewise, the average age difference of between children for users is greater than non-users.

User participants were discussed about their experience of shifting from one method to the other. All participants have shifted from one method to the other method due to different reasons. Getting of preferred method, lack of access of the former method and side effects of the former method were some of the reasons for their shifting.

4.10 Summary of Major Finding from Interview Questions

- The major activities social marketers are:
  - Training of health care providers of the public and private health sector
  - Ensuring media communication in order to create and increase awareness of people towards family planning and AIDS prevention.
  - Distributing sales products (condoms, pills, etc...)
- The social marketers have been undertaking promotional campaigns though media to create product awareness, availability and affordability they are using multimedia tools like billboard posters, brochures, TV radio, etc for advertizing frequently used to promote and appropriate brands.
- With regard to distribution, they are using different outlets like pharmacies, government hospitals and clinics, private hospitals and clinics kiosks to make the modern contraceptive methods accessible for the users.
- The provider was using sales volume as criteria to measure the impact and effectiveness of the program. The adoption of these criteria presumes that when someone purchases a method, they will use it.
- They have collected suggestion and complain from users with respect to side effects, accessibility of preferred methods, price and other related points. The side effects of the methods and lack of preferred method were the major means of dissatisfaction of users with the service.
- With regard to the problems of the program, the following major problems were forwarded:
  - lack of mechanism to control the distribution and pricing marketing functions
  - lack of method choices
  - lack of vehicles
  - Lack of appropriate knowledge about how the product is used of users

- Most of traders lacked the appropriate knowledge of methods to teach or inform the users.
- Most of Traders were not motivated to distributed different types of methods due to the low amount of margins.

Chapter Five

Discussion

5.1 Demographic and Socio-Economic Characteristics

In this study most of the users of contraceptive methods were in age group of 25-34 years. Many authors agree with this finding (Bulut et al 1994, kebede F., 1998). Bulut and et al showed that the association between age of women and contraceptives use found to increase with age until it reaches a peak of 34 and remains high to age 39 and then declines.

The result of this study showed that education has a positive influence in modern contraception utilization. Women who have at least primary education were experienced modern contraceptive practices than the illiterates. The finding shares the conclusion made by different researchers that educated women use modern contraception and desire less children than the illiterates (Kaona A. and et al 1996, Zelalem F. 1996, Tesfaye U. 2001).

This study identified that those women with relatively good family income and those who perceived their economy to be medium and above as compared to their neighbors were more likely to use modern contraception than the others. Different studies in various parts of the world were found that higher household income significantly increase the likelihood of practicing different types of modern contraceptive method (Tesfaye 2001, Agha 2000).

Between the orthodox Christians 45(41.28%) and 64(58.72%) were current users and non-users of contraception, respectively. Among the Muslims, 38(59.38%) and 26(40.62%) were current users and non-users of modern contraceptive methods. Moreover, 13(100%) and 8(80%) of users of contraceptives were catholic and protestant respectively. From this one can conclude that the first two religions, especially Orthodox Christianity, were among the factors which affect contraceptive utilization. Different

studies conducted on religious affiliation and contraceptive usage depicted considerable difference among different religious origin to practice modern contraception and the finding of this study is in agreement with these studies (Breslin 1998:46-47, Olenik 1998:147-149).

Respondents were asked about their occupation, 6(9.67%) of users and 56 (90.33%) of non-users were house wives. 43(69.35%) and 19(30.65%) users and non-users, respectively, were government or private employees. 24(75%) and 8(25%) of users and non-users were merchants. Therefore, the type of occupation affects the contraceptive use behavior of respondents. This finding is in line with other study (Shiferaw 1993:1-7).

5.2 The Impact of Social Marketing on Modern Contraceptive Utilization

Respondents were asked about the number of children they have. The average number of children for users and non-users of modern contraceptive methods is 2 and 5 respectively. This reveals that the number of children of the respondents who were exposed to the contraceptive social marketing program is less than that of the non-exposed group. In addition, in this study, to examine whether this mean difference is statistically significant or not, t-test was employed. The result suggested that rejecting the null hypothesis and accepting the alternative hypothesis. Therefore, the contraceptive social marketing program has statistically significant impact on the number of children of users of modern contraceptive methods. This finding is supported by focus group discussion.

Respondents were asked about the average age difference between their children. The average age difference between children for users and non-users of modern contraceptive methods is 2.54 and 1.84 respectively. This reveals that the average age difference between children of the group who was exposed to the contraceptive social marketing program is greater than that of the non-exposed group. The result suggested that rejecting the null hypothesis and accepting the alternative hypothesis. Therefore, the contraceptive social marketing program has statistically significant impact on the average age difference of children of users of modern contraceptive methods. This finding is supported by focus group discussion.

5.3 Marketing Communications about Modern Contraceptive Methods

All of the respondents were heard of modern contraceptive methods. Among them 86 (43.88%) of the total respondents were knew about pills, 72(36.73%) of the respondents were informed about injectable contraceptive. Thus, pills and injectables are the most known types of modern contraceptive methods by both the users and non-users. Similar findings were reported in previous studies done in this country (Kebede Y. 2000, Tekalegne A. 1989, Walkbulcho M. 1993).

Respondents were also asked about their exposure to contraceptive method messages by asking how you came to know about contraceptives. About 10(41.67%) users and 14(58.33%) of non-users of modern contraceptive methods were exposed to print media like magazine and newspapers. With TV and radio advertisements 21(25.6%) of users and 61(74.40%) of non users were exposed. 23(100%) of the users were heard from health professionals in the form of counseling, but no one non- user was informed by these people. Some users of modern contraceptive were getting the information from pharmacy salespeople. 11(39.28%) and 17(60.72%) users and non-users, respectively, of modern contraceptive methods have collected the information from billboards, pamphlets and posters. There were 35(100%) respondents from the users who were exposed for all types of media, whereas, there was no respondent who was exposed for all types of media from non-users of contraceptives. From this one can conclude that messages about modern contraceptives through different media affect the contraceptive use behaviors of women. Some studies shows that a dose –response effect exists between the amount of exposure to family planning messages that a person experiences and the increase in that a person experiences and the increase in that person's use of contraceptive methods. In Tanzania, Jalo et al. (1999:64) found that the more kinds of media vehicles used to promote family planning, the greater the likelihood of contraceptive use. Likewise, Kane and his colleagues (1998: 312) found that contraceptive knowledge and use were positively associated with the number of mass media interventions in Mali.

The study illustrates the relationship between current contraceptive use and non-uses with the respondent's detailed knowledge of modern contraceptive methods. Among women

who reported that they have detailed knowledge about at least one modern contraceptive method 101(92.67%) and 8(7.33%) were users and non-users of modern contraceptives. On the other hand, 3(3.45%) of users and 84(96.55%) of non-user had less / no detailed knowledge of contraceptives. Thus, women who have detailed knowledge about at least one method were found to be more likely current users of contraceptives than their counter parts-those who have no detailed knowledge about the methods through different media. To test the strength of the relationship, chi-square test was employed. From the chi-square test result, it is possible to conclude that having detailed knowledge from different media has significant relationship on contraceptive use of women. Several empirical studies have confirmed that promotional campaigns are effective at different stages of age in the process of altering reproductive behavior. According to a study conducted in Nepal, exposure to message in different ways has a direct effect on contraceptive usage by increasing the knowledge of women and encouraging positive changes in attitude and perceived social norms regarding family panning (Storey et al. 1999:279). Additionally, according to Kane and Mohammed (1998: 313) promotional campaigns can influence women to use modern contraceptive methods to control their fertility by conveying messages through TV, radio, newspapers, counseling, etc... that allow couples to consider the possibility of contraception , legitimizing the practice the practice of contraception as acceptance behavior, pointing out some of the economic, social and health advantages of smaller family size achieved through effective contraceptive practice; and providing information about the use of and source for modern contraceptive methods and encouraging sexual responsibility and communication between partners on the subject.

5.4 The Impact of Price on Contraceptive Utilization

In setting the price, there are many issues to consider. If the product is priced too low, or provided free of charge, the consumer may perceive it as being low in quality. On the other hand, if the price is too high, some will not be able to afford it. Social marketers must balance these considerations, and often end up charging at least a nominal fee to increase perceptions of quality and to confer a sense of dignity to the transaction.

Respondents were asked about affordability of the price of contraceptives, how price affects selecting a specific method, their attitude for free services, and whether the price affects their decision to use modern contraceptive methods. The averages of their response are 3.6 and 3.56 of users and non-users, respectively. The difference between these two averages is not considerable. This difference was also tested by t-test to know the difference is statistically significant or not. The finding is that the current prices of modern contraceptive methods don't affect the use of contraception. Similar study was concluded that charging a fair price minimized wastage, since consumers are likely to use products for which they pay and the price charged can motivate retail traders to offer the products over the widest geographic area. But, fixing a price doesn't affect using of contraception (Robert et al. 1995:150-154).

5.5 Usage and Access of Contraceptive Methods

Respondents were asked about their contraceptive use. 104 (53%) of the respondents had ever used any of contraceptive methods. The study revealed that the most commonly preferred method was pills by 43(41.3%). 36(34.6%) of the respondents were preferred to use injectable. Female sterilization, implant (Norplant) and IUDs were the least preferred contraceptive methods. From the respondents, no one was using spermicidal and male sterilization as family planning methods. This study is also supported by previous studies done in other places (Kebede Y. 2000, Tekalegne A. 1989, Walkbulcho M. 1993).

Respondents were asked about the reasons why they have used of modern contraceptives. 56(53.8%) and 48(46.2%) of the user respondents were said for child spacing and for limiting their number of children, respectively. This finding was also strengthened by the findings of focus group discussion. Additionally, the finding is supported by a research conducted (Awate 1999: 41).

During the survey, users were reported that they have discontinued of practicing of contraception. The majority of women, 36 (55.4%), in the study area said that their main reason was lack of the accessibility of the methods. Finding other better method and need of pregnancy were the other methods mentioned by respondents. From this one can

conclude accessibility of contraceptive methods affects contraceptive using behaviors. A research conducted by Tekalegn (1989) reported that lack of access of their preferred method makes them to use another non-preferred method or discontinuing of using contraception.

All respondents have shifted from one to the other contraceptive method. They were also asked about their reason of shifting. 67(64.4%) of the respondents were said that they have found another better method. The former methods results healthy problems; the former method was not easily accessible; and the former method was not suitable to use were the other reasons why the shifted from one method to the other. Therefore, the availability of different choice of modern contraceptive methods creates an opportunity for users to shift from one method to the other based on their interest. Offering different choices of contraceptives attracts non-users who are deciding not to use contraception because of side-effects and related factors. This finding is also supported by the focus group discussion.

5.6 Source of Modern Contraceptive Methods

The major source of modern contraceptives was private hospitals or clinics 43(41.3%), the second major source was pharmacies 33(31.7%). The majority of respondents preferred pharmacies followed by private hospitals and clinics. Thus, the respondents used distance from their residence or work place as a criterion to select the source for modern contraceptive methods. This finding is supported by focus group discussion.

5.7 Reasons for Non-use of Contraceptive

Non-user respondents were asked about their reason why they did not use modern contraceptive methods. Respondents were given various reasons for not using. Lack of knowledge about how to use modern contraceptives; lack of knowledge about where to get the service; prohibited in my religion; fear of side effects; distance to access to my choice; and preferred method is not available were the major reasons mentioned by non-users of modern contraceptive methods. This finding is strengthened by focus group discussion.

Chapter Six

Conclusion and Recommendation

6.1 Conclusion

This study was conducted among women of reproductive age group to examine the impact of contraceptive social marketing come up with the following conclusions.

- The result of this study showed that education has a positive influence in modern contraception utilization. Women who have at least primary education were experienced modern contraceptive practices than the illiterates.
- This study identified that those women with relatively good family income and those who perceived their economy to be medium and above as compared to their neighbors were more likely to use modern contraception than the others.
- Women who were employed and those who were employees had higher probabilities of using contraception than those who were not employed.
- According to this study, the contraceptive social marketing program has statistically significant impact on the number of children of users of modern contraceptive methods.
- This study reveals that the average age difference between children of the group who was exposed to the contraceptive social marketing program is greater than that of the non-exposed group. The result suggested that rejecting the null hypothesis and accepting the alternative hypothesis. Therefore, the contraceptive social marketing program has statistically significant impact on the average age difference of children of users of modern contraceptive methods.
- This study was demonstrates that exposure to family planning messages increases a women's likelihood of contraception and there was a significant relationship between having detailed knowledge about how to use of methods through different media and contraceptive methods.
- In setting the price, there are many issues to consider. If the product is priced

too low, or provided free of charge, the consumer may perceive it as being low in quality. On the other hand, if the price is too high, some will not be able to afford it. Social marketers must balance these considerations, and often end up charging at least a nominal fee to increase perceptions of quality and to confer a sense of dignity to the transaction. This study was revealed that the current prices of contraceptive method were not factors to practice contraception.

- Desire to have more children, religious and cultural norms; lack of access to preferred method, fear of side effects and lack of detailed knowledge were the most cited reasons by women for not using contraceptive methods.
- This study was demonstrate that the reasons for discontinuing methods and the reasons mentioned by women were lack of access to preferred method followed by desire to have more children and fear of side effects. But the most frequent reason was lack of access of modern contraceptive methods.
- Injectables and pills were preferred by the majority of participants but Norplant, diaphragm, spermicidal, female and male sterilization were not needed by participants. The reasons were lack of information about these methods and fear of side effects.
- According to this study- getting of preferred method, lack of access of the former method and side effects of the former method were some of the reasons for their shifting of contraceptive methods from one to the other. Getting preferred method was mentioned by most of respondents.
- As indicated in this study, the major source of modern contraceptives was private hospitals or clinics; and the second major source was pharmacies. The majority of respondents preferred pharmacies followed by private hospitals and clinics.
- Inaccessibility of the preferred methods, side effects of methods, lack access to have detailed knowledge of each method, lack of counseling services, poor supervision regarding price, lack different alternatives or varieties lack of closed supervision were some of the problems contraceptive social marketing program mentioned by the respondents.

- Inaccessibility of the preferred methods, side effects of methods, lack access to have detailed knowledge of each method, lack of counseling services, poor supervision regarding price, lack different alternatives or varieties lack of closed supervision were some of the problems mentioned by the respondents.
- With regard to distribution, social marketers are using different outlets like pharmacies, government hospitals and clinics, private hospitals and clinics kiosks to make the modern contraceptive methods accessible for the users.
- The provider was using sales volume as criteria to measure the impact and effectiveness of the program. The adoption of these criteria presumes that when someone purchases a method, they will use it.

6.2 Recommendations

Based on the findings of the study the following recommendations are suggested:

- There is a need to intensify information dissemination and educational campaigns that will more effectively employ media channels, especially television, radio, and professional counseling. Messages should stress the importance of using contraceptives, particularly modern methods as opposed to traditional methods. For information about modern methods among the young, emphasis should be given to messages and content that dispels rumors and fear of side effects. Both the private public sector should emphasize privacy and anonymity so that younger couples may more readily use these services.
- Social marketing activities in the country should be continued and strengthened. These efforts need to be expanded to rural areas. In addition, greater participation of the private sector, particularly the nongovernmental organizations (NGOs), is necessary. Subsidies may be needed to allow price reductions so that poorer women are able to pay the going rate.
- The private sector needs to strengthen its marketing and advocacy efforts in attracting non-users, especially those who can pay more for services. The private sector is expected to give emphasis for the modern contraceptive methods delivery service like other types of services.

- Given the wide range of costs involved in seeking family planning services, prices and user charges need to be studied and established by both the public and private sectors to avoid price distortions. For transparency, prices of methods need to be advertised so that users know the range of costs involved and will not be deceived with unreasonable prices charged by unscrupulous providers.
- Services of pharmacies (and perhaps convenience stores) that sell contraceptives must be more widely recognized and supported. Pharmacy store managers may have to become better informed about contraceptive choices available to customers and options for referring customers for higher-level care.
- An expanded reproductive health program must address men both in terms of their own health needs and in terms of their shared responsibility as partners, husbands and fathers and should not be limited to promoting the use of male contraceptive methods. The role of male health workers who could play an active role in promoting male involvement also needs to be clearly defined.
- The providers need to be oriented about the clients' rights to exercise choice. Additionally, a variety of providers should be trained and engaged to promote detailed information on various contraceptive methods.
- Efforts should be done to enable clients to be informed and use of contraceptive choices.
- Accessibility of contraceptive methods has impact on contraceptive utilization. Therefore, providers are expected to make modern contraceptive methods accessible to the residences of contraceptive users.
- Female sterilization, implant (Norplant) and IUDs were the least preferred contraceptive methods. From the respondents, no one was using spermicidal and male sterilization as family planning methods. Almost no effort is done to promote these types of methods. Thus, social marketers should provide detail knowledge about these methods through print, broadcast media, leaflets, etc.
- With regard to distribution, social marketers are using different outlets like pharmacies, government hospitals and clinics, private hospitals and clinics

kiosks to make the modern contraceptive methods accessible for the users. These sources are preferred by users because they provide privacy. So, social marketers are expected to use these sources as major outlets to distribute the modern contraceptive methods.

- Conducting research to evaluate client satisfaction on quality of service provided through contraceptive social marketing.

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Addis Ababa University

Office of Postgraduate

College of Education

Department of Business Education

Masters program in Marketing Management Education

This questionnaire is prepared to gather data on the impact of social marketing on contraceptives utilization. Your genuine response has a paramount significance for the successful completion of the study. Besides, the data you provide will be used only for research purpose and kept confidential. Thank you for your kind cooperation in filling this questionnaire in advance.

Note the following:

- Don't mention your name.
- Circle your choice.
- You can provide more than one answer where necessary.

Part I: Personal Details of the Respondents

1. Age
   - A. 15 – 24
   - B. 25 – 34
   - C. 35 – 44
   - D. Above 44
2. educational Status
   - A. Illiterate
   - B. Able to read and write
   - C. Primary level education
   - D. Secondary level education

E. Diploma holder

F. Above diploma

3. Monthly income

   A. Below 150 birr

   B. 151 – 650

   C. 651 – 1400

   D. 1401 – 2350

   E. 2351 - 3500

   F. 3501 – 5000

   G. Above 5000

4. Religion

   A. Orthodox

   B. Muslim

   C. Protestant

   D. Catholic

   E. Mention if other ____________________

5. Occupation

   A. House wife

   B. Government/Private employee

   C. Student

   D. Farmer

   E. Merchant

   F. Daily worker

   G. Please mention if other ____________

6. Number of children ____________

7. Age difference amongst your children ____________

Part II: Concerning Marketing Communications

1. Have you ever heard about modern contraceptives?

   A. Yes

   B. No

2. What kind of contraceptive do you know?

A. Pills

B. IUDs

C. Inject able

D. Implant/Norplant

E. Spermicidal

F. Condom

G. Female sterilization

H. Male sterilization

I. Please mention if any other ____________________

3. How did you come to know about contraceptives?

A. From various publications

B. Television and radio

C. Health professionals

D. Shopkeepers

E. Billboards, pamphlets, posters, etc . . .

F. Please mention if any other ____________________

4. Do you have detail Knowledge about each and every types of modern contraceptive method?

A. Yes B. No

Part III: Price Related Questions

Directions: Please rate your level of agreement with each of the following statements by circling strongly agree (SA), agree (A), neutral (N), disagree (D), or strongly disagree (SD).

NO	Statement	SA	A	N	D	SD
1	The price of the verities of the contraceptive methods is affordable	5	4	3	2	1
2	Price is a factor to select a specific method of contraceptive.	5	4	3	2	1
3	Access to have free service to contraceptive increase the number of users.	5	4	3	2	1

4	The price of the varieties of the methods has an influence on user decision to use or not to use.	5	4	3	2	1

Part IV: Regarding Access and usage of Modern Contraceptives

1. Do you use any one of modern contraceptives?
    A. Yes
    B. No (if no, please skip to part six)
2. If you response is "yes" for question number 1, which one of the following mechanism do you use?
    A. Pills
    B. IUDs
    C. Inject able
    D. Implant/Norplant
    E. Spermicidal
    F. Condom
    G. Female sterilization
    H. Male sterilization
    I. Please mention if there is any other______________________________
3. How long did you use modern contraceptive methods?
    A. Below a year
    B. 1 -2 years
    C. 2 -5 years
    D. More than 5 years
4. Why do you intend to use modern contraceptive methods?
    A. For children spacing
    B. To limit the family size
    C. Please mention if there is any other reason_______________________
5. Have you ever discontinued using modern contraceptives?
    A. Yes
    B. No

6. If your response to question number "5" is yes, why?
   A. It results in another health problems
   B. I cannot easily get the method
   C. I need to get pregnant
   D. My life partner prohibits me
   E. Poor follow-up from service providers
   F. I became pregnant while using
   G. I prefer another better method
   H. Not convenient to use it
   I. I found it to be costly
   J. Mention if other_______________
7. Have you ever shifted from using one method to another one?
   A. Yes
   B. No
8. If your response is yes for question number 7, why?
   A. The former method is not suitable to uses
   B. I have found another better method
   C. The former method was not easily accessible in my area
   D. The former method was costly
   E. The former method results in healthy problem
   F. I am influenced by other people and media
   G. I have got the second method for free
   H. Mention if other_______________

Part V: Regarding Source of Modern Contraceptive Methods

1. Where did you get modern contraceptive methods?
   A. Government hospitals and health stations
   B. Private hospitals or choice
   C. Pharmacies
   D. Shops
   E. NGO clinics

F. Mention if other ______

2. Where do you prefer to get your right choice contraceptive methods?

   A. Government hospitals and health stations

   B. Private hospitals or choice

   C. Pharmacies

   D. Shops

   E. NGO clinics

   F. Mention if other ______

Part VI: Questions to be filled by non-users of modern contraceptive

1. What are the reasons for not to use modern contraceptive?

   A. Lack of knowledge about how to use it

   B. Lack of knowledge about where to get the service

   C. Prohibited in my religion

   D. Fear of side effects

   E. Afraid to seen by others

   F. Opposition from my life partner

   G. Non affordable price

   H. Preferred method is not available

   I. Distance to get access to my choice

   J. I need to get pregnant

   K. Please mention if there is any other reason ______

2. Do you have a plan to use contraceptives in the future?

   A. Yes

   B. No

   C. I am not sure

Part VII: Questions about Problems on Contraceptive Social Marketing Programs

1. Do you think hat contraceptive social marketing has problems?
   A. Yes
   B. No
   C. I don't know
2. If your response is "yes" for question number 1 above, what are the problems?
   ____
   ____
   ____
3. What measures do you suggest to be taken to avoid such problems?

አዲስ አበባ ዩኒቨርሲቲ

የትምህርት ኮሌጅ

የማርኬቲንግ ማኔጅመንት ማስተርስ ፕሮግራም

ይህ የመጠይቅ ቅጽ የማህበራዊ ግብይት በእርግዝና መከላከያ ዘዴ አጠቃቀም ላይ ያለውን ተፅዕኖ ለማወቅ ለሚደረግ ጥናት የተዘጋጀ ነው፡፡ ስለዚህ የእርስዎ ይህንን የመጠይቅ ቅጽ እውነተኛ በሆነ መልኩ ለመሙላት መተባበር ለጥናቱ ጉልህ አስተዋፅኦ ያደርጋል፡፡ የሚሠጡት መረጃ በሚስጥር እንደሚያዝና ለጥናቱ አገልግሎት ብቻ እንደሚውል ላረጋግጥልዎ እወዳለሁ፡፡ ይህንን የመጠይቅ ቅፅ በመሙላት የተባበራችሁኝን ሁሉ በቅድሚያ አመሠግናለሁ፡፡

ማስታወሻ፡-

- ስምዎን መፃፍ አያስፈልግም
- ምርጫዎን በማክበብ ያመልክቱ
- ለተጠየቁት ጥያቄ ከአንድ በላይ መልስ መስጠት ይቻላል፡፡

ክፍል አንድ፡- የመላሾች የግል ሁኔታ መግለጫ

1. እድሜ

   ሀ. ከ 15 እስከ 24 ለ. ከ 25 እስከ 34 ሐ. 35 እስከ 44 መ. ከ44 በላይ

2. የትምህርት ደረጃ

   ሀ. ያልተማረ ለ. ማንበብና መፃፍ ሐ. አንደኛ ደረጃ

   መ. ሁለተኛ ደረጃ ሠ. ዲፕሎማ ረ. ከዲፕሎማ በላይ

3. የወር ገቢዎ ስንት ነው

   ሀ. ከብር 150 በታች ለ. ከብር 151 እስከ 650 ሐ. ከብር 650 እስከ 1400

   መ. ከብር 1401 እስከ 2350 ሠ. ከ2351 እስከ 3550 ረ. ከ3551እስከ 5000

   ሰ. ከ 5000 በላይ

4. ሐይማኖት

ሀ. የቤት እመቤት ለ. እስልምና ሐ. ፕሮቴስታንት መ. ካቶሊክ

ሠ. ሌላ ካለ እባክዎትን ይግለፁት_______________

5. የሥራ ሁኔታ

ሀ. የቤት እመቤት ለ. የመንግስት/የግልሠራተኛ ሐ. ተማሪ መ. ገበሬ ሠ. ነጋዴ

6. የልጆች ብዛት_______________

7. በልጆችዎ መካከል ያለው አማካይ የእድሜ ልዩነት_______________

ክፍል ሁለት፡- የግብይት ማስታወቂያን በተመለከተ

1. ስለ ዘመናዊ የየእርግዝና መከላከያ ዘዴ ሰምተው ያውቃሉ

   ሀ. አዎ ለ. አላውቅም

2. ምን ዓይነት ዘመናዊ የእርግዝና መከላከያ ዘዴ ያውቃሉ

   ሀ. የወሊድ መከላከያ ኪኒን ረ. ኮንደም

   ለ. በማህፀን ውስጥ የሚቀመጥ ሰ. ቋሚ ዜዴ የወንድ ዘር ፍሬን በማኮላሸት

   መ. በክንድ ላይ በቆዳ ስር የማቀመጥ ቀ. ሌላ ካለ እባክዎትን ይግለፁት

   ሠ. በማህፀን ውስጥ የሚደረግ አረፋማ ፈሣሽ

3. ስለወሊድ መከላከያ ዘዴ ከማን ወይም ከየት መረጃውን አገኙ

   ሀ. ከተለያዩ ህትመቶች/ ጋዜመቶች/ ጋዜጣና መጽሔት

   ለ. በቴሌቭዥን እና ራድዮ

   ሐ. ከጤና ባለሙየዎች

   መ. ከሱቆችና ኪጠስኮች ሽየጭ ሰራተኛ

   ሠ. በተለየዩ ባታዎች የተተከሉ የማስታውያ ለሌዲዎች፣በራሪ ፅሁፎች፣ፐስተሮችና ከመሣሠሉት

   ረ. ሌላ ካለ እባክዎትን ይግለፁት

4. ስለ ዘመናዊ የእርግዝና መከላከያ ዘዴ ጥቅምና የት እንደሚገኙ ጠለቅ ያለ እውቀት አለዎት

ሀ. አዎ ለ. የለኝም

ክፍል ሶስት :- የእርግዝና መከላከያ ዘዴዎች ዋጋን በተመለከተ

ከዚህ በታች ለተጠቀሱት ዓረፍተ ነገሮች ከተጠቀሱት አማራጮች ውስጥ ማለትም በጣም አስማማሁ/በእ/፣ገለልተኛ/ገ/፣ አልስማማም/አል/፣በጣም አልስማማም/አል/፣በጣም አልስማማም /በአል/እየመረጡ እንደመልሱ ተጠይቀዋል።

ተ.ቁ	ዓርፍተ ነገር	በእ	እ	ገ	አል	በአል
1	የእርግዝና መከላከያ አማራጮች ዋጋ አቅምን ያገናዘበ ነው	5	4	3	2	1
2	ዋጋ የመከላከያ ዘዴን ለመምረጥ ተፅዕኖ አለው	5	4	3	2	1
3	የእርግዝና መከላከያ አማራጮች በነፃ መሆን የተጠቃሚውን ቁጥር ይጨምራል	5	4	3	2	1
4	የአማራጮች የዋጋ መጠን በመጠቀምና ባለመጠቀም ውሣኔ ላይ ተፅኖ ይኖረዋል	5	4	3	2	1

ክፍል አራት:- ስለወሊድ መከላከያ ዓይነቶችና መጠቀምን በተመለከተ

1. ዘመናዊ ወሊድ መቆጣጠሪያ ዘዴዎች መካከል የአንዱ ተጠቃሚ ነዎት

   ሀ. አዎ ለ. አይደለሁም /ተጠቃሚ ካልሆኑ ወደ ክፍል ሰባት ይለፍ

2. ለ1ኛው ጥያቄ መልስዎ አዎ ከሆነ የትኛውን መንገድ ይጠቀማሉ

   ሀ. የወሊድ መከላከያ ኪኒን/ Pills /

   ለ. በማህፀን ውስጥ የሚቀመጥ / IUD /

   ሐ. በመርፌ የማሥጥ /Injectable /

   መ. በክንድ ላይ በቆዳ ስር የሚቀመጥ/ Implant/Norplant/

   ሠ. በማህፀን ውስጥ የሚደረግ አረፋማ ፈሣሽ/ Spermicidal/

   ረ. ኮንደም/Condom/

ሰ. ቋሚ ዘዴ የወንድ ዘር ፍሬን በማኮላሸት / Female Sterilization/

ሸ. ቋሚ ዘዴ የወንድ ዘር ፍሬን በማኮላሸት / Male Sterilization/

ቀ. ሌላ ካለ እባክዎትን ይግለፁት ________________

3. ዘመናዊ የወሊድ መቆጣጠሪያ ዘዴን ለስንት ዓመት ተጠቀሙ?

ሀ. ከአንድ ዓመት በታች ለ. ከ 1 እስከ 2 ዓመት ሐ. ከ 2 እስከ 5 ዓመት

መ. ከ 5 ዓመት በላይ

4. ዘመናዊ የወሊድ መቆጣጠሪያ ዘዴን ለምን ይጠቀማሉ?

ሀ. እራርቆ ለመውለድ ለ. የቤተሠብን ቁጥርን ለመወሠን

ሐ. ሌላ ካለ እባክዎትን ይግለፁት________________________

5. የዘመናዊ እርግዝና መከላከያ ዘዴ መጠቀምን አቋርጠው ያውቃሉ?

ሀ. አዎ ለ. አላውቅም

6. ለ 6 ኛው ጥያቄ መልስዎ አዎ ከሆነ፣ ለምን አቋረጡ?

ሀ. ስጠቀም ሌላ የጤና ችግር ስላመጣብኝ

ለ. የመከላከያውን ዘዴ በቅርብ ስላልተገኘ

ሐ. ማርገዝ ስለፈለኩ

መ. የትዳር ጓደኛዬ ስለከለከለኝ

ሠ. አገልግሎቱን የሚያቀርቡ አካላት ክትትል ስለማያደርጉ

ረ. እየወሰድኩኝ እያለ እርግዝና ስለተከሰተ

ሰ. ሌላ የተሻለ ዘዴ ስለፈለግኩኝ

ሸ. ለመውሰድ ተስማሚ ስላልነበር

ቀ. ዋጋው ውድ ስለሆነብኝ

በ. ሌላ ካለ እባክዎትን ይግለፁት______________________

7. ዘመናዊ የእግዝና መከላከያ ዘዴን ሲጠቀሙ ከአንደኛው ወደ ሌላኛው ዘዴ ቀይረው ያውቃሉ?

ሀ. አዎ ለ. አላውቅም

8. ለ 8ኛው ጥያቄ መልስዎ ከሆነ ለምን ቀየሩ?

ሀ. መጀመሪያ የምጠቀመው መንገድ ለመጠቀም ተስማሚ ስላልነበር

ለ. የተሻለ የሚመች ዘዴ ስላገኘሁ

ሐ. የመጀመሪያው መንገድ በአቅራቢያ ስለማይገኝ

መ. የመጀመሪያው ዘዴ ውድ ስለሆነ

ሠ. የመጀመሪያው ዘዴ በጤናዬ ላይ ችግር ስላመጣብኝ

ረ. የሌሎች ሰዎች እና የመገናኛ ዘዴ ተፅዕኖ ስላደረገብኝ

ሰ. የሁለተኛውን መንገድ በነፃ ስላገኘሁ

ሸ. ሌላ ካለ እባክዎትን ይግለፁት____________________

ክፍል አምስት ፡- የእርግዝና መከላለያ ዘዴዎች የሚገኙበት ቦታ

1. የዘመናዊ የእርግዝና መከላከያ ዘዴን ከየት ነው የሚያገኙት?

ሀ. ከመንግስት ሆስፒታል ወይም ጤና ጣቢያ

ለ. የግል ሆስፒታል ወይም ክሊኒክ

ሐ. ከመድሐኒት ቤቶች

መ. ከሱቆች

ሠ. ከግበረሠናይ ድርጅቶች

ረ. ሌላ ካለ እባክዎትን ይግለፁት____________________

2. የሚፈልጉትን የእርግዝና መከላከያ ዘዴን ለማግኘት የሚመርጡት ከየት ነው?

ሀ. ከመንግስት ሆስፒታል ወይም ጤና ጣቢያ

ለ. የግል ሆስፒታል ወይም ክሊኒክ

ሐ. ከመድሐኒት ቤቶች

መ. ከሱቆች

ሠ. ከግበረሠናይ ድርጅቶች

ረ. ሌላ ካላ እባክዎትን ይግለፁት_______________

ክፍል ስድስት፡- የዘመናዊ የወሊድ መከላከያ ዘዴን በማይጠቀሙ የሚሞላ

1. የዘመናዊ የእርግዝና መከላከያ ዘዴን የማይጠቀሙበት ምክንያት/ቶች/ ምንድን ነው /ናቸው/?

   ሀ. እንዴት እንደምጠቀም ስለማላውቅ

   ለ. አገልግሎቱ የት እንደሚሠጥ ስለማላውቅ

   ሐ. ሐይማኖቴ ስማለይፈቅድ

   መ. በጤናዬ ላይ ችግር እንዳይፍጥርብኝ

   ሠ. ለመግዛት ስለማፍር

   ረ. የትዳር አጋሬ መጠቀምን ስለማይደግፍ

   ሰ. ለመግዛት የገንዘብ አቅም ስለሌለኝ

   ሸ. የምመርጠው መከላከያ ዘዴ አለመኖር

   ቀ. የምመርጠው ማዕከል መራቅ

   በ. ማርገዝ ስለምፈልግ

   ተ. ሌላ ካለ እባክዎትን ይገለፁት_______________

2. የእርግዝና መከላከያ ዘዴን ወደፊት ለመጠቀም ያስባሉ?

   ሀ. አዎ ለ. አልጠቀምም ሐ. እርግጠኛ አይደለሁም

ክፍል ሰባት፡- የእርግዝና መከላከያ ማኅበራዊ ግብይት ፕሮግራም ችግሮችን በተመለከተ

1. የእርግዝና መከላከያ ማኅበራዊ ግብይት ፕሮግራም ችግሮች አሉበት ብለው ያምናሉ?

   ሀ. አዎ ለ. የለበትም ሐ. እርግጠኛ አይደለሁም

2. ለ1ኛው ጥያቄ መልስዎ አዎ ከሆነ ዋና ዋና ችግሮች ምን ምን ናቸው?

   ___

   ___

   ___

3. እነዚህን ችግሮች ለማስወገድ የሚረዱ የመፍትሔ ሃሣቦችስ?

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Interview Questions Guide

1. When was your organization established?
2. How do you create product awareness and availability?
3. Which promotional mix can campaigns do you use in contraceptive social marketing?
4. Which type of distribution channel you are using to make contraceptive accessible and available to the users?
5. How do you see the impact of different outlets of contraceptives on the utilization?
6. What criteria do you develop to measure the effectiveness of your contraceptive social marketing?
7. What are the problems of contraceptive social marketing program?

Focus Group Guide

1. How do you understand about modern contraceptive methods in general? What kinds of modern contraceptive do you know?
2. Why do you use modern contraceptive methods?
3. Where do you get the information which related to contraceptives?
4. Is there any difference between users and non-users of modern contraceptives with regard to:
   - Number of children
   - Average age difference between children
5. What are the barriers for practicing modern contraceptive methods?
   - Accessibility
   - Availability of different kinds of methods
   - Fear of side effects
   - Culture and religious opposition
   - Lack of adequate information about contraceptive methods
   - Spousal opposition
   - Desire to have more children
   - The price of contraceptive methods
6. Do you have intention to use modern contraceptive methods to control your future fertility?
7. Which modern contraceptive methods do you prefer to use? Do you get method of your choice?
8. Where do you like to get methods of your choice and why?
9. Have you shifted from one method to the other? Why?
10. What are the problems of contraceptive social marketing in Dessie?