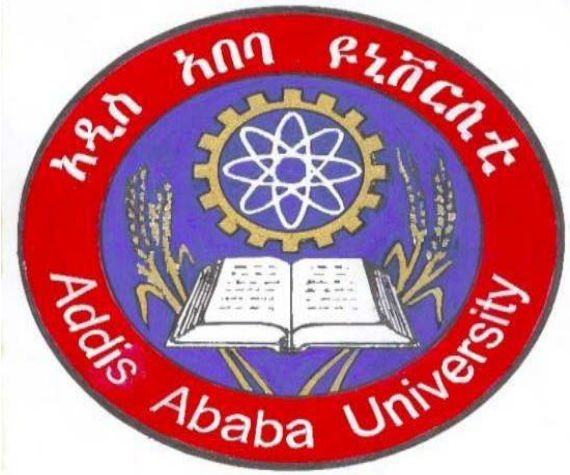


Addis Ababa University
College of Business and Economics
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Graduate Studies
Marketing Management Program Unit

The Effect of Traditional Marketing Strategies on Women's Contraceptive Buying Behavior; the Case of DKT Ethiopia Partner MCH Centers in Addis Ababa

By: Danayit Aklilu

Advisor: Hailemariam Kebede (PhD)

July, 2021

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By: Danayit Aklilu

A Thesis Submitted to School of Graduate Studies of Addis Ababa University, School of Commerce for the Award of the Degree of Masters of Art in Marketing Management

Advisor: Hailemariam Kebede (PhD)

July, 2021

Addis Ababa, Ethiopia

Approval

Addis Ababa University
School of Commerce
Graduate Studies
Marketing Management Program Unit

Name: Danayit Aklilu

Degree: Master of Arts in Marketing Management

Thesis title: The Effect of Traditional Marketing Strategies on Women's Contraceptive Buying Behavior; the case of DKT Ethiopia Partner MCH centers in Addis Ababa

Approved by Board of Examiners

_____	_____
Advisor	Signature
_____	_____
External Examiner	Signature
_____	_____
Internal Examiner	Signature

Statement of Certification

This is to certify that **Danayit Aklilu** has carried out her research work on the topic entitled **The Effect of Traditional Marketing Strategies on Women's Contraceptive Buying Behavior; the case of DKT Ethiopia Partner MCH centers in Addis Ababa** is her original work and is suitable for submission for the award of Master's Degree in Marketing Management.

_____

Advisor: Hailemariam Kebede (PhD)

July, 2021

Addis Ababa, Ethiopia

Statement of Declaration

I, Danayit Aklilu, hereby declare that the thesis entitled ***The Effect of Traditional Marketing Strategies on Women's Contraceptive Buying Behavior; the case of DKT Ethiopia Partner MCH centers in Addis Ababa*** is done with my own effort and that all materials used for the study have been duly acknowledged. This study has not been submitted for any degree in this University or any other University. It is offered for the partial fulfillment of the degree of MA in Marketing Management.

Declared by:

Name; Danayit Aklilu ***Signature;*** ----------

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Abstract

The objective of this study was to investigate the effect of Traditional marketing strategies on women's contraceptive buying behavior from DKT Ethiopia partner MCH centers of Addis Ababa. A quantitative research approach and descriptive and explanatory research designs were used. Both primary and secondary data were collected. Statistical Package for the Social Sciences (SPSS) version 23 was used to analyze the data and the study had a 93% response rate. The finding of the study shows that product availability makes the strongest unique contribution to explaining women contraceptive buying behavior followed by product awareness and their availability. Even though, women contraceptives price has a positive effect on their buying behavior, its effect is not statistically significant. This is probably because of women contraceptives are available for free or with the possible minimized price in the market. The availability of women's contraceptive in the MCH centers, women's contraceptive distribution (accessibility) and consumers' awareness (promotion) have positive and significant effect on their buying behavior. The price affordability of women's contraceptive has a positive but insignificant effect on their buying behavior. This is probably because of women contraceptives are available for free or with the possible minimized price in the market. Therefore; through continues market survey, women contraceptive marketers, especially manufacturers, importers and wholesalers should mainly work on the availability, types & variety of women contraceptives at each and every MCH centers and maintain continuous supply of each product to avoid stock out. In addition, women contraceptive marketers should increase the number of MCH centers in order to enhance consumers' accessibility to the products. Lastly, further study should be conducted on the price of women contraceptives to examine its effect on their buying behavior.

Key Words: Buying Behavior, Contraceptives, DKT Ethiopia, Mother & Child Health Center, and Traditional Marketing

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Acronyms

AIDS: Acquired Immune Deficiency Syndrome

CPR: Contraceptive Prevalence Rate

DKT: DKT Ethiopia

EC: Emergency Contraception

EDHS: Ethiopia Demographic and Health survey

EPHI: Ethiopian Public Health Institute

FMOH: Federal Ministry of Health

FP: Family Planning

GMH: Guinean Ministry of Health

HIV: Human Immunodeficiency Virus

HSDP: Health Sector Development Program

ICF: International Children's Fund

IUD: Intrauterine Device

JHU: Johns Hopkins University

MSIE: Marie Stops International Ethiopia

NGO: Non-Governmental Organization

NHS: National Health Survey

PSI: Population Service International

WHO: World Health Organization

Chapter 1

Introduction

1.1. Background of the Study

Marketing is defined as a social and managerial process by which individuals and groups obtain what they need and want through creating and exchanging products and value with others (Kotler et al., 2005).

Over the years, marketing has evolved through three stages that are called Marketing 1.0 (product centric stage) marketing was all about selling the factory's output of products to all who would buy them., Marketing 2.0 (customer centric stage) product value is defined by the consumer and the marketer must segment the market and develop a superior product for a specific target market., and Marketing 3.0 (human centric stage) Instead of treating people simply as consumers, marketers approach them as whole human beings with minds, hearts, and spirits (Kotler, et al., 2010).

Traditional marketing is one of the marketing methods that focuses more on the customer and their problems and provide solution to a societal problem. Many authors have defined Traditional marketing in different ways. For instance, Kotler and Zaltman (1971) first coined the term Traditional marketing to describe an expanded role for marketing practice in the business of idea and behavioral change.

Andreasen (1994) clearly states the definition of Traditional marketing as follows;

> 'Traditional marketing is the adaptation of commercial marketing technologies to programs designed to influence the voluntary behavior of target audiences to improve their personal welfare and that of the society of which they are a part.' He further explained this definition as; 'To achieve their sales objectives, private sector marketers engage in a great many activities that are designed to change beliefs, attitudes, and values. But their only reason for doing this is that they expect such changes to lead to increased sales.'

Stephen Dann (2009) also redefined social marketing as;

> ‘The adaptation and adoption of commercial marketing activities, institutions and processes as means to induce behavioral change in a targeted audience on a temporary or permanent basis to achieve a social goal.’

Thus, the study of consumer behavior becomes an essential part of the process. According to Hawkins & Mothersbaugh (2010), consumer behavior is the study of individuals, groups, or organizations and their process of selecting, securing, using, and disposing of products, services, experiences, or ideas to satisfy needs and the impacts that these processes have on the consumer and society.

Traditional marketing programs are focusing on development of different activities and strategies on changing people’s behavior with the aim to benefit either an individual or society. In some programs, the primary beneficiary is the target consumer or his or her family (Andreasen, 2002), and successful Traditional marketing strategy requires a sound understanding of consumer behavior (Hawkins and Mothersbaugh, 2010).

Traditional marketing can be briefly defined as the application of marketing principles and techniques to projects in Traditional change. Contraceptive Traditional marketing (CSM), however, is a particular kind of delivery system. CSM programs promote, distribute, and sell contraceptive products through commercial sales outlets at relatively low, subsidized prices in order to meet the Traditional goal of increased contraceptive usage (Bertrand, et al., 1989)

Contraceptive Traditional marketing programs make use of existing channels of distribution including distribution companies, pharmacies, hospitals, MCH centers, and clinics (Bertrand, et al., 1989). According to Bertrand, et al. (1989) report, the overall objective of CSM, like other family planning programs, is to increase contraceptive usage (and ultimately reduce population growth rates) by making contraceptives more widely available.

The primary CSM products are condoms, oral contraceptives, and vaginal foaming tablets. A few programs also sell injectable and IUDs. Many programs have extended their product line by adding higher-priced brands appealing to more up-scale consumers in order to increase program revenues and cover a larger share of operating costs.

DKT Ethiopia is a registered, non-profit Traditional Marketing organization founded in 1990 when the country had been hit by HIV/AIDs which became a national heath priority. DKT

Traditional Marketing has currently been focusing on promotion of Family Planning (FP), the prevention of Sexually Transmitted Infections (STIs) and Promoting Maternal and Child health (DKT, 2018).

DKT promotes the use of condoms and a wide range of contraceptives; through innovative and irreverent Traditional Marketing campaigns to capture the attention of the population, design of sexual and reproductive education platforms, implementation BCC campaigns and the increase of specialized FP services by health providers. DKT basically, focusing on prevention of HIV/AIDS, promoting family planning, and promoting maternal and child health.

DKT also partners with the public sector in a variety of ways including supplying commodities as needed to ensure contraceptive security, supporting governments with service delivery and outreach work and training health providers.

1.2. Statement of the Problem

The 2018 DKT Ethiopia Traditional marketing program update reported that Ethiopia's total fertility rate (TFR) - the average number of children born to a woman in her lifetime, had declined from 7.0 in 1990 to 4.6 in 2018. Considering a declining fertility, the total population of Ethiopia will reach 172 million by mid of the 21st Century. During this period, Ethiopia will be the 10th populous country in the World. The rapid rise in the CPR and drop in the TFR during the past two decades show what is possible when government, donors, and civil society work together as a Traditional marketing program to achieve a common goal.

Reproductive age is a time for sexual exploration and expression. For many women sexual relations begin in adolescence, in or outside of marriage. The consequences of unprotected sex for women include too early and unwanted pregnancy, and sexually transmitted infections, including HIV. As a result of this the need for a tailored marketing approach to adolescents is eminent. Limited knowledge of sexual physiology, early marriage, limited use of contraceptives, limited access to reproductive health information and education, and girls' limited agency over their sex lives all contribute to the high rate of unwanted pregnancy (EPHI & ICF, 2019).

The age structure of the household population in Ethiopia is a typical of a society with a young population. According to the (DKT, 2018), adolescents, in the 15-19 age groups, account for

23.5% of the total population. Traditional marketing services are provided by MSIE and DKT Ethiopia to address the adolescent age groups.

Traditional marketing helps the target customers/people to practice good things for the benefit of the individuals, families and the society, by voluntarily changing their behavior. It is the "use of marketing principles and techniques to influence a target audience to voluntarily accept, reject, modify, or abandon a behavior for the benefit of individuals or society as a whole" (Kotler, et al., 2002).

Therefore; even though, there are few studies done to examine different factors that affect women contraceptive choice in Ethiopia, in best knowledge of the investigator's knowledge, there is no attempt made to examine these factors from Traditional marketing perspectives. As a result; the purpose of this study is to examine the effect of Traditional marketing strategies on buying behavior of women's contraceptive of DKT partner MCH centers in Addis Ababa. In addition, it helps in minimizing the gap in research on the effect of Traditional marketing strategies on women's contraceptive buying behavior for the case of DKT partner MCH centers in Addis Ababa. Moreover; the study helps the respective stakeholders, especially DKT Ethiopia, to formulate their marketing strategies as per the finding, to have sustainable competitive advantages.

1.3. Research Questions

To achieve the purpose of the study, the researcher formulated the research question by relying on the background and problem statement of the study.

The main research question of this study was:

- How Traditional marketing strategies affect women's contraceptive buying behavior and to what extent these strategies affect it?

Specific research questions for the study were:

1. How does product availability affect women's contraceptive buying behavior?
2. Does promotion/awareness have effect on women's contraceptive buying behavior?
3. How does price affect women's contraceptive buying behavior?
4. How does a place affect the buying behavior of women's contraceptive?

1.4. Research Objectives

1.4.1. General Objective

The general objective of this study was to investigate the effect of Traditional marketing strategies on women's contraceptive buying behavior from DKT Ethiopia partner MCH centers of Addis Ababa.

1.4.2. Specific Objectives

- ✓ To examine the effect of product on women's contraceptive buying behavior.
- ✓ To analyze the effect of price on women's contraceptive buying behavior.
- ✓ To identify the effect of place on women's contraceptive buying behavior.
- ✓ To analyze the effect of promotion on women's contraceptive buying behavior.

1.5. Significance of the Study

The aim of this study was to examine the effect of Traditional marketing strategies on women's contraceptive buying behavior in DKT partner MCH centers in Addis Ababa. This study will provide baseline information for Traditional marketers on the effect of Traditional marking strategies on women's contraceptive buying behavior. In addition, this study helps the respective stakeholders specially government, population policy makers, public health services providers, and non-governmental organizations (NGO) to formulate the best Traditional marketing strategies to have sustainable competitive advantages. Finally, the result will have paramount importance for being as a baseline for further study.

1.6. Scope of the Study

Due to the cost and difficulty to maintain large number of populations throughout Ethiopia as study participant, geographically, this study is limited to Addis Ababa, which is a small portion of the country. Therefore, the findings might not be the reflection of consumer buying behavior of the whole of the country. Conceptually this study has two main scopes. Firstly, it is limited to women's contraceptive. Because the study was conducted at DKT partner Mother's and Child's Health (MCH) centers, as the name implies, only females are going to serve in these types of centers. In addition, since the only male contraceptive method in our county is condom, which is easily available at different outlets, this study is focused only on women contraceptives.

Secondly, this study was considered only modern women contraceptives and traditional contraceptive methods were not included.

1.7. Limitation of the Study

The main limitation of this study was the sample coverage, which is methodological limitation. The actual study populations of this study were all women contraceptive consumers in Addis Ababa. Since, this population is very large and infinite, convenient sampling technique was used, the result might not explain the buying behavior of women's contraceptive consumers of the whole Addis Ababa.

1.8. Operational Definition

Consumer Behavior

Consumer behavior is the totality of consumers' decisions with respect to the acquisition, consumption, and disposition of goods, services, activities, experiences, people, and ideas by (human) decision-making units [over time].

Contraception

It means the use of various devices, drugs, agents, sexual practices, or surgical procedures to prevent pregnancy.

Contraceptive Methods

Demographic and health survey classified contraceptive methods into two categories:

- ✓ Modern contraceptive methods include female sterilization, male sterilization, the pill, the IUD, injectable, implants (such as Norplant), the female condom, the male condom, emergency contraception, the diaphragm, and foam/jelly.
- ✓ Traditional contraceptive methods include; periodic abstinence, withdrawal, and any country-specific traditional methods.

DKT Ethiopia

It is a non-profit, non-governmental organization (NGO) but operates like a social enterprise.

Family Planning

Family planning refers to a conscious effort by a couple to limit or space the number of children they have through the use of contraceptive methods.

Place

The distribution channels which products or services are available and accessed to consumers.

Price

The amount of money one must pay to obtain the right to use the product or service or to practice the behavior.

Product

A product is typically conceived of as something tangible: a physical entity or service that can be exchanged with a target market. However, Traditional marketing extends the concept of products to include ideas, Traditional causes and behavior changes (e.g., use contraceptives, eat more fiber).

Promotion

The means used to communicate the benefits. These may include interpersonal communication, advertising, public relations, Traditional media, or advocacy.

1.9. Organization of the Study

This study will have five chapters. The first chapter deals with background information, statement of the problem, basic research questions, objective of the study, significance of the study, hypothesis, limitation of the study and scope of the study. The second chapter deals with review of literature. The third chapter discusses the methodology. The fourth chapter will be presentation, analysis, interpretation and summary of major findings. The last chapter will consist of the conclusion and recommendation parts.

Chapter 2

Review of Related Literatures

This chapter presents the review of existing literatures in the area of Traditional marketing of women's contraceptives and consumers buying behavior in order to familiarize readers with better understanding of the subject matter. Over view of Traditional marketing strategies and women's contraceptives buying behavior, theories and models used for Traditional marketing of women's contraceptives buying behavior are discussed in this chapter. Finally, this chapter also presents the conceptual framework of the study together with the hypothesis formulated.

2.1. Theoretical Literature

According to Kotler & Levy (1969), today's marketing is in a transition. Though, traditionally marketing primarily dealt only with products, the term *product* has gradually been expanded to include services, and the concept of marketing itself has been broadened. El·ansary and Kramer (1973) also elaborate it as broadening the marketing concept means extending the application of marketing technology to the marketing of organizations, persons, places, and ideas. Idea marketing has been labeled as *"Traditional marketing"* since it involves the promotion of "Traditional causes" such as safe driving and antismoking campaigns and the concept of family planning

2.1.1 Traditional Marketing

Solomon, et al. (2010) referred Traditional marketing as attempts to change consumers' attitudes and behaviors in ways that are beneficial to society as a whole. Hawkins and Mothersbaugh (2010) also defined Traditional marketing as the marketing done to enhance the welfare of individuals or society without direct benefit to a firm. Traditional marketing concepts and methods borrow heavily from the traditional marketing literature (Lefebvre and Flora, 1988). However, Hawkins & Mothersbaugh (2010), and Lefebvre & Flora (1988) argued that Traditional marketing differs from traditional marketing in the intangible and abstract nature of the "product" (such as; products-ideas, attitudes, lifestyle changes) and in the absence of a profit motive (such as; health-care campaign and nonprofit service sectors). According to the scholars, these campaigns have direct benefits potential to the individual. In general, however, the benefits to the individual are indirect (a better society in which to live). Often the benefit is purely or

primarily emotional. Individuals are requested to change beliefs or behaviors or provide funds because it is “the right thing to do” and they will “feel good” or “be a better person” because of it.

Lefebvre and Flora (1988) argued that Traditional marketing principles are especially well-suited for the task of translating necessarily complex educational messages and behavior change techniques into concepts and products that will be received and acted upon by a large segment of the population. They also proposed that there are eight components of Traditional marketing which used for public health interventions. These are;

1. Consumer orientation to realize organizational goals,
2. An emphasis on voluntary exchanges of goods and services between providers and consumers,
3. Research in audience analysis and segmentation strategies,
4. Use of formative research in product or message design and the pretesting of these materials,
5. An analysis of distribution (or communication) channels,
6. Use of marketing mix; i.e. utilizing and blending product, price, place, and promotion characteristics in intervention of planning and implementation,
7. Process tracking system with both integrative and control functions, and
8. Management process that involves problem analysis, planning, implementation and feedback functions (Lefebvre and Flora, 1988).

Andreasen (2002) also reported the three potentially unique characteristics of Traditional marketing. These are; (1) Traditional marketing holds behavior change as its "bottom line," (2) therefore is fanatically customer-driven, and (3) emphasizes creating attractive exchanges that encourage behavior (the benefits are so compelling and the costs so minimal that everyone will comply). He also suggests that these tenets, in turn, imply central roles for consumer research, pretesting, and monitoring; for careful market segmentation; and for strategies that seek to provide beneficial, popular, and easy-to-implement exchanges to target audience members.

There-fore, he proposed the following benchmarks for identifying an approach that could be legitimately called Traditional marketing;

1. Behavior-change is the bench mark used to design and evaluate interventions.
2. Projects consistently use audience research to (a) understand target audiences at the outset of interventions (i.e., formative research), (b) routinely pretest intervention elements before they are implemented, and (c) monitor interventions as they are rolled out.
3. There is careful segmentation of target audiences to ensure maximum efficiency and effectiveness in the use of scarce resources.
4. The central element of any influence strategy is creating attractive and motivational exchanges with target audiences.
5. The strategy attempts to use all four Ps of the traditional marketing mix; for example, it is not just advertising or communications. That is, it creates attractive benefit packages (products) while minimizing costs (price) wherever possible, making the exchange convenient and easy (place) and communicating powerful messages through media relevant to-and preferred by -target audiences (promotion).
6. Careful attention is paid to the competition faced by the desired behavior (Andreasen, 2002).

2.1.2 Traditional Marketing Strategies

Traditional marketing has been used in attempting to reduce smoking, to increase the percentage of children receiving their vaccinations in a timely manner; to encourage environmentally sound behaviors such as recycling; to reduce behaviors potentially leading to AIDS; to enhance support of charities; to reduce drug use; and to support many other important causes. Just as for commercial marketing strategy, successful Traditional marketing strategy requires a sound understanding of consumer behavior (Hawkins & Mothersbaugh, 2010).

Evans (2006) also stated that Traditional marketers argue that attempts to influence health behavior should also start from an understanding of people we want to do the changing. The task

is to work out why they do what they do at present-their values and motivation and use this to encourage healthy options.

Robinson (2009) argues that Traditional marketing can be context blind which means, it intensely focuses on the individual and tends to neglect context. Context is central to the adoptability of behaviors. It's more than a cursory consideration of the 4 Ps: "product, price, place, promotion". Instead, the entire contextual system needs to be the subject of strategizing and modification, including physical infrastructure, service design, place design, management and regulatory systems. So, based on Robinson to be able to shape the behavior of the consumer, everything must be accounted, and not only individual factors should be considered, the product availability, promotion, place which is the distribution of the product and making it convenient to the consumer and price, making the product affordable, plays a role in shaping the buying behavior.

Behavioral change is achieved through the creation, communication, delivery and exchange of a competitive Traditional marketing offer that induces voluntary change in the target audience, and results in the benefit to the Traditional change campaign's recipients, partners and broader society at large (Dann, 2010).

To bring this behavioral change there is a process. Grier and Bryant (2005) noted that the Traditional marketing process is a continuous, iterative process that can be described as consisting of six major steps or tasks: initial planning; formative research; strategy development; program development and pretesting of material and nonmaterial interventions; implementation; and monitoring and evaluation. The initial planning stage involves gathering relevant information to help identify preliminary behavioral objectives, determine target markets, and recognize potential behavioral determinants and strategies.

Traditional marketing is based on the "marketing mix", a commercial approach to developing and selling products and services, also referred to as the "4 Ps". To maximize sales, the marketing mix helps make the right product available in the right place at the right price. The main difference between commercial and Traditional marketing is that the latter aims to achieve a traditional goal-behavior change-rather than profits (Kotler and Lee, 2008).

Product Offering

According to Kotler & Keller (2012), a product is the first and most important element of the marketing mix and it can be nondurable goods, durable goods, or services. Hawkins & Mothersbaugh (2010) also added that, a product is anything a consumer acquires or might acquire to meet a perceived need.

El·ansary & Kramer (1973), also reported that the program's product was conceived of as a bundle of satisfactions or benefits to be derived from participation in the program. The services offered were designed not only in terms of medical or human services but also in terms of a physical clinic atmosphere compatible with the medical services rendered and a friendly attitude toward customers on the part of the clinic personnel.

Lefebvre (2011) also argued that, traditional marketers, especially in developed countries, must also recognize that access to affordable products and services may have a significant impact on people's abilities to engage in certain types of behaviors. These access and price issues may range from how information is retrieved and displayed on the internet for people with low health literacy skills, to whether clean water or point-of-use treatment products are available to survivors of natural disasters.

Price

Kotler and Keller (2012) stated that price is the only element of the marketing mix that produces revenue; the other elements produce costs. And price is perhaps the easiest element of the marketing program to adjust; product features, channels, and even communications take more time. They also stated that, price communicates to the market the company's intended value positioning of its product or brand. It's often assumed that lower prices for the same product will result in more sales than higher prices. However, price sometimes serves as a signal of quality. A product priced "too low" might be perceived as having low quality. Owning expensive items also provides information about the owner (Hawkins & Mothersbaugh, 2010).

According to Lefebvre and Flora (1988), prices can be thought of in a variety of ways; in addition to economic reasons, there are social, behavioral, psychological, temporal, structural, geographic, and physical reasons for exchanging or not exchanging. The costs, or barriers, to consumer use of health promotion products receive the most attention. However, another

distinguishing feature of the Traditional marketing approach is its use of incentives to encourage participation. Incentives can be real or perceived, tangible or intangible, financial or social, and so on.

Hawkins and Mothersbaugh (2010) often assumed that lower prices for the same product will result in more sales than higher prices. However, price sometimes serves as a signal of quality. A product priced "too low" might be perceived as having low quality. Whereas owning expensive items also provides information about the owner.

The Johns Hopkins University Population Information Program on Family planning reported that prices for CSM products should be set low enough that potential customers can afford them. At the same time, prices should be high enough that buyers think the products are of good quality. According to the report, prices also need to be high enough to provide adequate mark-ups for commercial distributors, wholesalers, and retailers. Government price controls may limit flexibility in setting prices (JHU, 1985).

Place

Place means arranging for accessible out-lets which permit the translation of motivations into actions. Planning in this area entails selecting or developing appropriate outlets, deciding on their number, average size, and locations, and giving them proper motivation to perform their part of the job. Motivated persons should know where the product can be obtained. The poor results of many Traditional campaigns can be attributed in part to their failure to suggest clear action outlets for those motivated to acquire the product (Kotler & Zaltman, 1971).

According to Kotler and Armstrong (2012), Making a product or service available to buyers, require building relationships not only with customers but also with key suppliers and resellers in the company's supply chain. A company's channel decisions directly affect every other marketing decision and companies often pay too little attention to their distribution channels; sometimes with damaging results.

The service delivery element of marketing program involved clinic site selection and service level determination. Service level was measured in terms of (l) time elapsed between initial home visit and delivery of family planning services, (2) the time spent per visit in transportation

to the clinic, and (3) the time spent per visit waiting for service delivery at the clinic (El·ansary and Kramer, 1973).

Access to health-promoting products and services can be the large gap between wanting to engage in a healthier lifestyle and being able to do it (how do we place opportunity within an arm's reach of desire?). Equally important, especially to the behavior change-minded Traditional marketer is creating access and opportunities to perform healthier behavioral alternatives – or not practice the unhealthier ones (Lefebvre, 2011).

Promotion

Promotion has been defined as the coordination of all seller-initiated efforts to set up channels of information and persuasion in order to sell goods and services or promote an idea (Belch & Belch, 2003). Kotler & Zaltman (1971) also defined promotion as, the communication-persuasion strategy and tactics that will make the product familiar, acceptable, and even desirable to the audience.

According to a report of Johns Hopkins University population information program on family planning, promotion to consumers, especially through the mass media, is important to build and sustain contraceptive Traditional marketing (CSM) sales (Johns Hopkins University, 1985). As per this report, CSM programs promote their products not only to potential customers, but also to doctors, pharmacists, and policy-makers, since the attitudes of these decision-makers can make or break a CSM program. In addition, promotional messages and materials call attention to CSM products, create the product's image, and also may tell how products work, how to use them, how much they cost, and where to buy them.

Other scholars, Lefebvre and Flora (1988) also reported about promotion is that, promotion is more than awareness- development or public relations. Used properly, promotion can be a major tool to make health promotion products more acceptable to the public and enhance their utilization by the consumer.

2.1.3 Traditional Marketing Theories and Models

In the developing world, Armand (2003) stated that Traditional marketing models for product-based reproductive health programs are defined by the organization that manages them. Indeed, management structure and organizational priorities can affect program outcomes and

sustainability. In other terms, Traditional marketing usually refers to a donor-funded program designed to meet unmet demand for health products, making them accessible to needy populations, typically with the support of multimedia communication campaigns.

Therefore; technically, Armand (2003) discussed in detail three types of Traditional marketing models which are stated as follows;

a) The NGO Model

The NGO model traditionally has been implemented by organizations that were part of international networks; such as, Population Services International (PSI), Marie Stopes International, DKT International, and the International Planned Parenthood Federation (IPPF).

These organizations were either developed for the purpose of implementing Traditional marketing programs, or added product-based activities to an existing range of Traditional programs.

NGO-based Traditional marketing programs typically market their own brands, designed to meet the needs and wants of a specific target group.

The entire marketing mix is geared toward maximizing the number of users in this target group, which may lead to strategies that make little sense from a commercial standpoint but are consistent with a Traditional goal.

For this reason, projects based on the NGO model often use donated products and sell them at prices that may only allow for the partial recovery of marketing and distribution costs.

Thus, NGOs aim to price products in a way that increases access to the poorest users while providing a profit margin to wholesalers and retailers.

The NGO-based approach is common in countries with weak commercial systems or limited commercial presence. It is also the most commonly found model in the developing world, where contraceptives and other health products are often expensive and poorly distributed.

Because of the focus on maximizing product access, the NGO model is sometimes referred to as the distribution model.

Advantages of NGO model

- ✓ Offers flexibility in all aspects of the marketing mix; the NGO has full control over the product's brand name and packaging, price, distribution, and promotion.
- ✓ Has the potential to reach entirely new target groups.
- ✓ Their experience in dealing with high-risk or needy audiences and their use of non-profit status, donor agencies, will obtain exemptions from laws that prohibit advertising.
- ✓ The effort that an NGO put into Traditional marketing campaigns can have a positive impact on the sales of commercial products or, in less-developed countries, pave the way for new commercial suppliers.

Limitations of NGO model

Limitations are related to its institutional and financial sustainability.

- ✓ NGO-based interventions that rely on donated commodities and in-house marketing management are the least financially sustainable if donor funding is unlikely in the future.
- ✓ The absence of technical capacity or resources to develop promotional endeavors typically undertaken by pharmaceutical manufacturers, including medical detailing and other provider-directed activities.
- ✓ The lack of economies of scale realized by spreading the costs of these activities over large product portfolios may put NGOs at a disadvantage compared to the manufacturer's model.
- ✓ Highly subsidized Traditional marketing programs with no exit strategy do little to wean users from free or subsidized health products and may even crowd out potential or existing commercial suppliers in the more developed markets.

b) The Manufacturer's Model

Traditional marketing programs designed according to this model are conducted in partnership with one or more commercial manufacturers of family planning products.

The products marketed through these programs are selected from a manufacturer's portfolio and marketed through conventional commercial distribution and communication channels. Though these programs often are managed by the local affiliate of a Traditional marketing organization (which may be a commercial firm itself or an NGO), the commercial partner retains control of branding, pricing, and distribution.

The manufacturer's model is based on a give-and-take approach: Commercial partners typically agree to reduce prices and increase distribution coverage, while the Traditional marketing organization commits to a strong market-building program, such as a consumer-directed mass media campaign.

The combination of lower prices, increased availability, and targeted communication creates a marketing mix that is expected to attract large numbers of new users. In the long term, it is hoped that the resulting sales increase will encourage more investment by the manufacturers and allow for the phase-out of donor funding.

The main advantages of manufacturer's model are its inherent potential for sustainability, at least as far as product availability is concerned, independent of donor funding (they allow for full cost recovery, as well as a profit margin). The manufacturer's model also reduces the cost of creating and marketing a new brand for the project, thereby increasing the financial sustainability of the intervention.

c) Variations and Hybrid Approaches

Traditional marketing projects do not always abide by a particular model, and many have evolved in their approach. In fact, it may be increasingly difficult to find classic examples of NGO-based or manufacturer- based programs. For example, a growing number of NGO-based projects no longer rely on donated commodities, but instead procure their own products with revenues from sales.

Distribution is increasingly subcontracted to the same agents used by commercial suppliers, and portfolios have been expanded to include profit-generating brands.

On the manufacturer side, partnerships have become more complex and this multiple partnership (including two pharmaceutical companies, a local NGO, and a network of local midwives) focuses on increasing access to family planning products and services in rural

areas. This program essentially is trying to expand supply and meet demand in areas not typically served by the commercial sector through unconventional sales networks.

Many NGOs are developing their own entrepreneurial capacity to increase financial and institutional sustainability; and some NGO-based projects have developed in-house capacity in sales and marketing that enables them to seek profit-making partnerships.

In a different twist on the manufacturer's model, a commercial supplier may choose to approach Traditional marketing as a new business venture, rather than passively waiting for partnership opportunities. This program is also an effective way for the company to access donor funding through its association with NGOs.

The main advantage of a combined approach is that in the right context, a program that combines elements of the NGO and manufacturer's models might compensate for each model's drawbacks. For example, NGOs that sell commercially sustainable brands do not have to worry about depending on donated commodities. As long as their target users can afford these brands, NGOs can use donor funds to sustain other aspects of their Traditional marketing programs, such as communication activities. Some NGOs have developed portfolios that include both subsidized and commercially sustainable products. In this case, the higher-priced brands can help subsidize Traditional products and services.

In addition, this approach can be an improvement on the classic manufacturer's model because its long-term impact is likely to be greater than that of a program managed by an implementing organization destined to leave after graduation.

On the other hand, the key disadvantage of a hybrid approach is its complexity. Managing for profit and donor-dependent programs within the same organization poses great challenges in terms of staffing, organizational culture, marketing, and cost accounting. This approach probably should be reserved for established NGOs with substantial technical capacity and a combined record of successful business ventures and proven Traditional impact.

In addition to Armand (2003), Kotler and Lee (2008) briefly explained Traditional marketing programs as programs that may subsidize one or more elements of the mix to increase product availability and affordability, and invest in Traditional and behavior change activities to motivate healthy behaviors. Some programs also include service delivery, policy and advocacy,

partnerships, and capacity-building activities designed to build a supportive environment for Traditional marketing implementation. As it was discussed by Armand, different types of international and country-based organizations, including contractors for the USAID, clinic-based NGOs, and Traditional marketing organizations (SMOs) for instance DKT may be involved in Traditional marketing implementation.

On the other hand, Lefebvre (2000) mentioned different types of Traditional marketing theories and models as follows:

1. **Health Belief Model (HBM)**

   HBM was originally designed to explain why people did not participate in programs to prevent or detect diseases. The core components of HBM include:

   - ✓ Perceived susceptibility: the subjective perception of risk of developing a particular health condition.
   - ✓ Perceived severity: feelings about the seriousness of the consequences of developing a specific health problem.
   - ✓ Perceived benefits: beliefs about the effectiveness of various actions that might reduce susceptibility and severity (the latter two taken together are labeled “threat’).
   - ✓ Perceived barriers: potential negative aspects of taking specific actions.
   - ✓ Cues to action: bodily or environmental events that trigger action.

2. **Theory of Reasoned Action (TRA)**

   TRA suggests that the most important predictor of subsequent behavior is one’s intention to act and this behavioral intention is influenced by attitude toward engaging in the behavior and the subjective norm one has about the behavior.

3. **Social Cognitive Theory (SCT)**

   SCT explains behavior in terms of reciprocal determinism in which behavior, cognitive and other interpersonal factors operate as interacting determinants of each other. In simple tem, SCT focuses on reciprocal determinism and self-efficacy.

4. **The Trans-theoretical Model of Health Behavior Change ("Stages of Change")**

This theory describes popular and utilized six stages that people go through in the behavior change process. These are;

- Pre-contemplation: people are not intending to take action in the foreseeable future, usually measured as the next six months.
- Contemplation: people in this stage indicate that they are planning to take action (change behavior) within the next six months.
- Preparation: here people indicate that they will take action in the next month and have a plan of action.
- Action: at this stage, people have made specific behavioral changes within the past six months.
- Maintenance: people in this phase are working at preventing relapse and use many of the processes described earlier to help them maintain their changes. This phase lasts anywhere from 6 months to 3 years.
- Termination: is described as "the stage in which individuals have zero temptation and 100% self-efficacy. People in this stage are sure they will not return to their old behavior or habit.

2.2. Empirical Literatures

According to the project implemented on the continuation and expansion of a Traditional marketing program with its objective to improve the supply of the Guinean population with affordable and qualitatively good condoms and hormonal contraceptives, sales figures for condoms were 23% higher than planned and the figures for the pill and three-month injectable exceed the planned figures by more than 400% (GMH, 2006).

According to the project report involved marketing condoms and oral contraceptive pills at subsidized prices in 6 states in northern India, sufficient funds must be available for marketing, which helps the development of consumer awareness and brand loyalty (promotion), which particularly has a breakthrough effect on sales of the pill. In addition, as per the report, expanding the outlets by moving into smaller, rural settlements (place/accessibility) had paid off

in terms of regular sales, and has increased choice and availability (product) for new consumers in areas not well served by other brands (Anon., 2004).

According to Traditional marketing condom programs report in Malawi, a roughly equal percentage of women obtained condoms from the private and public sectors. As per the report, if the prices of condoms significantly increased, the demand for condoms may have to be largely met by the public sector. For those who can pay higher prices, a less subsidized market may mean an increased choice of condoms marketed by commercial supplier (SHOPS Plus, 2017).

According to a study done on Media Mix and Contraceptive Behavior of Sexually Active Nigerians by Odimegwu & Raimi (2003), the media exposure of Nigerians regarding family planning messages was associated with increased family planning knowledge, more positive attitudes and increased practices. It shows that the more the sources of family media messages, the higher the likelihood of positive family planning behavior. This shows that promotion is an effective measure in changing a behavior.

A study conducted in Tanzania on the impact of multimedia family planning promotion on the contraceptive behavior of women reported that family planning communications campaigns have shown increase contraceptive use. According to their finding, the more types of media the women are exposed to; the more likely they are to practice contraception (Jato, et al., 1999).

A quasi-experimental study was conducted to assess the impact of four adolescent sexual health interventions in Sub-Saharan Africa in four countries (*Cameroon, Botswana, South Africa and Guinea*); using Traditional marketing programs which sold and promoted modern contraceptives brands through mass media advertising and through information, education and communication tools such as billboard messages. According to this report, the interventions showed an increase of condom and modern contraceptive use in two *(Cameroon & Botswana)* out of four countries evaluated compared to comparison groups. This is because of the use of multiple communications media (including radio and peer education) (Agha, 2002).

2.3. Conceptual Framework

2.3.1. Conceptual Model

The main purpose of this study was to examine the effect of Traditional marketing strategies on women's contraceptive buying behavior from DKT partner MCH centers in Addis Ababa. Based on the above related literature review and concepts, the following conceptual frame work was developed.

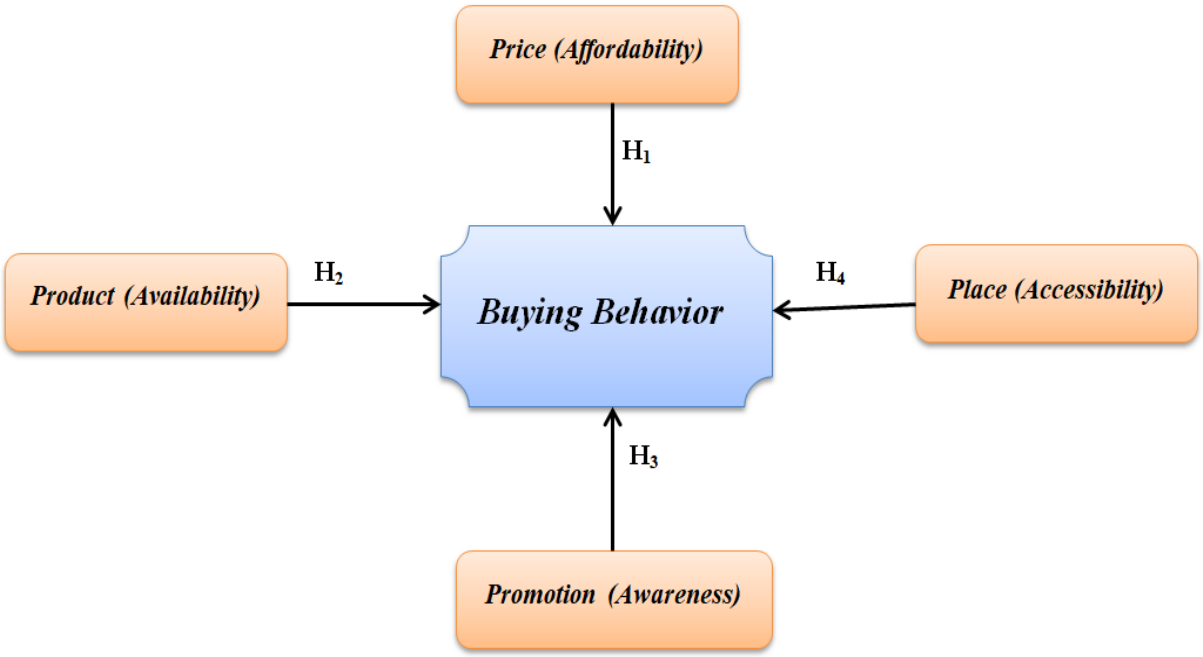


Figure 1. *Conceptual Framework [Source: (Agha, 2002), (GMH, 2006), (Anon., 2004), (SHOPS Plus, 2017), (Odimegwu & Raimi, 2003), (Jato, et al., 1999)]*

2.3.2. Research Hypothesis

H_1: *Price has a positive and significant effect on women's contraceptive buying behavior.*

According to Traditional marketing condom programs report in Malawi, a roughly equal percentage of women obtained condoms from the private and public sectors. As per the report, if the prices of condoms significantly increased, the demand for condoms may have to be largely met by the public sector. For those who can pay higher prices, a less subsidized market may mean an increased choice of condoms marketed by commercial supplier (SHOPS Plus, 2017).

H_2: *Product has a positive and significant effect on women's contraceptive buying behavior.*

According to the project implemented on the continuation and expansion of a Traditionalmarketing program with its objective to improve the supply of the Guinean population with affordable and qualitatively good condoms and hormonal contraceptives, sales figures for condoms were 23% higher than planned and the figures for the pill and three-month injectable exceed the planned figures by more than 400% (GMH, 2006).

H_3: *Promotion has positive and significant effect on women's contraceptive buying behavior.*

A study conducted in Tanzania on the impact of multimedia family planning promotion on the contraceptive behavior of women reported that family planning communications campaigns have shown increase contraceptive use. According to their finding, the more types of media the women are exposed to; the more likely they are to practice contraception (Jato, et al., 1999).

H_4: *Place has positive and significant effect on women's contraceptive buying behavior.*

According to the project report involved marketing condoms and oral contraceptive pills at subsidized prices in 6 states in northern India, sufficient funds must be available for marketing, which helps the development of consumer awareness and brand loyalty (promotion), which particularly has a breakthrough effect on sales of the pill. In addition, as per the report, expanding the outlets by moving into smaller, rural settlements (place/accessibility) had paid off in terms of regular sales, and has increased choice and availability (product) for new consumers in areas not well served by other brands (Anon., 2004).

Chapter 3

Research Methodology

This chapter presents description of study area, the research approach, research design, data types and sources, population, sampling technique and sample size determination, data collection procedures, data analysis techniques, ethical considerations, reliability and validity.

3.1. Description of the Study Area

The study was conducted from May, 2020 - May, 2021 in Addis Ababa. As a capital city, Addis Ababa has 11 Sub cities and 116 Woreda and covers an area of 540 square kilometers. Addis Ababa is the largest city in the country. The total projected population of the city is 3,384,569 with annual growth rate of 3.8%. There are 662,728 households in 628,984 housing units (CSA, 2007). As per the Food, Medicine, health Care Administration and control Authority (FMHACA) of the city, there are 16 Mother's and Child's Health (MCH) centers in the city.

As a capital city, Addis Ababa is the center of the country's trade activities including the pharmaceutical market. The main reason why the researcher selected Addis Ababa as study area is that the population comes from different regions of Ethiopia; they can represent different culture, religion, political, commercial and economic backgrounds. As a result, the finding of the study can be generalized at country level.

3.2. Research Approach

This research used a quantitative research approach to test the effect of the Traditional marketing strategies on women's contraceptive buying behavior from DKT partners MCH centers in Addis Ababa. Quantitative research approach involves the generation of data in quantitative form which can be subjected to rigorous quantitative analysis in a formal and rigid fashion. In general, quantitative research is the systematic and scientific investigation of quantitative properties and phenomena and relationships (Bhattacherjee, 2012).

The objective of quantitative research is to develop and employ mathematical models, theories and hypotheses pertaining to natural phenomena. It usually starts a general statement proposing a general relationship between variables. Quantitative researchers favor methods such as surveys

and experiments, and will attempt to test hypotheses or statements with a view to infer from the particular to the general (Bhattacherjee, 2012).

3.3. Research Design

To achieve the objective of the study, the researcher used both descriptive and explanatory research designs to investigate the effect of the Traditional marketing strategies on women's contraceptive buying behavior, and the relationship between each independent and dependent variable.

According to Kothari (2004), a social research can be divided in three types, depending on its purposes. (1) Exploratory research; much of social research is conducted to explore a topic, that is, to start to familiarize a researcher with that topic. This approach typically occurs when a researcher examines a new interest or when the subject of study itself is relatively new. (2) Descriptive research; in this research the researcher observes and then describes what was observed. Because scientific observation is careful and deliberate, however, scientific descriptions are typically more accurate and precise than are casual ones. (3) Explanatory research; is used to investigate relationships between certain causes and effects. Hypotheses are formed to reject or support the relationship. Descriptive studies answer questions of what, where, when, and how; explanatory studies address questions of why.

3.4. Data Types and Source

Both primary and secondary data were collected from various sources using data gathering instruments to make the study complete and achieve its predetermined objectives. All sample respondents were the primary source of data while available documents such as books, past literature reviews and relevant articles are used as secondary data.

3.5. Population

There were two types of population in this study. Firstly, this study targeted DKT partners MCH centers to intercept the study participants. According to the data obtained from Addis Ababa Food, Medicine, and Health care Administration and Control Authority (AAFMHACA), there are a total of 16 DKT partner MCH centers found in Addis Ababa (Internal document contacted on June 18/2020). Secondly, this study considered all consumers of women contraceptive from DKT partners MCH centers as target population.

3.5.1. Source Population

The source populations for this study were all consumers of women contraceptive from in Addis Ababa.

3.5.2. Target Population

The target populations for the study were all consumers of women contraceptive from DKT partners MCH centers. The list of all DKT partners MCH centers was used as a frame to select sample DKT partners MCH centers. The list was obtained from Addis Ababa Food, Medicine, and Healthcare Administration and Control Authority (AAFMHACA). A list of each sample DKT partners MCH centers was used as a frame to intercept the study participants at convenience.

3.6. Sampling Techniques

The researcher used a multi stage sampling technique; first, since there is a sampling frame of DKT partners MCH centers in the authorities and there are only 16 in number, census methods was used for DKT partners MCH centers. In the second stage a convenience sampling technique was used to have a representative sample population of the study subjects; i.e. consumers of women contraceptive. This is because the total population of women contraceptive consumers from DKT partners MCH centers in Addis Ababa is too large, and is considered to be infinite and it is difficult to estimate the probability that each respondent in the population has of being included in the sample.

3.7. Sample Size Determination

As it was discussed in the above, the total populations of women contraceptive consumers from DKT partners MCH centers in Addis Ababa are too large and are considered to be infinite; and hence, it is difficult to estimate the probability that each respondent in the population has of being included in the sample. Therefore; considering 95% confidence interval and 5% margin of error, using infinite population sampling formula (Kothari, 2004), a minimum sample of 384 consumers of women contraceptive is found to be sufficient as the sample size.

$$n = \frac{z^2 \cdot p \cdot q}{e^2} \qquad ss = \frac{1.96^2 * 0.5 * 0.5}{(0.05)^2} = 384$$

Where

- ✓ Ss/n= sample size
- ✓ z= the standardized value
- ✓ p= level of variability
- ✓ q=1-p
- ✓ e= the level of precision

But considering 5% non-respondent rate, **400** consumers of women contraceptive were used as a final sample size.

3.8. Data Collection Procedure

Data collection was conducted by a self-administered questionnaire. The questionnaire is carefully developed in a way that used to measure the effect of the proposed independent variables on the dependent variable. This self-administered questionnaire was developed with a five-point Likert scale. The type of questions, form, wording and sequences were also considered carefully.

The questionnaire had two sections. The first section covered the demographic profile of the participants like age, marital status, monthly income and educational level. The second section was structured on a Likert scale of 1-5 to show their degree of agreement or disagreement to the sentences about the constructs under study. The questionnaire was adopted from previous studies about the same construct under study. Since the study participants are women contraceptive consumers of DKT partner MCH centers, who were with different educational background, it was necessary to translate the questionnaire into Amharic language before distributing the questionnaire to help easy comprehension and accurate response of respondents.

The questionnaires were evenly distributed throughout all DKT partner MCH centers from February 22/2021– March 22/2021 and consumers were intercepted at the selected DKT partner MCH centers immediately after an actual purchase of MCH services. The times 12:00PM to 1:30 PM and 3:00 PM to 4:00PM in the afternoon was chosen, since these times are lunch and tea break time respectively, which women were relatively free at these times of the day, which enabled the women with sufficient time to fill questioners.

3. 9. Study Variables

3.9.1. Dependent Variable

- ✓ Buying Behavior

3.9.2. Independent Variables

- ✓ Product (Availability)
- ✓ Price (Affordability)
- ✓ Place (Accessibility)
- ✓ Promotion (Awareness)

3.10. Ethical Consideration

An official later from Addis Ababa University School of Commerce department of Marketing Management was written to each DKT partner MCH centers to get permission. In addition the entire study participants were informed about the purpose of the study and finally their oral consent was obtained before giving the questioner. Moreover, the information provided by each respondent has been kept confidential and will only be for research purpose.

3.11. Data Analysis

The finding of the study was analyzed by using the SPSS version 25 program. Descriptive statistics for quantitative data (such as frequency), correlation analysis, and linear regression analysis was done to examine the interdependence between dependent and independent variables.

3.12. Validity and Reliability

Kothari (2004) described reliability as a measure of how stable, dependable, trustworthy and consistent a test is in measuring the same thing each time and a Cronbach's alpha value of > 0.6 indicates a considerably high reliability (Malhotra & Birks, 2007). Therefore; to examine the reliability of this study Cronbachr's Alphas was calculated for each variable using SPSS. So, the find shows that all variables have Cronbach's alpha value greater than 0.60 and the overall alpha value is **0.881** which shows the highly acceptability of the measurement scales used.

Table 1. Summary of Reliability Analysis

Reliability Statistics

	Cronbach's Alpha	N of Items
Product (Availability)	.789	5
Price (Affordability)	.646	5
Place (Accessibility)	.738	5
Promotion (Awareness)	.829	5
Buying Behavior	.641	5
Overall	.881	25

Source: S*urvey Result (March, 2021)*

Content validity is the extent to which a measuring instrument provides adequate coverage of the topic under study. If the instrument contains a representative sample of the universe, the content validity is good. Its determination is primarily judgmental and intuitive. It can also be determined by using a panel of persons who shall judge how well the measuring instrument meets the standards, but there is no numerical way to express it (Kothari, 2004). The validity of this research, as it was stated in the conceptual framework part, all the variables are adopted from previous research works and to increase the degree of clarity & understandability, the English version questionnaire was translated into Amharic.

Chapter 4

Data Analysis and Discussion

4.1. Introduction

Statistical Package for Social Science (SPSS) software version 23.0 was used for data analysis. A reliability test was done by observing the Cronbach's Alpha value with the cut-off point of 0.60. Correlation and regression analyses were conducted to examine the influence of independent variables on consumers' purchase decision of pharmaceutical products. Out of 400 questionnaires distributed to targeted respondents, only 372 were complete, valid and appropriate for analysis, which represent 93% valid response rate.

4.2. Demographic Characteristics

As the below Table 2 shows, out of 417 respondents, 136 (36.6%) of the respondents were in the age group of 30-39 years old while only 54(14.5%) of the respondents were in the age group of 15-19 years old. With respect to educational level, 195(52.4%) respondents were completed higher education while there were only 10 (2.7%) of respondents have no formal educational backgrounds. According to the finding, 159(42.7%) of the respondents have monthly income more than 5,000 birr/month while only 9(2.4%) of respondents have monthly income less than 1000birr/month. When we see the marital status of respondents, majority (56.7%) of the respondents were married while only 21(5.6%) of respondents were divorced. The occupation distribution shows, out of 417 respondents, 139(37.4%) of the respondents have been working in private organization while only 15(4%) of the respondents were house wife.

Table 2. Demographic Characteristics

Demographic Characteristics; Sex, Age, Educational Level, Monthly Income, and Marital Status

Items		*Frequency*	*Percent*
Age (Year)	15- 19	54	14.5
	20- 29	119	32.0
	30-39	136	36.6
	40- 49	63	16.9
	Total	372	100.0
Occupation	Student	22	5.9
	Own Business	72	19.4
	Housewife	15	4.0
	Government Employee	77	20.7
	Private Organization Employee	139	37.4
	NGO Employee	47	12.6
	Total	372	100.0
Educational Level	No formal Education	10	2.7
	Primary School	60	16.1
	Secondary School	107	28.8
	Higher Education	195	52.4
	Total	372	100.0
Monthly Income (Birr)	< 1000	9	2.4
	1001- 2000	28	7.5
	2001- 3000	39	10.5
	3001- 4000	58	15.6
	4001- 5000	79	21.2
	>5000	159	42.7
	Total	372	100.0
Marital Status	Married	211	56.7
	Single	140	37.6
	Divorced	21	5.6
	Total	372	100.0

Source: S*urvey Result (March, 2021)*

4.3. Descriptive Statistics of Variables

Descriptive statistic of means and standard deviations were obtained from the independent and dependent variables. The descriptive analysis is used to look at the data collected and describe that information. Mean value provides the idea about the central tendency of the values of a variable. On the other hand, Standard deviation gives the idea about the dispersion of the values of a variable from its mean value. As table 3 shows below, all variables; product (availability), price (affordability), place (accessibility), promotion (awareness), and buying behavior have mean score of 'good range' and it shows women were considered all independent variables while they buy contraceptives.

Table 3. Descriptive Statistics of the Variables

Descriptive Statistics

	N	Mean	Std. Deviation
Product (Availability)	372	3.13	.765
Price (Affordability)	372	3.22	.728
Place (Accessibility)	372	3.08	.840
Promotion (Awareness)	372	3.83	.762
Buying Behavior	372	3.31	.551
Valid N (listwise)	372		

Source: S*urvey Result (March, 2021)*

4.4. Correlation Analysis

In order to determine the association between Traditional marketing strategies, i.e. independent variables (product/availability, price/affordability, place/accessibility, and promotion/awareness) and the dependent variable (buying behavior), the researcher used correlation analysis and Pearson correlation was computed. As table 4 shows, all independent variables are significantly and positively correlated with dependent variable; Product/availability (r=0.752, sig. =0.000), Price/affordability (r=0.618, sig. =0.000), Promotion/awareness (r=0.499, sig. =0.000), and Place/accessibility (r=0.482, sig. =0.000). This indicates that consumers were highly considered product/availability, price/affordability, place/accessibility, and promotion/awareness while they decide to purchase women contraceptives.

Table 4. Correlation between the Independent variables and the Dependent variable

Correlations

		Product (Availability)	Price (Affordability)	Place (Accessibility)	Promotion (Awareness)	Buying Behavior
Product (Availability)	Pearson Correlation	1				
	Sig. (2-tailed)					
	N	372				
Price (Affordability)	Pearson Correlation	.599**	1			
	Sig. (2-tailed)	.000				
	N	372	372			
Place (Accessibility)	Pearson Correlation	.242**	.517**	1		
	Sig. (2-tailed)	.000	.000			
	N	372	372	372		
Promotion (Awareness)	Pearson Correlation	.185**	.298**	.387**	1	
	Sig. (2-tailed)	.000	.000	.000		
	N	372	372	372	372	
Buying Behavior	Pearson Correlation	**.752****	**.618****	**.482****	**.499****	1
	Sig. (2-tailed)	.000	.000	.000	.000	
	N	372	372	372	372	372

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

Source: S*urvey Result (March, 2021)*

4.5. Assumption Tests for Multiple Regressions

To confirm that the obtained data truly represented the sample and that the researcher has obtained the best results meeting the assumptions of regression analysis is necessary (Hair, Anderson, Tatham, and Black, 1998). Three assumption tests were checked before regression analysis was undertaken; Namely, Linearity (the relationship between each of the predictor variables and the dependent variable is linear), Normality (the error, or residual, is normally distributed), and multi-collinearity (uncorrelated with the predictors).

4.5.1. Multi- Collinearity

According to Ho (2006), the two most important conditions to be fulfilled before conducting regression analysis are the adequacy of the sample size and non- existence of correlation among the independent variables. The size of the sample has a direct effect on the statistical power of the significance testing in multiple regressions, which refers to the probability of detecting statistically significant R-square or a regression coefficient at a specified significance level. Ho

(2006) also suggested that the sample size should be at least 20 times more than the number of independent variables, as a rule of thumb, in order to get the desired level of statistical power. Given this rule of thumb, the number of respondents used for this study is 400, which is over the required criteria.

The other important condition for regression analysis is that there should not be interrelationship among independent variables. The situation in which the independent/predictor variables are highly correlated is known as multi-collinearity. When independent variables are multi-collinear, there is "overlap" or sharing of predictive power, which may lead to a situation where the regression model fits the data well, but none of the predictor variables has a significant effect in predicting the dependent variable (Ho, 2006).

According to HO (2006), the existence of multi-collinearity can be checked using the "Tolerance" and "Variance Inflation Factor (VIF)" values for each predictor. The tolerance value is an indication of the percentage of variance in one predictor that cannot be accounted for by the other predictors. The value of tolerance should be above 0.10 and any value lower than this indicates the existence of multi-collinearity. On the other hand, VIF is computed as "1/tolerance," and a VIF value greater than 10 indicates the existence of multi-collinearity (Saunders, Lewis, & Thornhill, 2009). For this particular study, as it can be seen from the below Table 5, both the values of tolerance and VIF calculated for each independent variable on both regression analyses fulfills the criteria discussed above, which indicate the non-existence of multi-collinearity.

Table 5. Multicollinearity problem test of VIF and Tolerance

Coefficients[a]

Model		Collinearity Statistics	
		Tolerance	VIF
1	Product (Availability)	.634	1.577
	Price (Affordability)	.491	2.036
	Place (Accessibility)	.666	1.502
	Promotion (Awareness)	.836	1.196

a. Dependent Variable: Buying Behavior

Source: *Survey Result (March, 2021)*

4.5.2. Linearity

According to Hair, et al. (1998), the linearity of the relationship between the dependent and independent variable represents the degree to which the change in the dependent variable is associated with the independent variable. In a simple sense, linear models predict values falling in a straight line by having a constant unit change (*slope) of the dependent variable for a constant unit change of the independent variable. Conventional regression analysis will underestimate the relationship when nonlinear relationships are present, i.e., R^2 underestimates the variance explained overall and the betas underestimate the importance of the variables involved in the non-linear relationship (Malhotra, and Birks, 2007). The scatter plot of standardized residuals versus the fitted values for the regression models is visually inspected from the below figure.

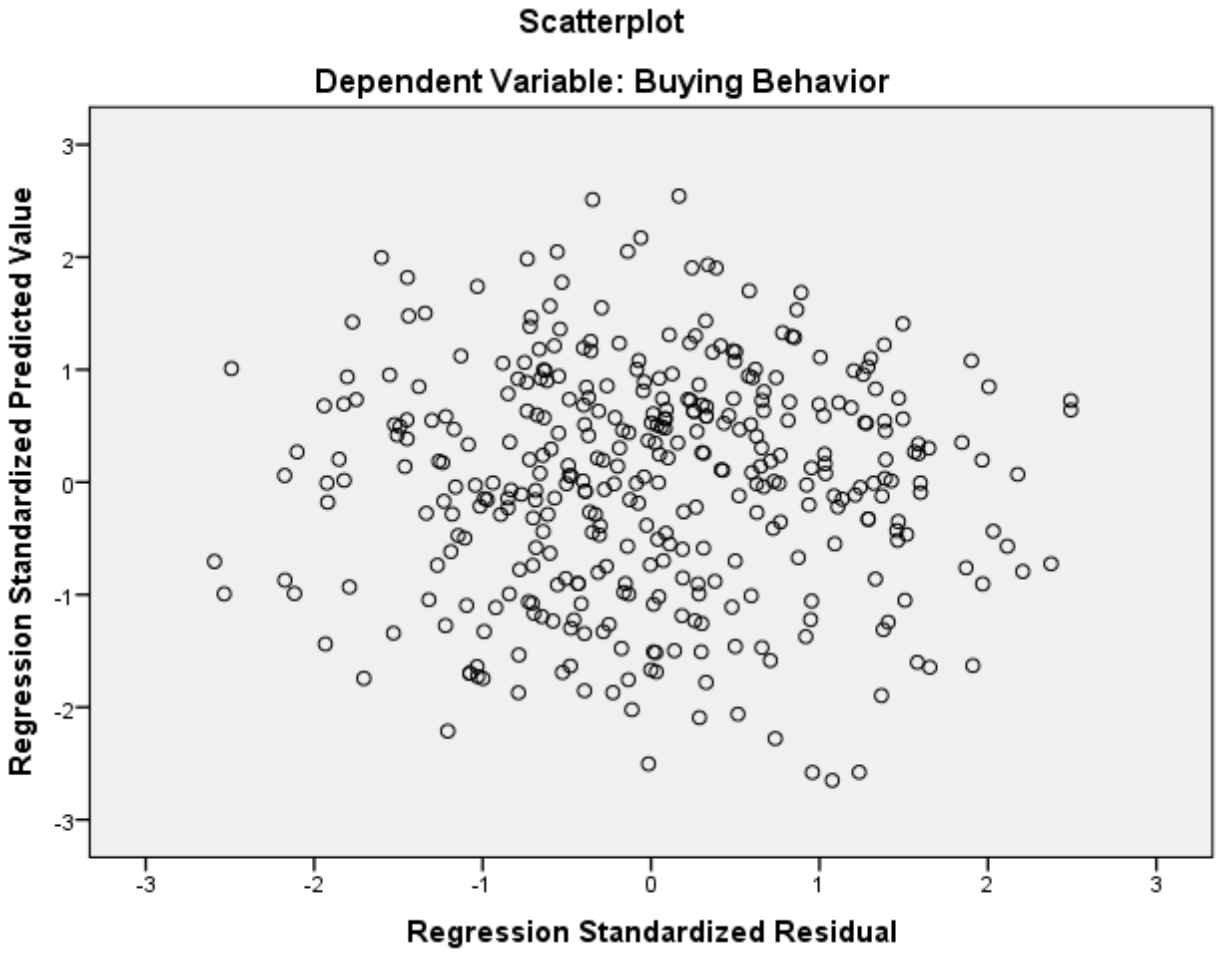


Figure 2. Linearity scatter plot of regression standardized residual

Source: S*urvey Result (March, 2021)*

4.5.3. Normality of the Error Term Distribution

Normality refers to the shape of data distribution for an individual metric variable, and its correspondence to the normal distribution (Hair, et al., 2003). For estimating normality, skewness and kurtosis information values were observed, and probability plots were also drawn. Skewness provides information regarding the symmetry of the distribution, whereas Kurtosis 'provides information regarding peakedness of the distribution (Pallant, 2001). According to George and Mallery (2010), the most commonly acceptable value for (kurtosis/skewness) distribution is between -2 and 2. As Table 6 shows, all values of skewness and kurtosis for the transformed and standardized values are within the acceptable range.

In addition, Malhotra and Birks (2007) propose that normal probability plots are often conducted as an informal means of assessing the non-normality of a set of data. Hair, et al. (1998) also explains that the plots are different from residuals plots in that the standardized residuals are compared with the normal distribution. In general, the normal distribution makes a straight diagonal line, and the plotted residuals are compared with the diagonal. If a distribution is normal, the residual line will closely follow the diagonal (Hair, et al., 1998). The following graphs show that the P-P plots is a straight line which justifies the residuals was deemed to have a reasonably normal distribution, as suggested by Hair, et al. (1998).

Table 6. Skewness and Kurtosis

Descriptive Statistics

	N	Skewness		Kurtosis	
	Statistic	Statistic	Std. Error	Statistic	Std. Error
Product (Availability)	372	-.125	.126	-.648	.252
Price (Affordability)	372	-.229	.126	-.332	.252
Place (Accessibility)	372	-.048	.126	-.840	.252
Promotion (Awareness)	372	-1.165	.126	1.525	.252
Buying Behavior	372	-.219	.126	-.631	.252
Valid N (listwise)	372				

Source: S*urvey Result (March, 2021)*

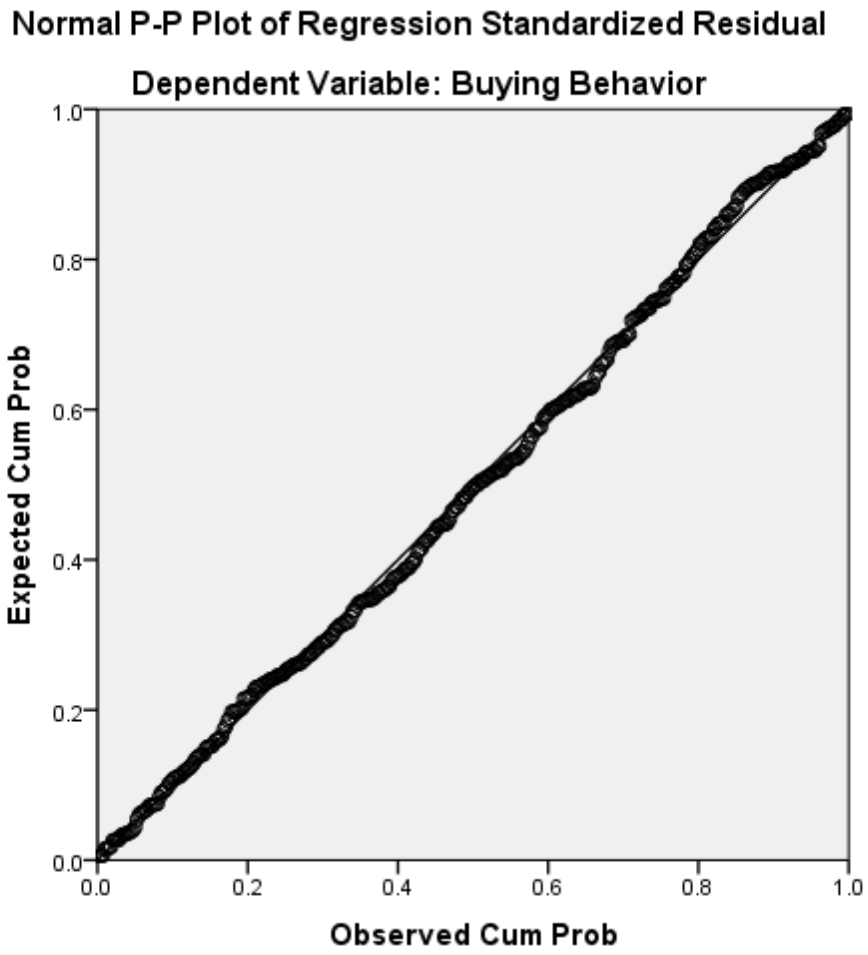


Figure 3. Normality plot of regression standardized residual

Source: S*urvey Result (March, 2021)*

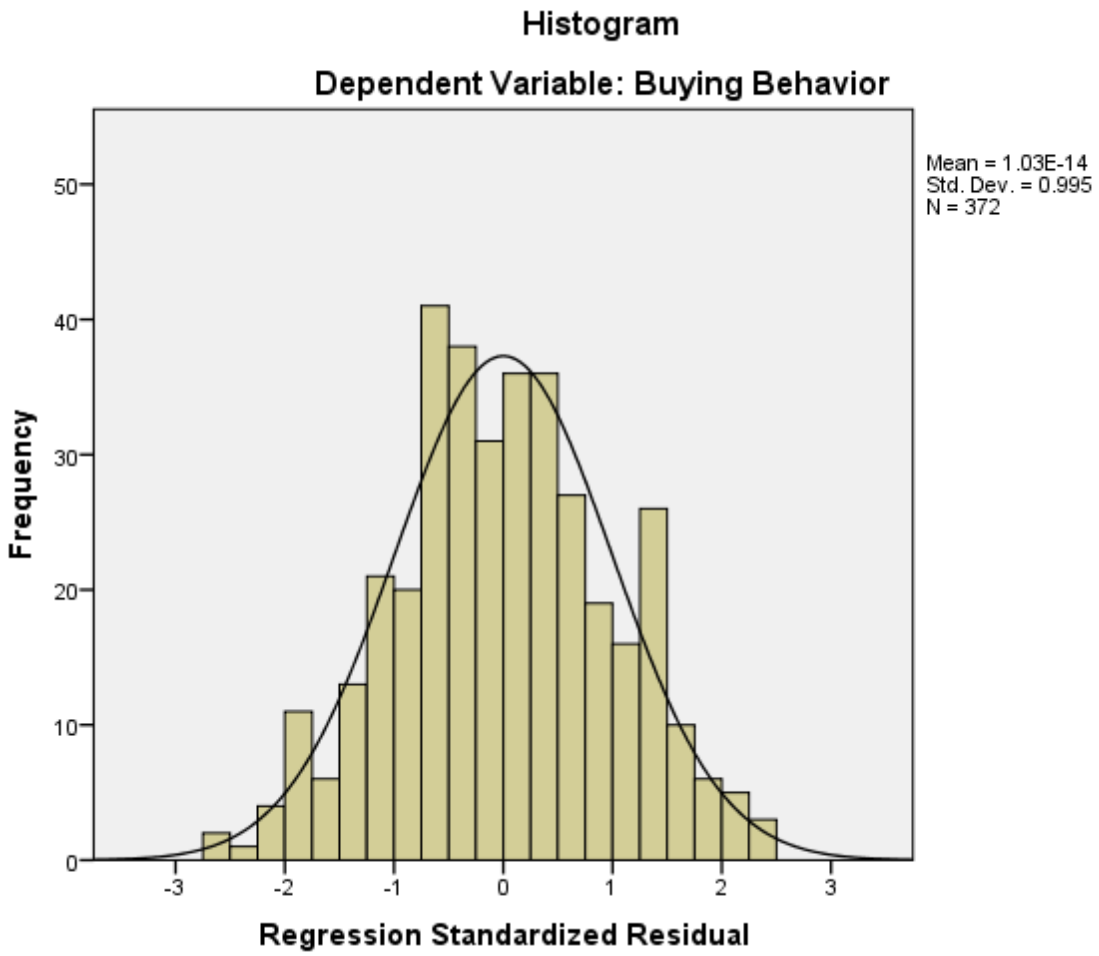


Figure 4. Histogram plot for regression standardized residual

Source: S*urvey Result (March, 2021)*

4.6. Regression Analysis

Linear regression is a method of estimating or predicting a value on some dependent variables given the values of one or more independent variables. Like correlations, statistical regression examines the association or relationship between variables. Unlike with correlations, however, the primary purpose of regression is prediction (Marczyk, et al., 2005).

Multiple regressions are a correlation between the observed values of Y, the values of Y predicted by multiple regression models. Therefore, large values of the multiple regressions represent a large correlation between the predicted and observed values of the outcome. Adjusted R^2 is used to measure the percentage of variance in the dependent variable explained by the independent variables. From the multiple regression equation, the standard regression coefficient

(beta weight) is determined to compare the effect of each independent variable had on the variability of the overall buying behavior.

The model summary table shows the strength of relationship between the independent and the dependent variable. As it is depicted on Table 7 model summary result, when the overall buying behavior is regressed on overall the four independent variables, the independent variables contribute to statistically significant effect ($p< 0.01$) on the dependent variable.

The coefficient of determination R^2 is a measure of how good a prediction of the criterion variable we can make by knowing the predictor variables. Accordingly, 73.8% of the variation accounted for the dependent variable is due to the combined effect of the mentioned independent variables. But, sometimes R^2 tends to somewhat over-estimate the success of the model when applied to real world. Therefore, to see the success of our model in the real world, adjusted R^2 is more preferable than R^2; and hence, the variation explained by the regression of all predictor variables on buying behavior is 73.5%.

Table 7. Model Summary

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.859[a]	.738	.735	.284

a. Predictors: (Constant), Promotion (Awareness), Product (Availability), Place (Accessibility), Price (Affordability)

Source: S*urvey Result (March, 2021)*

As table 8 depicted that, the β values tell us about the relationship between customers purchase decision and each predictor. If the value is positive, we can tell that there is positive relationship between predictor and the outcome, whereas a negative coefficient represents negative relationship. The standardize beta value for product (availability) is 0.611. This indicates that, product availability has relatively strong degree of importance for women's contraceptive buying behavior than other predictors.

In other words, the effect of product (availability) is greater than the effect of promotion (awareness), the effect of promotion (awareness) is greater than the effect of place (accessibility) in explaining the variability of overall buying behavior. The p value of all independent variables

except price is less than 0.01. This indicates that product/availability, place/accessibility, and promotion/awareness have strong positive and significant effect on buying behavior. Since, coefficient of the predictor variables was statistically at <5% level of significance, alternative hypotheses related with product/availability, place/accessibility, and promotion/awareness are confirmed. On the other hand, although price has positive effect on consumers buying behavior of women's contraceptive, it is not statistically significant (p value 0.072). Therefore; alternative hypotheses related with price/affordability is rejected.

Table 8. Regression Analysis of Independent and Dependent Variables

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.578	.092		6.258	.000
	Product (Availability)	.440	.024	.611	18.208	.000
	Price (Affordability)	.052	.029	.069	1.805	.072
	Place (Accessibility)	.122	.021	.185	5.660	.000
	Promotion (Awareness)	.212	.021	.293	10.022	.000

a. Dependent Variable: Buying Behavior

Source: S*urvey Result (March, 2021)*

Analysis of variance (ANOVA) tests whether the model is significantly better at predicting the outcome than using the mean as a best guess; specifically, the F ratio (systematic variation to unsystematic variation) represents the ratio of the improvements in prediction that results from fitting the model, relative to the inaccuracy that still exists in the model. The F ratio greater than one explains systematic variation is greater than unsystematic. In addition, the ratio also indicated whether the result of the regression model could have occurred by chance. In this study, the value of F ratio is 257.965 and is significant at 0.000. Therefore, it is possible to generalize that the regression model adopted in this study could have not occurred by chance and there is a significant relationship. In other words, the regression model shows that there is significantly better prediction of women's contraceptive buying behavior than if we used its the mean value of their buying behavior.

Table 9. ANOVA

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	83.124	4	20.781	257.965	.000[b]
	Residual	29.564	367	.081		
	Total	112.688	371			

a. Dependent Variable: Buying Behavior

b. Predictors: (Constant), Promotion (Awareness), Product (Availability), Place (Accessibility), Price (Affordability)

Source: S*urvey Result (March, 2021)*

The objective of the regression in this study is to find such an equation that could be used to find the impact of predictors on dependent variable. The specified regression equation takes the following form:

$$\beta 0 + \beta 1x$$

The specified regression equation for this study takes the following form;

$$Y = \alpha + \beta 1X1 + \beta 2X2 + \beta 3X3 + \beta 4X4$$

In the above equation, predictor variables xi may represent independent variables or covariates (control variables). Covariates are variables that are not of theoretical interest but may have some impact on the dependent variable y and should be controlled; so that the residual effect of the independent variables of interest are detected more precisely. Covariates capture systematic errors in a regression equation while the error term (E) captures random errors (Bhattacherjiee, 2012).

Equation;

$$BB = \alpha + \beta 1\ (PRT) + \beta 2\ (PLC) + \beta 3\ (PRC) + \beta\ 4\ (PRM)$$

Where:

BB = Buying Behavior

PRT= Product

PLC = Place

PRC = Price

PRM = Promotion

4.7. Discussion of the Findings

This study was carried out to answer the researchers' four main questions which were listed in chapter one. Namely; (1) how does product availability affect consumers buying behavior of women's contraceptive? (2) To what extent do promotion/ awareness affect consumers buying behavior of women's contraceptive? (3) How does price/affordability affect consumers buying behavior of women's contraceptive? And (4) how place/accessibility does affect consumers buying behavior of women's contraceptive?

The finding shows that product availability has a positive and significant effect on consumers' buying behavior of women contraceptives (β= .611, sig. =0.000). This result is supported by a project report conducted in northern India. According to the report, sufficient funds must be available for marketing (consumer awareness and brand loyalty; which particularly has a breakthrough effect on sales of the pill, to expand the outlets by moving into smaller rural settlements, to increase choice and availability of products for new consumers in areas not well served by other brands) (Anon, 2004).

Promotion/awareness of women contraceptives has also a positive and significant effect on consumers' buying behavior (β= .293, sig. =0.000). This result is in accordance with the project report conducted in Northern India, which states that sufficient funds must be available for marketing, which helps the development of consumer awareness and brand loyalty (Anon, 2004). In addition, the finding is supported by Odimegwu & Raimi (2003), Jato, et al. (1999), and Agha (2002) who collectively reported that promotion is an effective measure in changing a behavior and hence increased family planning knowledge, more positive attitudes and increased contraceptive use.

According to the finding, place or women contraceptive accessibility has a positive and significant effect on consumers' buying behavior of women contraceptives (β=.185, sig. =0.000). This is supported by the project report of Anon (2004) conducted in northern India and reported that sufficient funds must be available for expanding the outlets by moving into smaller, rural

settlements (place/accessibility) had paid off in terms of regular sales, and has increased choice and availability (product) for new consumers in areas not well served by other brands.

Although price affordability has a positive effect on consumers buying behavior of women contraceptives it is not statistically significant (β=.069, sig. =0.072). This result is contradicts to the project reports of GMH (2006), and SHOPS Plus (2017) which reported that Traditional marketing program with its objective to improve the supply of contraceptives with affordable price sales figures were increased with the range of 23-400%.

Table 10. Summary of the overall outcome of the research Hypothesis

Hypothesis	***Result***	***Reason***
H1: Product availability has a positive and significant effect on women's contraceptive buying behavior.	Confirmed	β=**0.611**, p<0.05
H2: Place/accessibility has positive and significant effect on women's contraceptive buying behavior.	Confirmed	β=**0.185**, p<0.05
H3: Price affordability has positive and significant effect on women's contraceptive buying behavior.	Rejected	β=**0.069**, **p>0.05**
H4: Promotion/awareness has positive and significant effect on women's contraceptive buying behavior.	Confirmed	β=**0.293**, p<0.05

Source: S*urvey Result (March, 2021)*

Chapter 5

Summary, Conclusion and Recommendation

This chapter presents summary, conclusion and recommendations of the study based on the analysis of the research data, interpretation and discussion of the results. The chapter provides the recommendations and actions which can be taken by pharmaceutical marketers as well as further studies that can be conducted on this topic.

5.1. Summary

The purpose of this research was to examine effect of Traditional marketing strategies on consumers' purchase decision of women contraceptive from DKT partner MCH centers in Addis Ababa. Research questions were developed from research specific objective with the purpose of leading and constructing this study. For the purpose of answering those research questions;

- a questionnaire was used.
- A multi stage sampling techniques was used; census was used for DKT partner MCH centers and convenience sampling to draw representative sample population of women contraceptive consumers.
- Reliability test was done and Cronbach alpha values were checked to assure the internal consistency of the research instrument. As a result, the overall Cronbach alpha value was 0.881 which indicates that there is high internal consistency of measurement scales.
- Among the respondents, the highest numbers (36.6%) of them were in the age group of 30-39 years old and more than half (52.4%) of them were higher education completed.
- Majority of the study participants were married (56.7%) and 42.7% of respondents were getting monthly income of more than 5000 birr per month, while only 2.4% of participants were getting monthly income of less than 1000 birr per month.
- As per the finding, 37.4% of the study participants were private organization employees.
- The correlation analysis shows that, all independent variables; product/availability (r=0.752), price/affordability (r=0.618), place/accessibility(r=0.482), and

promotion/awareness(r=0.499), have positive association with buying behavior and are significant at the 0.01 level (2-tailed).

- This indicates that consumers were highly considered product, price, promotion, and place while they decide to buy women contraceptives.
- From regression analysis of independent variables with the buying behavior, all independent variables except price contributed to statistically significant (p-value < 0.05) effect on dependent variable.
- Even though, price has positive effect on buying behavior of women contraceptives, it is not statistically significant (p- value 0.072). Therefore; all alternative hypotheses related with product, promotion, and place are confirmed and alternative hypotheses related with price is rejected.
- Finally, 73.5% of the variation accounted for the dependent variable was due to the combined effect of the overall independent variables and β weight score indicated that the effect of product availability is greater than that of other independent variables (β=0.611).

5.2. Conclusion

The finding shows that the mean value of traditional marketing strategies and buying behavior is above average and it can be concluded traditional marketing strategies affect women contraceptive buying behaviors of consumers in DKT partner MCH centers of Addis Ababa. The correlation analysis shows that product availability, accessibility, awareness and price have positive and significant association with women contraceptive buying behavior. The regression analysis also reveals that availability of women's contraceptive in the MCH centers, women's contraceptive distribution (accessibility) and consumers' awareness (promotion) have positive and significant effect on their buying behavior. The price affordability of women's contraceptive has a positive but insignificant effect on their buying behavior. This is probably because of women contraceptives are available for free or with the possible minimized price in the market.

5.3. Recommendations

Based on the findings and conclusions made, the researcher recommends the following;

1. Through continues market survey, women contraceptive marketers, especially manufacturers, importers and wholesalers should mainly work on the availability, types & variety of women contraceptives at each and every MCH centers and maintain continuous supply of each product to avoid stock out.
2. In addition, women contraceptive marketers should increase the number of MCH centers in order to enhance consumers' accessibility to the products. Again, through regular visit and sales report, the marketers should have stock status of the market and based on the market information they should intervene on the stock status of products in the MCH centers so as to minimize the stock out issues of products.
3. Women contraceptive manufacturers & importers must also properly create awareness about women contraceptives via mass media advertising, direct advertisement to health professionals and sales promotion. In addition, they should consider promotion as part of their main marketing strategy and integrate this marketing communication effort so as to have sustainable competitive advantages.

References

Agha, S. 2002. A Quasi-Experimental Study to Assess the Impact of Four Adolescent Sexual Health Interventions in Sub-Saharan Africa. International Family Planning Perspectives, Vol (2)8 No. 2: PP 67–70 & 113–118

Andreasen, A R. 2002. Marketing TraditionalMarketing in the TraditionalChange Marketplace. Journal of Public Policy & Marketing, Vol. 21, No. 1, pp. 3-13

Andreasen, A.R.1994. Traditionalmarketing: its definition and domain. Journal of Public Policy & Marketing, Vol. 13 No. 1, pp. 108-114.

Anon., 2004. Contraceptive TraditionalMarketing Project Evaluation Report in India, volume (11):27:36

Armand, F.2003. TraditionalMarketing Models for Product-Based Reproductive Health Programs: A Comparative Analysis. Washington DC: USAID/Commercial Market Strategies Project.

Belch, G.E. and Belch, M. A. 2003. Advertising and Promotion: An Integrated Marketing Communication Perspective. Sixth Edition. The McGraw−Hill Companies

Bertrand, J.T., Stover, J., Porter, R. 1989. Methodologies for Evaluating the Impact of Contraceptive TraditionalMarketing Programs. Sage Publication-, Inc. Evaluation Review; Vol. 13 No 4, 323-354

Bhattacherjee, A. 2012. Traditionalscience research: principles, methods, and practices 2nd ed, A free textbook published under the Creative Commons Attribution 3.0 License The Global Text Project is funded by the Jacobs Foundation, Zurich, Switzerland.

Central Statistical Authority (CSA) of Ethiopia, (2007) the Population and Housing Census of Ethiopia. Analytical Report at National Level. Addis Ababa, Ethiopia: http://www.Ethiodemographyandhealth.org (Accessed May, 2020)

Dann, S. 2010. Redefining Traditionalmarketing with contemporary commercial marketing definitions. Journal of Business Research, Vol. 63, pp. 147-153.

DKT Ethiopia, 2018. Access quarterly publication (Jul - Sep). Vol. 3 No. 3

El·ansary, I. A., and Kramer, O. E. 1973. TraditionalMarketing: The Family Planning Experience. Journal of Marketing, Vol. 37: pp. 1-7.

Ethiopian Public Health Institute (EPHI) [Ethiopia] and ICF. 2019. Ethiopia Mini Demographic and Health Survey: Key Indicators. Rockville, Maryland, USA: EPHI and ICF.

Evans, W. D. 2006. How Traditionalmarketing works in health care: Analysis and comment. BMJ, volume 332

George, D. and Mallery, P (2010) SPSS for Windows Step by Step: A Simple Guide and Reference 17.0 Update. Boston: Pearson.

Grier, S., and Bryant, C.A. 2005.Traditionalmarketing in public health. Annual Review Public Health, Vol. 26, pp.319-339.

Guinean Ministry of Health, 2006. Traditionalmarketing of contraceptives post project evaluation report.

Hair, J.F., Anderson, R.E. and Tatham, R.L. (1998) Multivariate Data Analysis. 5thedition. Upper Saddle River, NJ: Prentice-Hall.

Hawkins, D.I., and Mothersbaugh, D.L. 2010. Consumer Behavior: Building Marketing Strategy.11th edition. McGraw-Hill, Irwin

Hoekstra R., Morey R., Rouder J., and Wagenmakers E. (2014) 'Robust Misinterpretation of Confidence Intervals', Psychonomic Bulletin & Review 21, pp. 1157-1164.

Jato, M.N., Simbakalia, C., Tarasevich, JM., Awasum, DN., Kihinga, CNB., and Ngirwamungu, E.1999.The Impact Of Multimedia Family Planning Promotion On The Contraceptive Behavior Of Women In Tanzania. International Familiy Planning Perspective, Volume 25(2): 60-67

Kothari, C.R. 2004.Research Methodology Methods & Techniques, Second Edition, New Delhi: New Age International Publisher.

Kotler, P. & Levy, S. J. 1969. Broadening the Concept of Marketing. Journal of Marketing Volume 33 pp 10 -15.

Kotler, P. & Zaltman, G. 1971. TraditionalMarketing: An Approach to Planned TraditionalChange. Journal of Marketing, Vol. 35, PP 3-12

Kotler, P., and Armstrong, G. 2012. Principles of Marketing. 14th ed. Pearson Prentice Hall

Kotler, P., and Keller, K. L. 2012. Marketing Management; 14th edition. Pearson Education, Inc., publishing as Prentice Hall

Kotler, P., and Lee, N. R. 2008. TraditionalMarketing: Changing Behaviors for Good

Kotler, P., Kartajaya, H., and Setiawan, I. 2010. Marketing 3.0; From Products to Customers to the Human Spirit. John Wiley & Sons, Inc. Hoboken, New Jersey.

Kotler, P., Wong, V., & Saunders, J., and Armstrong, G. 2005. Principles of marketing. 4th edition. Harlow. Pearson Education Limited.

Lefebvre, R. C and Flora, J. A. 1988. TraditionalMarketing and Public Health Intervention. Health education quarterly. Vol. 15(3): 299-315 http://heb.sagepub.com/content/15/3/299

Lefebvre, R.C. 2000. In PN Bloom & GT Gundlach (Eds.), Handbook of Marketing and Society, Newbury Park, CA: Sage Publications

Lefebvre, RC. 2011. An integrative model for Traditionalmarketing. Journal of TraditionalMarketing, Vol. 1

Marczyk G., DeMatteo D., and Festinger D. (2005), Essentials of Research Design and Methodology, Published by John Wiley & Sons, Inc., Hoboken, New Jersey, Published simultaneously in Canada.

Odimegwu, O. C. & Raimi, O. M. 2003. Media Mix and Contraceptive Behavior of Sexually Active Nigerians: Development and Society: 32(1): p. 61-75

Pallant, J. (2011). SPSS Survival Manual. Crows Nest: Allen & Unwin

Robinson, L. 2009. The problem with TraditionalMarketing: Why you can't sell change like soap. www.enablingcange.com.au

Saunders, M., Lewis, P., & Thornhill, A. (2009). Research Methods for Business Students (5th ed. ed.). Harlow, England: Pearson Education Limited.

SHOPS Plus, 2017. Phases of TraditionalMarketing: Building the Sustainability of Donor-Supported Programs. Available at: www.SHOPS PlusProject.org

Solomon, M., Bamossy, G., Askegaard, S., and Hogg, MK., 2010. Consumer Behavior: A European Perspective. Third edition. Pearson Education Limited.

The Johns Hopkins University, 1985. Contraceptive TraditionalMarketing: Lessons from Experience. Population Information Program

Annex 1

Questionnaire

Dear Respondent;

My name is Danayit Aklilu; first of all I would like to thank you for your valuable cooperation. I am doing a paper for the fulfillment of a Master's degree in the Arts of Marketing Management. This research focuses on the effect of Traditional marketing strategies on women's contraceptive buying behavior in Addis Ababa. The information you provide will only be used for academic research purpose and it is strictly confidential. Please do not write your contact details on the questionnaire. Thanks for your cooperation again.

Danayit Aklilu (Mob. +251942540740)

Part I: General Information

Please put an ''X'' mark of your choice on the space provided.

1. What is your age (in year?)

1. 15-19 ☐
2. 20-29 ☐
3. 30-39 ☐
4. 40-49 ☐

2. Educational Level

1. No formal Education ☐
2. Primary school completed ☐
3. Secondary school completed ☐
4. Higher Education ☐

3. Your monthly income (in Birr)

1. < 1000 ☐
2. 1001-2000 ☐
3. 2001-3000 ☐
4. 3001-4000 ☐
5. 4001-5000 ☐
6. >5000 ☐

4. Marital Status

1. Married ☐
2. Single ☐
3. Divorced ☐

5. Occupation

1. Student ☐
2. Own Business ☐
3. Housewife ☐
4. Government Employee ☐
5. Private Organization Employee ☐
6. NGO Employee ☐

Part II: Traditional Marketing strategies

Instructions: Please indicate your degree of agreement or disagreement against each question by encircling the appropriate number (where, *1: Strongly disagree, 2: Disagree, 3: Neutral, 4: Agree, and 5: Strongly agree*).

S.N	***Factors***	***Strongly disagree***	***Disagree***	***Neutral***	***Agree***	***Strongly agree***
Product offering						
PRT1	The availability of DKT's women contraceptive has an influence on my buying behavior.	1	2	3	4	5
PRT2	Women contraceptive being available 24/7 at DKT's partner MCH centers have an influence on my buying behavior.	1	2	3	4	5
PRT3	I prefer to purchase a contraceptive where I can have access to it in a walking distance.	1	2	3	4	5
PRT4	The difference in contraceptive use affects my decision to purchase	1	2	3	4	5
PRT5	The contraceptives must suit me bringing together, pleasure and safety.	1	2	3	4	5
Price Affordability						

PRC1	I am very concerned about the prices of the women contraceptives.	1	2	3	4	5
PRC2	I will buy the cheapest contraceptives available in the market.	1	2	3	4	5
PRC3	If the price of women contraceptive is high, I would still purchase it.	1	2	3	4	5
PRC4	The affordability of the contraceptives has increased my usage habits.	1	2	3	4	5
PRC5	The cost of the particular contraceptive has an influence on my usage of contraceptive methods.	1	2	3	4	5
Place (Distribution)						
PLC1	The wide availability of contraceptives has an influence on my usage rate.	1	2	3	4	5
PLC2	The accessibility of contraceptive has an influence on my purchase frequency of contraceptives.	1	2	3	4	5
PLC3	The convenience of health facilities that sells contraceptive for me has an influence on my use of contraceptives.	1	2	3	4	5
PLC4	Methods of contraceptives largely distributed across health facilities and easily available in my area has positive effect on purchase decision.	1	2	3	4	5
PLC5	I am highly interested to look for contraceptive products in the nearby health facilities.	1	2	3	4	5
Promotion (Awareness Creation)						
PRM1	The promotion methods that DKT uses have an influence on my attitude towards buying behavior.	1	2	3	4	5
PRM2	The promotion on women contraceptive being broadcasted on TV, radios & posted on billboards has an influence on making it easier for me to buy.	1	2	3	4	5
PRM3	DKT's promotions that are implemented through different medias and outlets have increased my awareness about	1	2	3	4	5

	women modern contraceptives.					
PRM4	The promotion that implemented by DKT has an influence on my impression and feelings about women contraceptive.	1	2	3	4	5
PRM5	Many entertainment programs on TV & Radio, with the aim of addressing behavioral change messages about women modern contraceptives have increased my awareness about women modern contraceptives	1	2	3	4	5
Buying Behavior						
BB1	I frequently buy women contraceptives.	1	2	3	4	5
BB2	I decide to use a women contraceptive which is easily available in the health facilities.	1	2	3	4	5
BB3	I decide to buy a women contraceptive which is affordable in price.	1	2	3	4	5
BB4	I decide to use a women contraceptive based on the convenience of health facilities.	1	2	3	4	5
BB5	I believe in the use of women contraceptive that impressed me on the broadcasting media.	1	2	3	4	5

Thank you for your participation!!