

**ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES**

**SOCIAL MARKETING EXPERIANCE: A STUDY OF
CHILD SURVIVAL IN POPULATION SERVICE
INTERNATIONAL (PSI) ETHIOPIA**

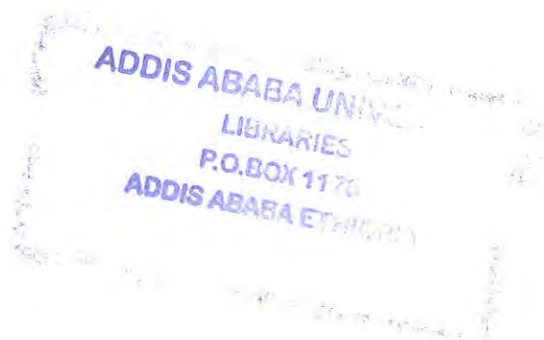
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**JUNE 2010
ADDIS ABABA**

**SOCIAL MARKETING EXPERIANCE: A STUDY OF
CHILD SURVIVAL IN POPULATION SERVICE
INTERNATIONAL (PSI) ETHIOPIA**

**A THESIS SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES IN
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ADDIS ABABA**

ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES
COLLEGE OF EDUCATION AND BEHAVIORAL STUDIES
DEPARTMENT OF BUSINESS EDUCATION

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Acronyms/ Abbreviation

ANC:-	Antenatal Care
ARI:-	Acute Respiratory Infections
BMGF:-	Bill and Linda Gets Foundation
CSA:-	Central Statistics Agency
CS:-	Child Survival
CBD:-	Community –Based Distribution
DACA:-	Drug Administration and Control Authority
ETB:-	Ethiopian Birr
EDHS:-	Ethiopian Demographic Health Survey
IEC:-	Information, Communication and Education
MDG:-	Millennium Development Goal
MOH:-	Ministry of Health
NGO:-	Non Governmental Organization
ORS:-	Oral Rehydration Salt
P&G:-	Proctor and Gamble
PSI :-	Population Service International
SNNPR:-	Southern Nations and Nationality Peoples Region
SPSS:-	Statistical Package for Social Science
STI:-	Sexual Transmitted Infection
UN:-	United Nation
UNAIDS :-	Joint United Nations Program on HIV/AIDS
UNICEF;-	United Nation International Children Emergency Fund
WHO:-	World Health Organization

Definition of key Terms

- Child Survival:-** The state of children counting to live or exist, often in spite of difficulty or danger. (it is associated with antenatal care post natal care Nutrition and common child hood illness).
- Infant Mortality:-** Is used to an indicator of the level of health in a population. It is defined as infant deaths occurring from birth to one year per 1000 live births in In the same time period.
- Child Mortality:-** Death during infancy up to five years age.
- Infant Morbidity:-** Disease arising during infancy up to one year of age.
- Behavioral change:** - It is may be defined as a person's readiness to change. And it may also refer to behavior change/public health.
- Social marketing:-** May be defined as the adoption of commercial marketing and sales concepts and techniques to the attainment of social goals.
- Social Marketing**
- Mix:-** Are domains adopted from commercial marketing which are important to conceder when planning intervention activated for reaching a target audience from a multiple perspective . These are product, price, place, promotion, publicity, policy and partnership.
- PSI:-** PSI is an international non profit organization dedicated to improving the health of low income populations around the world. PSI operates AIDS prevention , family planning and maternal and child health social marketing programs in more than 70 developing countries.

ABSTRACT

The main objective of this study is to assess the social marketing experience of PSI Ethiopia in reducing the level of infant and child mortality through its Child Survival (CS) program..

Descriptive (mean, percentage) method of analysis together with cross tabulation (chi-square) analysis and correlation analysis were used to analyze the data collected using structured questionnaire. Additionally, attempts were made to interpret the contextual facts and figures reflected by the participants come across interview sessions with service providers. The study reveals that a large number of respondents were accessible to messages deliver through TV and Radio by PSI Ethiopia regarding their programs targeted to CS. However, among variety of CS products, respondents were found to be more familiar to ORS and Water Guard. From the socio-demographic factors, females/mothers seemed to have an orientation towards attitudinal change about CS programs than males, and found to be agreed on the curing capacity of CS products, their affordability, and availability across pharmacies/health clinics. However, customers could not get any of the CS products from PSI Ethiopia's service centers.

CHAPTER ONE

INTRODUCTION

This chapter presents the general background of the study along with problem statement, specific objectives, significance, limitations and delimitations associated with the research work. Finally, outline of the research is drawn.

1.1 Background of the study

The health communication field has been rapidly changing over the past two decades. It has evolved from one dimensional reliance on public services announcement to a more sophisticated approach which draws from successful techniques used by commercial marketer termed 'Social marketing' (<http://www.socialmarketing.com/what is.html>).

Social marketing is the systematic application of marketing along with other concepts and techniques, to achieve specific behavioral goal for a social good. Social marketing may include asking people not to smoke in public areas, asking them to use seat belt, or prompting to make them follow speed limits (www.wikipedia.com).

Kotler and Anderson (1991) define social marketing as "...differing from other areas of marketing only with respect to the objectives of the marketer and his or her organizations. Social marketing seeks to influence, social behaviors, not to benefit the marketer but to benefit the target audience and the general society."

Kotler and Zaltman (1971), further defined social marketing as the "design, implementation, and control of programs calculated to influence the acceptability of social ideas, and involving considerations of product, planning, pricing, communication, distribution and marketing research." The assumption behind social marketing was, and is, that well-honed and demonstrably effective techniques from the commercial business sector can successfully and efficiently be applied to advance social causes.

The Social marketing had its roots, in *social advertising* and a focus on messages but has since grown in several directions. The first expansion, called *social communication*, broadened the focus from just the message content to promotion through channels including personal

selling, publicity, and promotional events. The expansion to *social* marketing added market research, attention to product development, and the use of incentives and other techniques to facilitate voluntary exchange (Fox & Kotler, 1980). In some quarters social marketing is being expanded to social mobilization, a term used by the United Nations International Children's Emergency Fund (UNICEF) to connote a comprehensive planning approach stressing political coalition building and community action. Some critics of social marketing pose as an alternative *media advocacy* to shape public opinion and agitate for social change through strategic work at the grass roots and with those who control the communications media. Techniques, in a nutshell, were marketing analysis, planning, and control (Ling et al., 1992).

On the other hand, child survival is one of the social marketing practices as being employed by different organizations. It is also the most sensitive indicator of human welfare, the comparative health of nation and the effectiveness of public policy (Salamawit, 2007).

According to CIA (2008) estimation, from Ethiopian population of 80,237,338, children and youth (0-14 years of age) accounts for 46%. This estimate takes in to account the effect of excess mortality due to AIDS and results lower life expectancy and higher infant mortality. Therefore, it can easily be depicted that how child survival is a big issue in the country (Ethiopia). Also, the nation maintains very high proportion of child population, but there exist high infant mortality rate (80.8 deaths per 1000 live birth).

Additionally, child morbidity and mortality were found to be among the major problems, worldwide, and particular to developing countries. The major causes of child morbidity in these countries are diarrhea, malaria and mal nutrition (WHO, 1998).

The child survival revolution of the 1970's and 1980's focused the world attention on that fact that approximately one third (29%) of the global burden of disease is in children under five years of age, and child death accounts for one fifth (20%) of all death accruing annually in the world (UNICEF, 2003). According to MOH (2004), about 472,000 Ethiopian children die each year before the fifth birth day which place Ethiopia sixth among countries of the world in terms of absolute numbers of child death. The 2000 Ethiopian DHS reported that 24% of children under age five showed ARI symptoms, the same 24% experienced diarrhea 28% had fever which is useful proxy for malaria.

Ethiopia is the second populous nation in Africa with large number of child population. The nation has to manage to reduce under five mortality rate by 40%, as per the Ministry of Health strategy, the country will be achieving the Millennium Development Goal of primary health care for all by the year 2010. On the other side, Ethiopia is dealing with sever and acute malnutrition, as well as, 300 babies dying every day by preventable and curable diseases (www.AllAfrican.com). However, Ethiopia ranked 30th, in comparison with Kenya (31st), Somalia (21st), Uganda (23rd), and Sudan (45th), while Sieraleon is ranked as the worst performer under five mortality rates (UNICEF, 2008).

Furthermore, in Ethiopian context, PSI Ethiopia is the one among non-profit organizations, started deploying commercial marketing strategies to promote health products, services and changing behaviors that may enable low income and vulnerable people to lead healthier lives. On the part of organizational history and development, PSI Ethiopia was founded in 2003, to look after national level programs in malaria, child survival and HIV/AIDS. PSI promotes health behavior by educating individuals about purifying drinking water in home, practicing improved hygiene and offering treatment for diarrhea disease, if a child falls ill. Its programmes ensure that family has the tool to maintain the health of their children and empowers them to do so. PSI combines education to motivate health behavior with the provision of needed healthy products and service which are attractively packaged and marketed in the local context. Local knowledge, attitude and practice are integrated into the marketing activities and communication messages through an on going behavioral research. PSI child survival product communication messages are made available through various channels including:

- Commercial markets
- Community based distribution
- Promotion through mass media and inter personal communication (IPS).

Therefore, the proposed study is an attempt to look into the social marketing practices of PSI Ethiopia resulting in bringing behavioral changes among social units on the part of child survival.

1.2 Rational of the study

One of the millennium development goals (MDGs) is reduction of less than five (years of age) mortality by two-third by 2015 (UN, 2005). Although, there has been substantial

reduction in infant and child mortality rate in most developing countries, however, over 10 million preventable child deaths occur annually Sub-Saharan Africa is the region's most affected and accounts for more than one-third of death of children under the age of five (Hill et al., 1999).

Since children are the economic assets to the world and their future developmental outcome can be influenced by their survival status, the mechanism and consequence of child survival problem be understood better. This is true in the country like Ethiopia, where child mortality and morbidity is almost common. Therefore, there is a need to assess the contribution of non-profit social marketing organizations such as PSI Ethiopia towards:

- Bringing a change in society's behavior about child survival.
- Designing and implementing marketing programs/activities at PSI Ethiopia to minimize the child mortality.
- Supporting Ethiopia to achieve the millennium development goals through the support of PSI Ethiopia.

In this way, intervention can be suggested to achieve optimum growth and development towards the reduction issue of child mortality and morbidity.

1.3 Statement of the problem

Child survival is one of the most sensitive indicators of human welfare, the comparative health of nations and the effectiveness of public policy too. Reduction of infant and child mortality is not the only major goal, but also an important strategy to achieve health for all. Even though the health effect is considerably high children who could not be brought up well (children affected by disease like diarrhea, worms etc), caused by unsafe water and lack of sanitation have further consequences on the social and economic well being of the society.

These multi-dimensional problems do have a relationship with awareness level and parents behavior on their daily habit of taking care of their children. The study attempts to answer the following questions.

1. What are the contributions of social marketing in shaping improved behavior through increased awareness among the societal units?

2. How social marketing-mixes are important in providing social goods and services to the society?
3. How the level of awareness on child survival varies across socio-demographic profile in the society?
4. To what extent social marketing products and services offered by PSI Ethiopia enabling low income and vulnerable people to lead their lives better?

1.4 Objectives of the study

The general objective of the study is to examine the social marketing practice of PSI Ethiopia related to child survival. The assessment is made based on responses scored from the firm (PSI Ethiopia) and users' point-of-view. However, the specific objectives of the study include:

1. To assess the social marketing practices of PSI Ethiopia related to child survival.
2. To evaluate the social marketing mix as designed and implemented by the PSI Ethiopia focused on child survival from client/user's perspective.
3. To measure and compare the level of awareness on child survival aspect across socio-demographic profiles of the respondents.
4. To identify the contribution of PSI social marketing practices to the sub city needy parents having children (under age 5).

1.5 Significance of the study

Any attempt to attain the goal of reducing infant and child mortality level through various interventions requires adequate knowledge of problem and facts that contributes to the problem. In line with this goals, the present study has attempt to identify the contribution of social marketing in increasing child survival status and achieving the millennium development goals of UN.

The findings of the study are expected to contribute to:

1. The development project concerned with child health care at PSI Ethiopia.
2. Identify high risk group for maternal and child welfare in the PSI Ethiopia program.
3. Contribute by filling the knowledge gap between the providers of social marketing services (PSI Ethiopia) and the users/clients focusing on child survival.

4. Planning future studies in the area of social-marketing practices in underdeveloped economies, and specific to child survival.

1.6 Delimitation of the study

The study was delimited to study social marketing practices and experiences of PSI Ethiopia related to its child survival program. Additionally, the geographic scope of the study was limited to Nefasiisilki Lafto sub-city of Addis Ababa region, and specific to two kebles (09/14 and 08/13). The area is selected due to the heterogeneity of the sub-city in terms of socio-cultural, economic and demographic aspects together with many of the families maintaining children (aged 0-14), however, parents/care givers with children under age 5 years (and were born before 2010) were considered to participate in the study.

1.7 Limitations of the study

There exist many problems that were encountered by the student researcher to conduct this study; the major obstacles can be seen as:

- It was observed as difficult to orient respondents about PSI Ethiopia. Because the organization do not have its own health clinics/service centers that can help to create a direct link with its customers.
- Also, even if the respondents were familiar with the products of PSI Ethiopia, since products are delivered through whole sellers and retailers, they were not aware of where the products were launched, and caused the student researcher to devote much of her time to orient the respondents.
- Because parents/care givers are burdened with different family responsibilities, they were found to be escaped from filling the questionnaires. As a result, 50 questionnaires were either not be returned or found to be half-filled.
- Finally, obtaining relevant literature related to social marketing and specific to child survival, as not vastly researched in many countries and contexts, posed one of the most serious challenges to the student researcher at various states of questionnaire designing and administration, and writing-up of this paper.

1.8 Organization of the study

The study report is organized into five chapters. While chapter one provides an introduction to the subject/research area by presenting the general background, statement of the problem and

objective of the study, the significance, limitation and delimitation of the study. Chapter two explored the related literature. Chapter three provide the research methodology by making clear the readers on the part of questionnaire design and data collection techniques/procedures including ethical consideration. Chapter four used to deal with detailed analysis of the responses scored through respondents of the study and focused on the discussion of the research results. The last chapter of the report devoted to provide concluding remarks together with recommendations for the organization under the study and further lead to initiate new studies in the area.

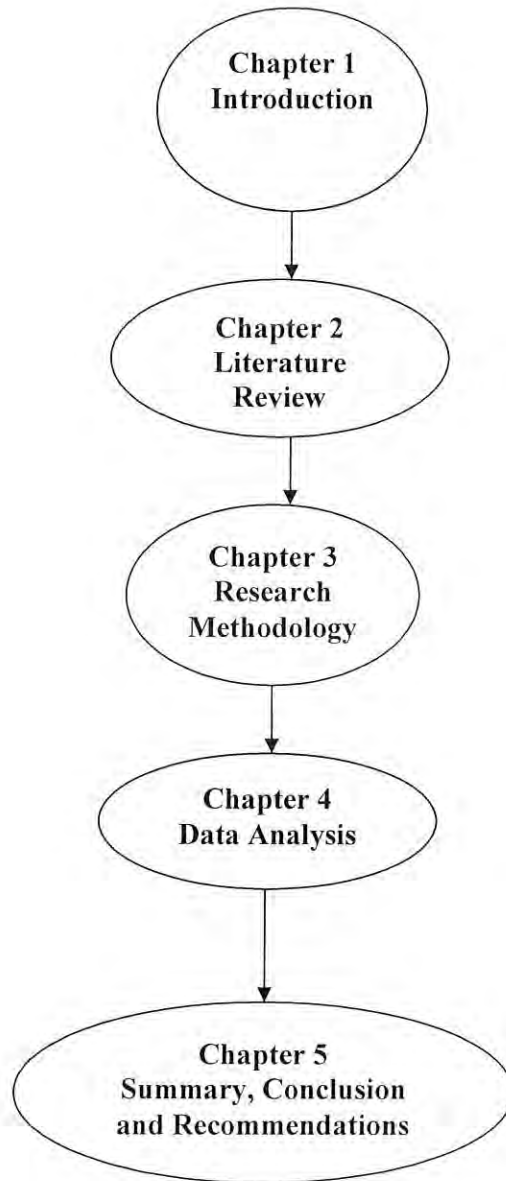


Figure 1. Research Paper Outline

CHAPTER TWO

REVIEW OF RELATED LITERATURE

In this chapter, an attempt is made to discuss some views and perspectives of social marketing as revealed by various published and unpublished sources. However, before taking the readers to the concept and definition of social marketing, a connection is maintained with the commercial marketing domain, since social marketing is originated from that of commercial or generic marketing.

2.1 Introduction to Marketing

A layman often equates marketing with a visible activity, typically advertising or selling. Although this conceptualization is not entirely wrong, it omits many other activities that could be considered as part of marketing. An official definition, developed more than twenty years ago, is as follows: “marketing is the performance of business activities that direct the flow of goods and services, from producer to consumer or user” (Kotler, 1992).

Kotler (1999) provided a generic (not business specific) definition of marketing as “the set of human activities directed at facilitating and consummating exchanges.” According to Etzel et al. (2006), marketing is a total system of business activities designed to plan, price, promote and distribute want satisfying products to target markets in order to achieve organizational objectives. This definition has two significant implications.

- Focus: the entire system of business activities should be customer-oriented. Customers’ wants must be recognized and satisfied.
- Duration: marketing should start with an idea about a want satisfying product and should not end until the customers’ are completely satisfied, which may be some time after the exchange is made.

2.2 Social Marketing

The expansion of the marketing concept combined with a shift in public health policy towards disease prevention began to pave the way for the development of social marketing. During the 1960s, commercial marketing technologies began to be applied to health education campaigns in developing countries (Ling et al., 1992; Manoff, 1985). In 1971, Kotler and Zaltman published their semi annual article in the Journal of Marketing ‘Social marketing: an approach

to planned social change'. This was the first time the term "social marketing" had been used and is often heralded as its birth. They defined social marketing as "the design, implementation and control of Programs calculated to influence the acceptability of social ideas and involving Considerations of product planning, pricing, communication, distribution and marketing research.

"Social marketing 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, groups, or society as a whole" (Kotler et al., 2002). Social marketing orientation is developed from traditional marketing principles, with some modification to its specific concern. It is the expressed marketing philosophies and practice, which is concerned with the development of exchange relationship, through purposeful benefits, configuration, communication, facilitation and evaluation process. As such social marketing is compatible with basic ideologies and methods of marketing (Fine, 1990). Anderson (1995) defined, social marketing as the application of marketing technologies developed in the commercial sectors to the solution of social problems where the bottom line is behavior change.

According to UNAIDS (2000), "social marketing is designed to improve the health of low-income people by promoting healthy behavior, offering health products and services at affordable prices, and motivating people to use them." Another definition cited by UNAIDS (2000), states social marketing as, "adoption of commercial marketing and sales concepts and techniques to the attainment of social goals." Social marketing is thus related with the determination of social needs and wants vis-à-vis sub serving their interest which is possible when marketers make possible a fair blending of social and commercial consideration in tune with the holistic concept of management (Jha, 2005). Social marketing has become increasingly popular among governments and donors as an efficient and effective means of addressing serious health issues in developing countries. It has its roots in family planning but the concept is socially applied across many fields in public life and health, in both developed and developing nations.

2.3 Key Features of Social Marketing

According to www.socialmarketing.com, social marketing has the following characteristics.

The first key feature of social marketing is its nature of typically applied to causes judged by person in position of power and authority to be beneficial to the society. Next, unlike commercial marketing, the agent of change does not profit financially from social marketing campaign success. The third characteristic is creating marketing campaign which is tailored to the unique perspective, needs and experiences of the target audience, hope fully with input from representative members of this groups. Due to this the final goal of social marketing is to change a behavior which is believed to change individual at risk, not only simply increase awareness or alter attitudes. Striving to create conditions in the social structure that facilitate the behavioral change promoted is also additional characteristics of social marketing. However, most fundamentally social marketing relied up on commercial marketing concepts.

On the other hand, Anderson (1995) put social marketing features in the following way. In social marketing consumer behavior is the bottom line and its program must be cost effective. Furthermore marketing research is essential for social marketer so as to design pretest and evaluate intervention program. Also, to serve customer effectively social marketer needs to take into account the existence competition and make careful segmentation.

2.4 Elements of Social Marketing

For making social marketing to be successful it needs to incorporate some basic components that are important to address social marketing issues and problems. Based on this social marketing has the following four elements.

2.4.1 An Exchange

Social marketing not only shares generic marketing's underlying philosophy of consumer orientation, but it also its key mechanism, exchange (Kotler & Zaltman, 1971). While marketing principles can be applied to a new and diverse range of issues- services, education, high technology, political parties, and social change - each with their own definitions and theories, the basic principle of exchange is at the core of each (Bagozzi, 1975). Kotler and Zaltman (1971), argue that: "marketing does not occur unless there are two or more parties, each with something to exchange, and both able to carry out communications and distribution". Exchange is defined as an exchange of resources or values between two or more parties with the expectation of some benefits. The motivation to become involved in an exchange is to satisfy needs (Houston & Gassenheimer, 1987).

Exchange is easily understood as the exchange of goods for money, but can also be conceived in variety of other ways: further education in return for fees; a vote in return for lower taxes; or immunization in return for the peace of mind that one's child is protected from rubella. Exchange in social marketing puts a key emphasis on voluntary behavior. To facilitate voluntary exchanges social marketers have to offer people something that they really want.

2.4.2 Long-term Planning Approach

Like generic marketing, social marketing should have a long term outlook based on Continuing programs rather than one-off campaigns. It should be strategic rather Than tactical. This is why the marketing planning function has been a consistent theme in social marketing definitions, from Kotler in 1971 to Andreasen in 1996. The social marketing planning process is the same as in generic marketing. It starts and finishes with research, and research is conducted throughout to inform the Development of the strategy. A situational analysis of the internal and external environment and of the consumer is conducted first. This assists in the segmentation of the market and the targeting strategy. Further research is needed to define the problem, to set objectives for the program and to inform the formulation of the marketing strategy. Two fundamental questions that need to be addressed in long term planning are:-what business we in? And what business do we want to be in? The answers define the scope and activities of the social marketing campaign. (Andersen, 1982). The elements of the social marketing mix are then developed and pre-tested, before being implemented. Finally, the relative success of the plan is monitored and the outcome evaluated.

2.4.3 A Consumer Orientation

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

2.4.4 Moving Beyond the Individual Consumer

Social marketing seeks to influence the behavior not only of individuals but also of groups, organizations and societies (Hastings et al. 1994; Lawther and Lowry, 1995; Lawther et al., 1997; Murray and Douglas, 1988). Levy and Zaltman (1975), suggest a six-fold classification of the types of change sought in social marketing, incorporating two dimensions of time (short term and long term) and three dimensions of level in Society (micro, group, and macro). In this way social marketing can influence not just Individual consumers, but also the environment in which they operate.

2.5 Social Marketing Mixes

Unlike to commercial marketing social marketing stress the importance of seven elements referred to us seven Ps of social marketing.

2.5.1 Product

The social marketing product is not necessarily a physical offering. Anderson (1995) argues that social marketers must propose the right kind of behavioral offering if customers are going to act. To have a major impact on target customers, the health care delivery system (be 'product') must be over halved so that the behavior to be marketed is as attractive as possible. An important dimension of social marketing is related to the product mix that an organization adapts. The idea of producing a particular item, the first and for most consideration is customer satisfaction and the second consideration is social orientation (Jha, 2005).

2.5.2 Price

Anderson (1995) states that, price is a consideration of both benefits and costs. In the commercial sector, customers pay cost in money. In social sector, customers pay costs that are not monetary cost in time away from home, in verbal abuse from unfed husband and in concern from well being of temporarily abandoned children. Fine (1990), suggests that if product is priced too low, or provided free of charge the consumer may perceive it as being low in quality. On the other hand if price is too high some will not be able to offer.

2.5.3 Place

As written by Fine (1990), place describes the way that the product reaches the consumer. For a tangible product it refers to distribution system including the ware house, sales force, retail

outlets etc., where it is sold or a place where it is given out for free. For an intangible products place is about channels through which consumers are reached with information or training. Anderson (1995) recognize that, place meant that, oral dehydration liquids should be available at every kiosk even door in every village, where diarrhea and dysentery are problem.

2.5.4 Promotion

According to Schiavo (2007), promotion is how a message is conveyed. It refers to how to motivate intended audience, so try and perform the recommended behavior or adopt new policy or practice. Anderson (1995), definition of promotion in compasses that social marketers see promotion much more broadly than the production of brochures, posters, TV sports, and public service announcements promotion can include what is called personal selling. A mother of a child may be much more influenced by a quite conversation with another mother like herself who has been trained as village health promoter than she is by any fancy advertising campaign. Promotion can also include tactics that rewards consumers for desirable behavior. A very important component of social marketing project in Gambia was a contest that gave mothers a free plastic up or bar of soap for correctly mixing oral re hydration solutions.

2.5.5. Public

Public refers to both the external and internal groups involved in the program (www.wenrich.com). External public include, the target audience secondary audience, policy markers, and get keepers, while the internal public are those who are involved in some way with either approval or implementation of the program. Fine (1990) recognizes that, the responsibility for social marketing policy is widely diffused and shared among organizational members and relevant external publics. Social action is carried out by many participants who have different role in the organization.

2.5.6 Partnership

Need for team up with other organizations in the community to really be effective you need to figure out which organizations have similar goals to yours; not necessary the same goals and identify ways you can work together (www.wenrich.com). Fine (1990) argue that, social marketers should take serious attention for the constituent, volunteer, and donor wants, expectations and perceptions to create a competitive edge in the field in which the organizations operates.

2.5.7 Policy

Social marketing program can do well in motivating individual's behavioral change, but that is difficult to sustain unless the environment they are in support that change for the long run (www.wenrich.com). According to Mcleish (1995), external changes also are producing growing uncertainty. One of the most important changes is the federal and state government new restrictive policies concerning tax deductions, postal subsidies and what constituents appropriate non profit activities.

2.6 The Social Marketing-mix model

The following figure shows the importance and relation ship that exists among social marketing mixes and the model (Audience, recommended health behavior, social environment and political environment).

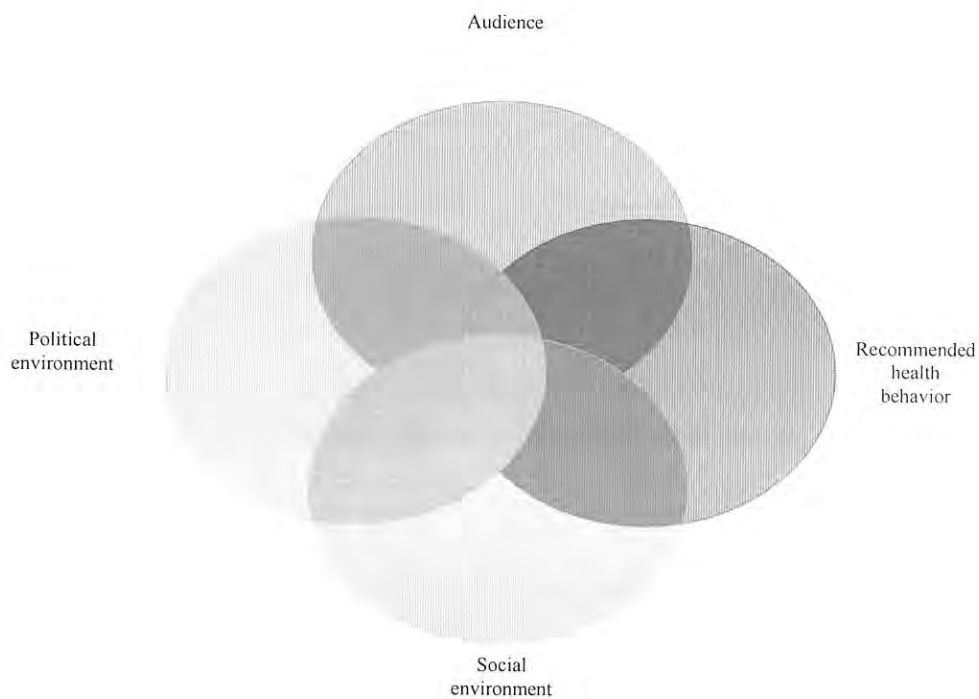


Figure2 Model related with social marketing mixes

2.6.1 Audience

Health, beliefs, attitude and behavior cultural, age and gender related factors, literacy level, risk factor life cycle issues, and socio-economic) factors.

2.6.2 Recommended health behavior, service or product

This includes benefits, risks, disadvantages, price or life styles and availability and access.

2.6.3 Social environment

This is the beliefs, attitudes, and practice social norms, social structure, existing initiatives and programs of stake holders?

2.6.4 Political Environment

The policies, laws, political willingness and commitment, and level of priority in political agenda, are the elements of Schiavo (2007) model, and reported as highly influential elements in appropriate implementation of social marketing mixes.

2.7 Importance of Social Marketing

2.7.1 To an Organization

Jha (2005), view the existence of organization is very much related to the prosperity and well being of the society. If the society is found non existent, we can't imagine the existence of the organization. Anderson (1995) argues that, the organization mission is seen as bringing about behavior change by meeting the target market's needs and wants. The social markets, rather than thinking that the customer is some how wrong for being reluctant to change knows that the change program with where the customer is now.

2.7.2 To the Customer

The customer's interests are involved in the en sense of offering quality goods or services at moderate price (Jha, 2005). The customer is seen as some one with unique perceptions needs, and wants to which the marketer must adopt (Anderson, 1995).

2.7.3 To the Society

The social interest are found well protected, if good manufacturing or service generating industries assign due weight age to the application of social marketing.

2.8 Different Approaches to Social Marketing

Social marketing programs generally use the existing commercial infrastructures in counties to develop and distribute specifically branded products. This traditional approach also known as the "own brand model" is the most common amongst social marketing programmers in developing counties and is closely associated with population service international (PSI) and

DKT international organizations that pioneered international social marketing in the 1970s and 1980s. It applies standard commercial marketing and sales techniques for promotion and distribution through whole sale and retail sales points to the mass market. The social marketing organization may receive unbranded products from international or national donors, or may directly procure quality from manufactures, and develop its own brand and packaging for distribution (UNAIDS,2000). The models or possible approaches to social marketing include:

2.8.1 Community-based Distribution or “Community-Distribution” (CBD)

Where non-professional sales agents are recruited, from among particular groups within the general population, the individual receives basic training in IEC and are usually rewarded financially from small margins on their sales. Community based social marketing is a good example of the systematic approach to problem solving that social marketing typically advocates. It involves the following four steps. The first one is identifying the barriers and benefits to an activity. The second step of CBD social marketing is to develop a strategy that utilizes ‘tools’ that have been shown to be effective in changing behavior. Piloting the strategy is the third step of the above approach. The last but not the least step of CBD is evaluating the strategy once it has been implemented across a community (McKenzie-Mohr, 2005).

2.8.2 The Manufacture Model

Where support is provided for the promotion and distribution of brands developed and owned by a manufacturer (foreign or local) manufacturer is agent, frequently an importer of the product. The support usually takes the form of grants directly to the manufacturers and/or their distribution agents so as to reduce their commercial marketing costs and there for allow great investment in key activities. Retail prices significantly below the usual market price is the expected end result.

2.8.3 The “target service delivery” approach

Involves planning appropriate social marketing activities through which the project strives to reach and distribute products to specific target groups. Usually high-risk or other priority segments of the general public these groups are often inadequately served by other service delivery mechanism including standard social marketing segmentation studies carried out once the basic distribution structure to the mass market is established.

According to Anderson (1995), social marketer adopts a customer centered approach and recognize that change will only come about if one starts with the customers reality and adopts message and other program elements to the customers' perceptions, needs, and wants.

2.9 Social Marketing in Non-profit Organizations

As suggested by Maclesh (1995), traditionally, marketing has not been a popular subject in non profit circles; competition is even less so. Marketing issues tend to lay our organizational souls bare and put us on trail. However, with flourishing companion in the nonprofit world, marketing and its attendant strategies must be taken in the account to ensure the success even the survival of most non-profit organization. In view of Kotler (1975), now profit marketing is defined as the function of non profit whose goal is to plan price, promote, and distribute the organization programs and products by keeping in constant touch with the organization various constituencies, uncovering their needs and expectations, for the organization and themselves, and building a program of communication to not only express the organization purpose and goals, but also their mutually beneficial want satisfying products. As stated by Mclesh (1995), unfortunately, the notion of non profit marketing for some has come to mean aggressive promotion this opposed to aggressive listening to constituent needs, while promotional programs are part of marketing strategy, the strategy must first move away from the point of sale and ask this questions who are our constituent and what are their needs and wants.

2.9.1 The Need for Marketing Orientation for Non-profit Organizations

Marketing can change lives in both small and large ways. If it can charge consumer lives, surely it can be a powerful tool to improve consumers' physical and mental health and the general quality of our society and its environment. As suggested by James A. Osborne in the book of Etzel and Walker (1991), in recent years, non-profits have discovered that they need to manage well especially because they lack the disciple of bottom line. The financial pressures have mounted too. Non profits have had to endure cut backs in federal aid, changes in tax lows that hurt gift-giving, and lack of growth in corporate contributions. At the same time there has been increasing competition from a new generation of social entrepreneurs attacking such problems as AIDS, Alzheimer's disease, child abuse and drunk driving. We have limited resources, which mean we have to manage them even better to achieve the best results.

As marketers look for new profit avenues, they have contributed importantly to the trend toward buying foods with products that are more environmental friendly. They have helped out major non-profit organizations by encouraging people to buy products or patronize sellers that contribute to particular charities (Anderson, 1995). Although marketing is very crucial to non-profit organizations, many non-profit organizations could not apply it for their strategy and management. As expressed by Fine (1990), marketing is a generic organizational process that can't be ignored, however most marketing issues with in are not consciously identified or managed technically as such because few policy makers have been exposed to formal marketing concepts and methods in depth.

2.10 Customer Centered marketing

To make social marketing very successful, customer focused approach is very important tool. As suggested by Anderson (1995), social marketing are fantastically customer centered in their strategies and tactics. They do not seek to persuade target audiences to do what the marketer believes they ought to do, and not to accept the marketer values and beliefs by the audience. Anderson and Kerr (2002) also stress that the customer centered marketing strength by creating good customer relationship or preparing sales/customer profile. Is your success based on initial stand alone transaction? Or does the nature of your product or service put customers in partnership with you over longer period of time? How important is it for you? To have satisfied customers acting as word of mouth advocates for you in the market place? The above questions are crucial for social marketing in order to categorize/segment/customers and to give appropriate and timely service as per the need of them.

To have a satisfied customer, we need to follow customer chemistry approach. This means customers needs to be studied and researched in detail about their current problem and need. So customer chemistry is all the tangible and intangible factors that led a marketer to believe there is a future with customers. You need to devote more time to each customers learning about their individuals needs. What information is most important to know or how should it be gathered.

According to Harris (2000), customer satisfaction is the customer ever all feeling of contentment with a customer interaction. Customer satisfaction recognizes the difference between customer expectation and customer perception. Customers have many concerns and

the job of marketer is to reduce as much of the customer stress as possible and to create a pleasant customer experience, while also providing current information and helping to solve problems for customers.

In line with this as per the thought of Harris, every customer has five needs. These are Service, price, quality, action and appreciation .Unfortunately there is a gap between the notion of social marketing organization and what we call customer centered marketing. As Mclesh (1995) put this idea, there has been a concentration of effort to communicate the organization needs first to the public rather first listening to its customers.

2.11 Communication and Behavioral Change

Anderson (1995) recognize that, the ultimate objective of social marketing is to benefit target individuals or society and not the market and the basic means of achieving improved way is through influencing behavior. Unlike educators who may be satisfied that messages were distributed and received and people have apparently learned some facts, social marketers argues that, learning fact is only important if it leads to a desired behavioral out come Communication, specifically health communication plays a great role in influencing and adopting healthy behavior.

According to Schiavo (2007), health communication is a multi faced and multi disciplinary approach to reach different audiences and share health related information with the goal of influencing and supporting individuals, communities, health professionals, special groups, policy markets and the public to champion, introduce, adapt or sustain a behavior practice, or policy, that will ultimately improve health outcome. Health communication approaches will work only if they rely on an in-depth understanding of the life style, concerns, beliefs, attitudes, barriers to change and source of information about target audience. It would also be important to research and understand the cultural, social and ethnic environment in which the society (target audience) lives.

2.11.1 Stages of Behavioral Change Models

2.11.1.1Pre contemplation: Individuals have no intention of adopting a recommended health behavior but are learning about it.

2.11.1.2 Contemplation: In which individuals are considering adopting the recommended behavior.

2.11.1.3 Decision: In which people try to adopt the recommended behavior for a short period of time.

2.11.1.4 Action: Customer needs action when a problem or question arises by contacting the company.

2.11.1.5 Maintenance: People continue to perform the recommended health behavior for a long period of time (at least about six months) and ideally incorporate it in their roll time and life style (Ibid).

2.11.2 Alternative Approach to Influence Behavior

As suggested by Anderson (1995), to known of social marketing, there are about five approaches which help to change influence the target audience behavior. These are:

2.11.2.1 Education approach: Begins with the primary assumption, that individuals will do the right thing if only they understand why they need to do what is being advocated.

2.11.2.2 Persuasion Approach: Adherent to this approach have a fundamental belief that action takes place only if people are sufficiently motivated.

2.11.2.3. The behavioral approach: Argues that people do what they do, because:

- ☞ They learn the technique necessary for the action and
- ☞ They find the out come rewarding.

2.11.2.4 Social influence approach: Wallak (1990) argues that campaigns directed at influencing community norms and collected behaviors are the most cost effective ways to reach and change individuals and families.

2.11.2.5 Social marketing approach: Has a feature in common with each of the above approaches. It often attempts to educate it does seeks to motivate individuals to act. It does introduce groups' pressure when appropriate and it often does employee modeling and rewarded to ensure the long term success of its programs, but social marketing is both different and more comprehensive than this alternative.

2.12 Difference between Social Marketing and Commercial Marketing

Social marketers seek fundamental, long term behavioral change; commercial marketers usually aim to induce consumers to change brands or try a new product: If motivating people

to change their health or social behavior were as easy as convincing them to switch brands of toothpaste, then there would be no need for the subfield of social marketing. But trying to affect complex and often emotion based decisions is rather different from selling a tangible product (Weinreich, 1999).

Similarly, the amount of change needed before the project is considered a success is often much greater for social marketing campaigns. Many commercial campaigns would be highly successful if they shifted market share by 2–3 per cent (Braus, 1995). The desired success rates for social marketing campaigns, however, can be 10 or 20 times higher. Third, the product being ‘sold’ is more difficult to define, is often intangible and has benefits that could be delayed or difficult to detect (for example, avoiding potential harm) (Donovan & Henley, 2003).

Finally, social marketing strategies need to harness the involvement of many stakeholders, frequently in a politically sensitive environment: Social and health issues often are so complex that one organization cannot make a dent by itself. By teaming up with other groups in the community, your organization extends its resources as well as its access to members of the target audience (Weinreich, 1999). There are about 12 points stated (listed) by Anderson (1995), which make social marketing vary from the traditional or commercial marketing.

2.12.1 Negative Demand

It is for a private sector marketer to be asked to market a product or service for which the target audience has a clear distance. Yet in social marketing the marketers must try to influence into wearing seat belts or using ORS for child dehydration.

2.12.2 Highly Sensitive Issues

Most of the behaviors that social markets are asked to influence are much more highly involving than most of those found in the commercial sector. E.g. asking rural mothers to regularly weigh their children is more serious than asking them to buy a bicycle or a new sofa.

2.12.3 Invisible Benefits

Whereas in the commercial sector, it is easy to imagine a Hilton hotel room or a new Xerox machine, in social marketing it is much harder to market behaviors that lack visible consequence.

2.12.4 Benefits to Third Parties

Some behaviors advocated by social marketers have pay offs for third parties such as poor people or society. Due to this it is much more difficult to motivate people to take actions when they don't benefit it (even invisibly) than when they or their immediate families are the direct beneficiary.

2.12.5 Intangibles

Because the consequences of social behavior change often are invisible or apply only to others, they are much more difficult to portray in promotional messages.

2.12.6 Changes that take along time

Because many of the proposed behavior changes are highly involving or entail changing individuals from negative to positive demand, the process for achieving behavior change can take a very long time indeed.

2.12.7 Culture Conflict

Many social marketing organizations may be infected with a basic conflict between two or more cultures. They are found to achieve a basic social service mission.

2.12.8 Public Security

As social marketers have their goal to improve or the welfare of the target audience, or the general society, it is typical that some form of formal or informal public security, like government, funding sources, or the general public, academic researchers will be accorded to their performance.

2.12.9 Limited Budgets

Traditional marketers are used to working with relatively generous budgets to meet a given challenge social marketers typically have severely restricted budget in part, because there is enough to go around in some government or non-profit agencies or some foundation.

2.12.10 Multiple Publics

The constant need for on going out-side assistance and the constant over sight by other individuals and agencies increase the need to market not only to target customers but also to those who are giving assistance or regulating activities.

2.12.11 Absence of a Marketing Mindset

If there is a reluctance to bother with marketing research, then the social marketer has a great deal of internal training and attitude change.

2.12.12 Few opportunities to modify products

Products such as ORS, which meet important public health criteria, for effectiveness must be marketed despite existing inherent disadvantages from the customers' point of view.

2.13 Factors Affecting the Status of Child Survival in Ethiopia

The various socio economic, environmental cultural as well as demographic factors affecting infant and child survival are identified and studied by different researchers. Literature related to the determinants of infant and child survivals are reviewed in this section.

2.13.1 Demographic Determinants

Demographic determinants can basically be divided in to two: maternal and child related factors.

2.13.2 Maternal Age at Birth

When women give birth at young age, they are at increased risk of complication and the child is at an increased risk of low birth rate and pre maturity. When a woman gets birth at older age they are more likely to have birth defect, which increases the risk of dying in early childhood (Sullivan et al., 1994).

2.13.3 Birth Interval

Birth spacing is generally believed to be associated with infant and child mortality. The proper spacing of birth allows more time for child care; is likely to make more maternal resources available for the care of the child and also allows for the healthier mother (Millere, 1990; Gribble, 1993; Sullivan et al. 1994; Bicego et al., 1996).

2.13.4 Maternal Education

As education provides women with decision making power, making them more aware of their children's welfare, and their knowledge about childhood diseases, this increases the ability to understand illness and provide timely treatment (Cleland & Ginnaken, 1988).

2.13.5 Wealth

Similar to education, the house hold income and wealth affects the child survival status. Income is often used as a proxy for children's consumption of goods and services such as shelter, nutrition, and adult supervision that may affect their health (UN, 1985).

2.13.6 Health Seeking Behavior

Utilization and access to maternal and child health care facilities appear to be an important determinate of child mortality. Health seeking behavior of women, especially during pregnancy and at the time of child birth, has an important role to play for the health of the new born (Mahy, 2003).

2.14 Social Marketing for child survival

2.14.1 Child Survival Situation in Ethiopia

Nowadays child survival is a crucial matter that every country needs to give emphasis, to make the future outlook of the nation bright. According to UNICEF (2006) report, children's survival, development and protection are now no longer matters of charitable concern but of moral and legal obligation. Governments are held to account for their care of children by an international body, the committee on the right of the child, to which they have agreed to report regularly. According to the data of Ethiopian MOH (2004), about 472,000 Ethiopian children die each year before their fifth birthday, which places Ethiopia sixth among the countries of the world in terms of the absolute number of child death. And yet there are effective and proven tools which can be used to a childe the millennium development goal (MDG) of reducing child death by the thirds by 2015. Child survival can be organized in to the following categories maternal care, delivery, and postnatal care; infant feeding and nutrition; vaccination coverage; and common childhood illnesses.

Factors contributing to Ethiopia's high rate of child hood death include limited access to health services, or low perceived quality of services, parents will not seek outside care for their children if it is too far or if they don't believe it will help. Another significant factor is parents' lack of awareness of danger signs and of possible methods of care, resulting in their not immediately providing appropriate home care and/or seeking care outside the home. The cleanliness of the home and of the food and water is also a significant contributing factor, as children are particularly vulnerable to illness and disease resulting from poor hygiene and

contaminated water, reflected by the fact that diarrhea accounts for 20% of under-five child death in Ethiopia (Child Survival Message Guide, 2010).

2.14.2 Primary Cause for Poor Child survival

UNICEF (1990) raised the issue of “what represent good child development?” Answering this question, a wide range of general and specific causes may appear. Some Ethiopian children die, and many others do not grow and develop well, because of disease, malnutrition, famine, lack of clean water, poor sanitation, lack of child care the poor education of their mothers, the low income of their families, poverty, etc.

The other basic cause of poor child survival and development in Ethiopia is the present role and status of women (lack of opportunity open to them). Ethiopian culture has been developed ever centuries, and change in cultural practice can be difficult and a slow process. Adding on this, King et al. (1988) suggested that the immediate causes of young children death are primary disease and malnutrition (or the combination of the two).

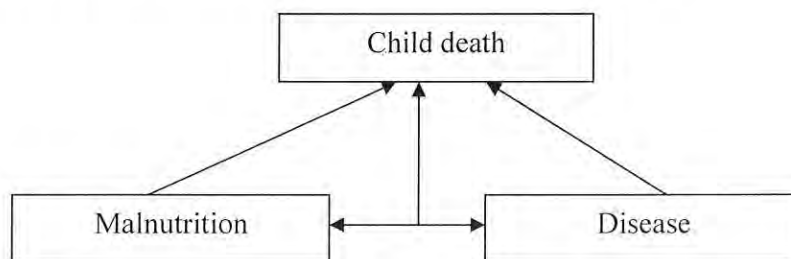


Figure 3. Interrelationship between immediate causes of child death

To eliminate this problem, primary health care is an essential system, that needs to be made universally accessible to individuals and families in the community by means acceptable to them through their full participation, and at a cost they can afford (Ibid).

2.14.3 The Value of Social Mobilization for Marketing Child Survival Programs

UNICEF (1993) defines social mobilization as “a strategy that substantively involves the community in the process of developing, planning, implementing and evaluating programs that affects its quality of life.” In connection with this, UNICEF (1990) concerning to children, women and youth, argued that a social mobilization is an end by itself, because it helps social marketers in galvanizing and drawing the nation’s resources, to galvanizing the

entire population, about the possibility of bringing an immediate improvement of the lives and prospects of children.

“The social mobilization training in the child survival and development” is a program initiated by UNICEF in 1993, in the Republic of Tanzania. This program utilizes several key tools. The first of this is the Triple-A-Cycle construct (model). The purpose of this model is: assessing the child nutrition and health problem facing the house hold and community, analyzing the cause, understanding those problems and finally developing actions to resolve the problem.

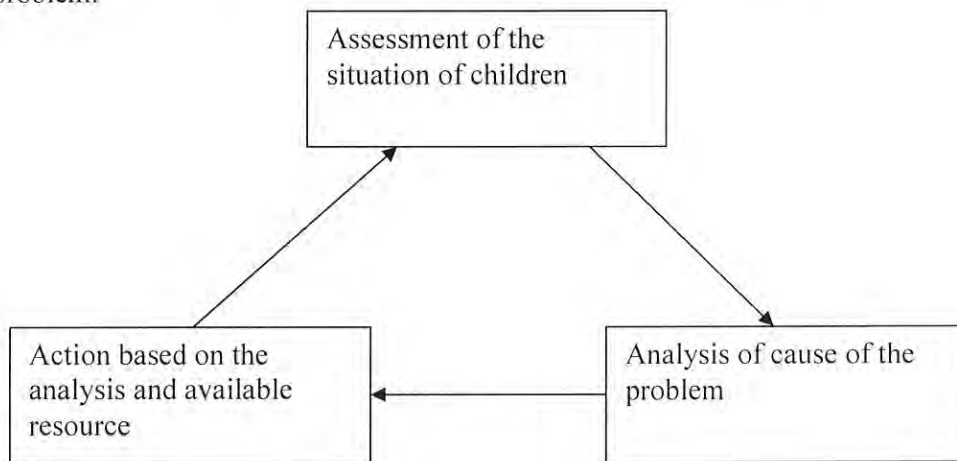


Figure 4. Triple-A-Cycle model (Source: UNICEF, 1993)

2.14.4 Justification for Marketing of Child Survival

Do we find it relevant to practice social marketing principles for improving the quality and rationalizing the demand and supply position? Here we go through the rational behind marketing child survival. Fine (1995), states the following justifications.

2.14.4.1 To create public awareness: All of us are of course, not aware of the importance of adequate provision of child care products and services, to the normal functioning of our social system. To be more specific illiterates are totally unaware of the fact which invite a number of diseases and complicates our task of managing the health care service. We find justification for marketing good child survival practice, since the promotional measures help us in creating public awareness and serving the social interest.

2.14.4.2 Protecting the organizational interest: An organization cannot deliver goods to consumers, unless it is professionally sound to innovate, in tune with the changing

environmental conditions. This requires high degree of professionalism. According to the principle of social marketing, the social interests, of course get an overriding priority. The application of social marketing is relevant in marketing good child survival practice, products and services since it enriches organizational efficiency of delivery goods and services.

2.14.4.3 An action plan to achieve the target: We have short-run target of improving the quality of service by making available to our consumer's child survival products and services, and marketing practice would make it possible. In addition we have also long run target of making available products which secure the life of children and minimize the death rate; again we find marketing practice effective. In formulating an action plan, we talk about strategic marketing which helps us in setting and touching the target.

2.14.5 The Role of Advertising for Child Survival

2.14.5.1 Creating nutritional awareness: According to UNICEF (2004), estimated numbers of 44,000 children under five across the country, Ethiopia are suffering from severe malnutrition (the hidden hungers and need of urgent nutritional intervention. We accept the fact that good number of health problems can be prevented, if we have nutritional awareness. Nutritional values play significant role in improving the physical quality of the child index. Moreover, people reported with the feeding problems associated with what to feed, how much to feed, and how many times to feed, and often preferred tasty and spicy items to invite health problems (Fine, 1995).

2.14.5.2 Instrument in Promoting Childcare

As stated by Schiavo (2007), health communication/promotion intervention can successfully address the conflicting information and provide parents with research based and reliable information that will reassure them about the basic truths. By using different advertising tool, such as brochures, posters web pages, and other informational vehicles from reputable source will enable social marketers to reinforce the information mothers will hear from health care providers. Advertising can also play a great role in promoting Child Survival. As argued by Fine (1995), we find advertising campaigns playing an important role in protecting the health and interest of children. The evils like child morbidity, child mortality, child labor, neglect of mentally retarded children and others can be minimized considerably by if the campaigns are sensitive.

2.15 PSI Ethiopia Social Marketing Practice

2.15.1 PSI Ethiopia and its Interventions

Population Service International (PSI) is a leading nonprofit social marketing organization in the world that address the health problems of low- income and vulnerable populations in more than 60 developing countries. PSI Ethiopia (PSI/E), founded in 2003, is the local platform of Population Services International and has national programs in malaria, child survival and HIV/AIDS. PSI promotes products, services and health behaviors by using the low-income and vulnerable people to lead healthier lives. On the supply side, PSI/E works with the commercial sector to increase the availability of health products and services at price which are affordable. In the past, PSI/E social markets water Guard and PUR to treat water, BREASE for treating Pneumonia, condom and STI kit (for syndromic management).

Acute Watery Diarrhea (AWD) emergency response and preparedness was one of PSI/E program intervention founded by UNOCHA in response to AWD in 2007. PSI/E provided water treatment products (water guard and PUR) and used effective behavior change communication (BCC) to educate communicate about AWD and bring about Behavior change. Educative and informative radio spots and TV spots were produced that teach preventive measures for AWD such as drinking boiled water or treated water by the use of water guard (Wuha Agar) and PUR (Wuha Agar telel) as a preventive method. The radio spots were produced in different language (Amharic, Oromiffa) and were placed in various radio stations.

2.15.2 Marketing and Communication Activity of PSI Ethiopia

2.15.2.1 Products: Zinc, ORS, water guard, PUR, ADEY and BREASE, are CS products of PSI Ethiopia. ADEY is product, which contains two 2 sachets of ORS and 1 strip of Zinc Sulphate (of 10 tablets).

2.15.2.2 Price: Appropriate price point with faire pricing structure is very crucial in terms of addressing economic accessibility of CS products and encouraging sustainability. Unfortunately, the current supply chain cost leaves Cs products dependent on donor funding with large subsidy on COG with recovery rate in the range of 30%-50%. Though very early to contemplate, PSI has to globally negotiate with Nuttiest for transfer of technology to low cost manufacturing sites through franchising or any other visible mechanism. Until such time, PSI

Ethiopia carry out market priming with penetration pricing strategy which will gradually augment, the price point to guarantee marginal subsidy.

2.15.2.3 Distribution (Place): It is legally restricted to distribute medical items including ORS in traditional outlets except pharmacy, drug stores and accredited rural drug vendors. This is a major distribution Challenge in maximizing pervasive penetration of such drugs in a country where the ratio of pharmaceutical retail outlets is 1:30,000. PSI Ethiopia's limited resource don't give the luxury to aim for national coverage in year one. PSI Ethiopia is also trying to develop a partnership with DKT Ethiopia, a social marketing organization which will enable easy access to new geographic areas. The current challenge remains preventing retailers from potential price abuse by breaking the bundle of kit and selling the contents separately to maximizing profit.

2.15.2.4 Promotion: As in many countries, the editorial policy of Ethiopian news agency (ENE), a monopoly in the mass media industry, restricts the advertisements of branded drugs on its channels.

Table 1: PSI Ethiopia in SNNPR about the Usage of ORS

Target group	Current behavior	What do they know	What they benefit do they receive	Behavioral barriers to health impact
Mothers and care givers having children under five	Don't treat diarrhea at home	Give ORS when the child very sick. ORS does not cure	ORS buys time to get the child to hospital.	Lack of empowerment.
Medical practitioners	Not informing mothers to treat or prevent Diarrhea at home	Not aware of zinc as cure and prevention for diarrhea.	Zinc is immunity booster.	Lack of knowledge.

CHAPTER THREE

RESEARCH METHODOLOGY

In this chapter, research design, study area, sample size determination, source and instrument of data collection are presented. The description of tools and techniques used to analysis and process data and ethical consideration during data collection are also discussed.

3.1 Research Design

Parents/care givers of children (under -5age) and concerned management unit of PSI Ethiopia were found to be useful to participate as respondents in the study. Descriptive and inferential research approaches were used inline with the study objectives. Descriptive research design in the form of survey can be under taken to quantify various social causes of the business problems related to child care, drug abuse, public education, reproductive health and poverty can be adequately studied through the implementation of descriptive research method (Malhotra, 2007).The study employed mainly quantitative assessment of data obtained from various sources to draw conclusion about the effectiveness and contribution of PSI Ethiopia's CS program. Furthermore convenience sampling was carried out among parents having children (aged under 5). This sampling procedure was selected due to the fact that the respondents receive PSI Ethiopia service/product with out contacting the organization directly, rather through near by health center and pharmacies. To get parents /care givers of children (under -5 ages), the student researcher selects two primary schools, having their own kindergarten. Moreover the respondents were asked to report their response on a structured questionnaire dealing with child survival program of PSI Ethiopia's social marketing campaign.

3.2 Sample-size Determination

In order to collect the desired sample size from the sub-city , the student researcher selects two representative kebel (09/14,08/13) due to the fact that, these two kebles have high number of under -5 age children in comparison with the rest of the kebles in the sub-city. The sample frame was prepared by selecting two primary schools having less than 5 years age form the two representative kebles. The first condition for the selection of the schools was that, primary schools must have KG grade level to embrace children (under -5 ages). The

second condition was the monthly fee that parents pay for their children schooling; must be low as compared to other primary schools found in the sub-city.

In this way, the student researcher reach parent/care givers of children (under- 5 age) when they come to take their children from the two KG's. Before the distribution of the questionnaires, the student researcher has given a brief explanation about the importance and purpose of the study, including the method (way) of how to fill the questionnaire. Among the total 250 questionnaires 125 questioners were distributed to parents/care givers having children (under- 5 age) of Nesanet Chora primary school. The rest of 125 questionnaires were distributed to parents having children (under-5 age) in Kids flower primary school. For those parents/care givers who could not read the student researcher and teachers of the two KG's were interviewed the questions orally. Finally, the student researcher distributed the questionnaires to every 4th coming parent/care giver randomly.

3.3 Data Sources and Instrument for Data Collection

Both primary and secondary data sources were explored in the study to achieve set objectives and obtaining further insight in the area. Primary data was collected through structured questionnaire (target to clients) and interview checklist (focus on PSI Ethiopia Management) was prepared.

3.3.1 Primary data

3.3.1.1 Questionnaire: The first draft of the questionnaire was prepared in English language and translated in to Amharic (local) language with the help of professional translators. When the first questionnaire was prepared it comprises of 56 items. Before using the instrument in the final study, pilot testing of the same questionnaire was administrated and 30 questionnaires were distributed for the pilot study. Among 30 questionnaires 26 questionnaires were returned. Finally important improvements were made on the instruments based on the analysis made on SPSS program i.e. seven questions having a value less than 0.05 with the help of factor analysis method were discarded from the Likert types scale questions and only 32 questions were accepted for the purpose of the study. The last refined questionnaire with Amharic version was distributed to the target audience of PSI Ethiopia for the purpose of gathering reliable data.

Part I: This part contains 17 items. Through this items participants were asked to report about several variables such as sex, age, educational level, type of job, monthly income and there satisfaction towards PSI Ethiopia service/products.

Part II: This part contains 32 items that describes the social marketing mixes and questions related to behavioral change. Item 1-15 represent social marketing mix questions; item 16-23 represents Knowledge/perception, item 24-27 represents service delivery of PSI Ethiopia and Socio-cultural profile and item 28-32 represent belief/attitude of respondents. The part two questionnaires was developed in the form of statement placed on 5 Likert type scale to facilitate clients decision making on the issue associated with CS and social marketing practice of PSI Ethiopia in the sub-city. Moreover, behavioral profile of the clients /users of PSI Ethiopia offerings were assed together with awareness level on the part of child survival, while adding specific questions in the instrument.

3.3.1.2 Interview: Structured interview was used to collect data from concerned management unit of PSI Ethiopia to enrich the information gathered through questionnaire. The interview comprises of 13 questions to get adequate information about CS program of PSI Ethiopia.

3.3.2 Secondary data

Sources such as government reports, online archives, (JESTOR, Emerald etc.), books magazines and journals related to the study were consulted in order to enrich (developed) the questionnaire and literature review of the study.

3.4 Data Collection Procedure

To distribute and collect the questionnaires first the student researcher get permission form the two primary schools administrators and a brief orientation was given to administrators about the objective of the study. Based on this, the schools teachers were participated to give orientation to the respondents (parents/care givers of the students) to get their informal verbal agreement. Further more it was told to participants that name will not be written on the data and information obtained will be kept with strict confidence.

3.5 Data Processing and Analysis

After the completion of the data collection a tabulation plan was developed so as to start the process of analysis. All the analysis was carried out using 13 version SPSS (statistical

package for social science). However before the carrying out of quantitative data analysis, open ended questions were edited and coded. Additionally, an assessment of the performance of social marketing approaches (mix) of PSI Ethiopia were carried out or gained from the respondents perspectives. Descriptive statistics (mean and percentage) along with inferential (chi-square) analysis were used. Chi-square analysis method was employed to asses the relationship between selected socio-demographic factors and importance of PSI Ethiopia CS program in bringing attitudinal change on the part of respondents.

3.6 Ethical Considerations

To under take the research ethical clearance was obtained form business education department of Addis Ababa University. To reach to respondents who were found in the two primary schools, the student researcher provide formal letter for both administrators of the two schools, Then to conduct an interview and to get authorization from different levels of management in PSI Ethiopia, the student researcher were communicated through forma letters given form the university .The ethical clearance(formal letters) which was obtain from the university was also provide its own support for the collection of important documents about CS and social marketing and for visiting various government organizations and NGOs.

CHAPTER FOUR

DATA ANALYSIS AND FINDINGS

This chapter explores the techniques used in computing data associated with general profile of the respondent, social marketing mixes, and attitude/behavior of respondents towards PSI Ethiopia's Child Survival program.

4.1 Descriptive Analysis

Descriptive analysis was used to draw the socio-demographic profile of the respondents as presented in the table below.

Table 2: Socio-demographic Characteristics of the Respondents

Variables	Characteristics	Percent
Age	<18	5
	19-25	14
	26-35	56
	36-45	22
	>45	3
Gender	Male	47
	female	53
Number of children	1	23
	2	31
	3-5	40
	>5	6
Education	No Schooling	8
	Primary	31
	10 th /12 th complete	40
	Degree/Diploma	18
	Master and above	3
Marital Status	Married	86
	Un Married	8
	Divorced	2
	Others	4
occupation	Government employee	13
	Private employee	22
	Business employee	22
	others	43
Monthly Income	<200	27
	201-500	20
	501-1000	18
	1001-2000	16
	>2000	19
Religion	Christian	79
	Muslim	18
	Other	3
Ethnicity	Amahra	37
	Tigre	12
	Oromo	25
	Gurage	15
	Other	11

Source: Survey Data

Among the total 200 respondents, more than half (56%) were found to be belonging to the age group of 26-35. Next, 22% of the respondents were belong to the age group 36-45, 14% were from age category between 19 and 25. Respondents who were greater than 18 years accounts for 5% and only 3% of the respondents were lies under the age category of greater than 45. Concerning the sex composition of subjects 53% of them were female and the rest of 47% were male. This data implies females are more related /affiliated with their child. As to the number of children under five, significant number of parents/care givers (46%) have more than three children, followed by parents/care givers having children two were (3%) The remaining (23%) of parents/care givers have only one child.

Education level here is defined as the highest level of schooling attended by parents/care givers. Majority of parents/care givers (40%) completed grade 10th or 12th. The next larger respondents (31%) were attended primary education; parents/care givers who were not attend any schooling accounts for 8%. The remaining (3%) respondents have educational qualification of masters and above. The table also presents marital status of the respondents. Additionally, majority of them (86%) were married or living in unions. The rest (14%) were distributed as unmarried, divorced and widowed. Table 1 also represents the occupation status of the respondents, as can be seen that less than half (43%) were not having any income generating means, while some of them were reported as house wife. Both private (own business) and business organization employees accounts each 22%, and the rest (13%) were claimed to be government employees.

Concerning monthly income of the respondents, 47% of them get monthly income 500 and below (34%) earn monthly income 501-2000, the rest (15%) of the respondents earn monthly income more than 2000. Religion is diverse in terms of its composition, while 79% were found to be as Christians (47.5% were claimed to be Orthodox Christians). Less than one-fifth (18%) of the respondents were Muslims, the rest of the respondents categorized under other religion including catholic and traditional beliefs). On the part of ethnicity, Amhara region people accounts 37%, followed by Oromo (25%), Gurage, (15%), and Tigre (12%), while the rest (11%) of the respondents categorized under other ethnic groups.

Table 3, comprises questions related with PSI Ethiopia media use, product, counseling and awareness creation program. Regarding media through which respondents get information about PSI CS program majority of the respondents (76%) received the information from

electronic media which are TV and Radio. Respondents who received the information from their friends/relatives accounts for (38%), community-based discussion (16%), Brochures/pamphlets (7%) , news paper (6%) and the remaining respondents were get the information of PSI Cs program from other means, like from health care professionals. This implies respondents prefers or highly subjected to the message delivered through electronic media than other information gathering means.

Table 3: Information about PSI Ethiopia’s CS program

Characteristics	Variables	Percent
Medias through which clients get information about CS program.	News paper	6
	Television	50
	Friends/relatives	38
	Community-based	16
	Broachers/pamphlet	7
	Radio	26
	others	9
CS products that Respondents receive from PSI Ethiopia	Diarrhea medicine/ORS	73
	Water Guard	65
	BREASE	27
	STI kit	14
	others	5
Respondents answer about receiving counseling/advice from PSI Ethiopia	Yes	33
	No	66
	others	1
Respondents awareness about the objective of PSI Ethiopia behind CS program	To Make child Healthy	77
	To prevent child from dieses	64
	To decrease the rate of child mortality	44
	To educate parents about CS products	39
	Other	1

Source: Survey Data

(N.B. For the cases where percentage is above hundred (%), the respondents were given an option to select more than one choice for the question).

In the case of PSI CS products that Respondents received/ purchased, significant number of them (73%) have experienced diarrhea medicine (ORS) and (65%) of the subject have received water guard, (27%) of the respondents purchased STI kit and the rest (5%) of the respondents receive other PSI products like BREASE. Regarding respondents awareness about the objective of PSI Ethiopia behind CS, (77%) believe that the objective is to make child health, (64%) relate PSI objective with the prevention of children from dieses, (44%) of

the subject do have awareness about PSI objective, to decrease the rate of child mortality. About 39% of the respondents believe that the objective of the PSI Ethiopia is to educate parents about CS products. But from the findings only 1% of the respondents select the option (other). The reason is that they did not know the objective of PSI Ethiopia.

Table 4: Responses on Contribution and Success of PSI Ethiopia’s CS Program

Characteristics	Response	Percent
Contribution of PSI Ethiopia in bringing Health to the child	Highly significant	30
	Significant	36
	Neutral	14
	Insignificant	16
	Highly insignificant	4
Contribution of PSI Ethiopia in bringing attitudinal change to parents/care givers.	Highly significant	19
	Significant	26
	Neutral	12
	Insignificant	29
	Highly insignificant	14
Successfulness of PSI Ethiopia in promoting child health	Highly successful	18
	Successful	35
	Neutral	15
	Unsuccessful	24
	Highly unsuccessful	8

Source: Survey Data

The above table shows users/clients responses on PSI Ethiopia’s contribution in bringing and promoting child healthcare and associated programs, whereby respondents were asked to rate PSI Ethiopia contribution in bringing health to the child. The data reveals that a majority (66%) of the respondents rate PSI Ethiopia contribution as significant and highly significant, where as (34%) of the respondents rate the contribution as insignificant.

While concerning PSI contribution in bringing attitudinal change, 45% of the respondents believed it to be significant, while little less (43%) found it as insignificant. However, over half (53%) of the respondents found PSI Ethiopia’s efforts as successful in promoting child health, with less than one third (32%) who found it to be unsuccessful.

4.2 Chi- square Analysis

Table 5 shows the chi-square statistics, used to test the statistical significance of associations between variables. It assists the research in determining whether a systematic association exists between the variables or not. Chi-square analysis tell us the association and its strengths

that occur between some selected socio demographic variables of the respondents (Age, Gender, education, occupation and monthly income) with the contribution of PSI Ethiopia in resulting attitudinal change towards the respondents.

Table 5: Cross Tabulation Analysis

Variables	Significance to bring attitudinal change about childcare							
	Highly Sign.	Sig.	Neutral	Insign.	Highly Insign.	χ^2 Value	p	
Age of the respondents								
<18	1	0	0	1	3	69.260	0.000	
19-25	1	5	0	2	6			
26-35	11	16	6	18	5			
36-45	5	5	6	6	0			
>45	1	0	0	2	0			
Gender								36.469
Female	11	14	9	7	12			
Male	8	12	3	22	2			
Education								
No schooling	2	2	1	1	2	36.433	0.003	
Primary	2	9	2	11	7			
10 th /12 th com.	12	10	4	10	4			
Diploma/deg.	3	4	5	5	1			
Master& above	0	1	0	2	0			
Occupation								
Government	4	2	3	1	3	31.405	0.012	
Private.org.	4	6	3	5	4			
Business	4	6	1	10	1			
Others	6	12	5	13	7			
Monthly income								
<200	4	5	2	7	9	68.587	0.000	
201-500	2	10	2	5	1			
501-1000	6	3	2	6	1			
1001-2000	4	2	6	4	0			
>2000	3	6	0	7	3			

Source: Survey Data

Table 5 shows the relationship between age of respondents and attitudinal change resulted due to various communication efforts. As the chi-square test revealed, there exists a significant relationship between age of respondents and the attitude/ behavior change CS ($\chi^2= 69.260$, $p < 0.001$). From the total number of respondents (56%) were found under the age group 26-35. This age group is characterized by searching for knowledge/insight that helps to change behavior. Due to this, the more the respondents age approaching to adult hood the higher their need to change their attitude from the rest of other age categories.

The above table reveals the possible association between gender of respondents and their effort towards changing attitude. As indicated in the chi-square test, the two variables were found to have strong relationship ($\chi^2= 36.469$, $P< 0.001$). The table also shows that, females are highly responsive to change their attitude/behavior than males. This may largely be explained by the fact that, females/mothers do have a strong attachment with their child, due to this they may have wide exposure about child related information distributed through various media and health centers. In addition mothers/females do have a strong social relationship with their neighbors and friends they can have access to discuss about CS and to come with attitudinal change.

Table 4 also depicts association between educational level of respondents and the attitudinal change resulted due to the effort of PSI Ethiopia. According to the result ($\chi^2= 36.433$, $P< 0.05$), there was behavior change practice of respondents. Because majority of respondents (71%) who were completed their primary education and grade 10th/12th do have a positive reply about the contribution of PSI Ethiopia towards resulting attitudinal change. This shows that parents/care givers who are literate are more exposed to various print and non print media than those of parents/care givers who do not attend schooling (illiterate). Due to this literate parents are more responsive to attitudinal change than those of illiterate.

As indicated in the chi-square test occupational statuses of respondents were found to have relationship with attitude change practice of respondents ($\chi^2= 31.405$, $P< 0.05$), even if it is not strong. From the total number of respondents, 57% have their jobs or occupation outside their home i.e. they were government employees, private employee or running their own business. Due to this result respondents who have work concedes the effort of PSI Ethiopia to bring behavioral change as significant.

As presented in Table 4.4 monthly income of respondents is strongly associated with the behavioral change of respondents ($\chi^2= 68.587$, $P< 0.001$). The large proportions of respondents (53%) have monthly income more than 1000 ETB. And rests of respondents (47%) have a monthly income below 1000. Respondents, in general believe that the PSI Ethiopia contributes towards bringing attitudinal change on the part of clients significantly, however, less than half (47%) believed that the effort to the outcome of behavioral change is insignificant.

4.3 Responses on the Scale items

The following eight tables are presented to analyze the 32 likert scale questions. For making analysis manageable and effective, the 32 questions were divided in to 8 dimensions. These are product, price, place, promotion, knowledge/perception, behavior/attitude, socio cultural profile, and service providers' questions. As it is shown in the Annex A, the Likert scale questions have "5" divisions or categories, ranging from "1" strongly disagree to "5" (strongly agree).

Although each question has 5 alternatives for to the analysis purpose, the 5 alternatives were merged in to 3 categories. i.e the student researcher first analyze the average of the questions and mean value were assigned. Thus the score "2" for the items under the dimensions Implies respondents neutral answer (neither agree nor disagree) or respondents don't have knowledge about the questions in that dimension. The score below '2' for the items is interpreted as clients/users are disagreed or dissatisfied with that of the specific item and responses above "2" implies respondents agreement/ satisfaction towards an items/dimensions. To see the response of the subjects, the mean value of each questions and the total mean value of each dimension was computed. Besides the result, the analysis was conducted for all (8) dimensions.

Table 6: Quality and variety/nature of PSI Ethiopia's Products

Dimension	Items	Mean	Standard Deviation
PRDUCT (PRO)		2.1767	0.70960
	PRO1	2.36	0.857
	PRO2	2.26	0.892
	PRO3	1.91	0.909

Source: Survey Data

As can be seen from table 6, the total mean value for the product dimension is (2.177). The response of clients to the items about clients familiarly with CS products/brands, like water guard, ORS, BREASE etc is (2.36), provision of high quality CS products (2.26),this shows as respondents were agreed on the quality /curing capacity of PSI CS products and they also expressed, their familiarity with the various CS products of PSI Ethiopia. However as it is depicted from the table, respondents assigned (1.91) mean value, which is the lowest point (below the average mean value 2). This showed us, respondents don't agree on questions "PSI Ethiopia delivers CS products as per the client's needs/requirement" i.e. PSI Ethiopia

launches its products/service and distribute them to the users with out considering /assessing the needs/ requirements of the users.

Table 7: PSI Ethiopia’s product/service prices

Dimension	Items	Mean	Standard Deviation
PRICE (PR)		2.2233	0.64462
	PR1	2.29	0.806
	PR2	2.15	0.867
	PR3	2.23	0.917

Source: Survey Data

As revealed from table 7, mean value for the dimension of price was (2.23). Because the result is greater (higher) than the mean value (2), this shows that respondents provided their agreement on the affordability of CS products. Regarding specific questions about the assign to CS products price of PSI Ethiopia, respondents assigned mean value (2.29), the influence of price on the buying decisions of customers, (2.23). In addition they also states, that price don’t influence/affect their buying decisions. From the above table we can infer that, PSI CS producers/service are targeted to those societies who are poor. Since social marketing is designed to improve the health of low income people by promoting health behavior, offering health products and services at an affordable, price and motivating people to use them. However, customers assign mean value (1.91) to the one item, waiting long time to get child care service/products. (Which is time cost/price), this implies that, although products are available with low price, customers don’t get CS service/products immediately.

Table 8: Convenient Product availability to clients

Dimension	Items	Mean	Standard Deviation
PLACE (PL)		2.1367	0.68009
	PL1	2.29	0.889
	PL2	2.14	0.919
	PL3	1.98	0.885

Source: Survey Data

With regard to availability of PSI Ethiopia products in different areas/locations, the mean value attached to this dimension is above average (2.137). for the specific items such as availability of CS products indifferent pharmacies, health care centers and venders (2.29), effort of CS programs/services at the convenient (time, location) (2.14), both the two items have a scored value more than mean, this means that CS products of PSI are available at a

convenient place. But respondent put (1.98) results, for a single item, that is provision of CS products through its own health clinics, this implied that, clients don't get any kinds of CS products from PSI Ethiopia own sales outlets (pharmacies). This is due to the reason that, PSI Ethiopia uses different distributors, wholesalers' retailers, pharmacies and health centers for the distribution its products (Table 8).

Table 9 PSI Ethiopia's Promotional efforts for Brand/program Awareness

Dimensions	Items	Mean	Standard Deviation
PROMOTION (PROM)		2.2642	0.47326
	PROM1	2.40	0.814
	PROM2	2.16	0.897
	PROM3	2.38	0.787
	PROM4	2.16	0.859
	PROM5	2.19	0.798
	PROM6	2.30	0.845

Source: Survey Data

As it was discussed in literature review, promotion is the key component of social marketing, that helps social marketers to make their target audience/group aware of about different health related message and helps them to bring the needed behavioral change. Table 9 presents the mean scores for various promotional items associated with creating awareness and improving behavior towards child health. The total mean value for the above dimension (promotion) is (2.264). With respect to the facilitation of communication through various medias respondents assigned mean value (2.40), the effectiveness of PSI Ethiopia communicating about various CS programs (2.16), usage of various printed and non printed medias (2.38), application of community-based promotion, and inter personal communication to bring social awareness (2.16), promotion of the organization towards improving knowledge, belief and attitude about child health (2.19)and influencing the society positively, to take active part in CS program (2.30). All the above individual items mean results indicate that, PSI Ethiopia applies various promotional tools for crating better knowledge and awareness on the part of parents/care givers about its CS program.

Regarding the perception of respondents (Table 10) about the overall practice of PSI Ethiopia, respondents assigned a total mean value (2.338). with respect to individual items, the contribution of PSI CS products, on the reduction of children's from illness (2.68), targeting poor people/societies to offer CS products (2.14), motivation equal participation of husband

and wife (2.11), provision of special program, for under served groups (2.11), making parents/care givers, while safe guarding the child from illness (2.265).

Table 10: Knowledge/perceptions about PSI Ethiopia’s CS Programs

Dimension	Items	Mean	Standard Deviation
KNOWLEGE		2.3388	0.40229
	KP1	2.75	0.640
	KP2	2.68	0.678
	KP3	1.85	0.878
	KP4	2.11	0.918
	KP5	2.14	0.919
	KP6	2.11	0.838
	KP7	2.42	0.766
	KP8	2.65	0.640

Source: Survey Data

All the above seven items have mean value more than 2, which is above the mean value, and indicates that customers have a ppositive/good perception about PSI Ethiopia products/service/programs. Yet, for one single item, from the dimension “I become aware of Cs products through PSI Ethiopia” respondents assigned a mean value (1.85), which is less than the mean value (2). This indicates that, even if they have product awareness like ORS and water guard, BREASE). They didn’t aware through PSI Ethiopia promotional program. this indicate that although PSI Ethiopia uses divers type of promotional tools, respondents get information about CS products/services through word-of- mouth communication, from their friends and relatives . ie .informal communication do have great influence in creating awareness than the use of forma medias like TV, radio, magazines news papers etc.

Table 11: PSI Ethiopia’s service providers’ performance

Dimension	Items	Mean	Standard Deviation
SERVICE (SERV)		2.1833	0.62047
	SERV1	2.21	0.866
	SERV2	2.19	0.870
	SERV3	2.15	0.794

Source: Survey Data

Table 11 consists of responses about the service providers’ performance. The total mean value for this specific dimension is (2.183), while the specific mean value for individual questions is as follows. Response related to the provision of accurate information by service providers about the benefit of CS products was (2.21), consideration of clients requirement/need while

offering/designing CS products, (2.19) and service providers knowledge about CS products/service was, (2.15). From the mean of each question and the total dimension we can infer that, PSI service providers are knowledgeable about CS products /service benefits.

Table 12: Cultural and religion effects on implementing CS programs

Dimension	Items	Mean	Standard Deviation
Socio-cultural Profile (CSP)		1.9500	0.57808
	SCP1	1.93	0.830
	SCP2	1.97	0.832

Source: Survey Data

The total mean average value for this dimension is 1.95, which is below the mean value (Table 12). Further more, individual items also have a value which is less than mean regarding to the Ethiopia socio-cultural practices, weather it favors child care program or not respondents assigned a value (1.93) and for the second item, religion has a role accepting or rejecting CS programs respondents assign a mean value (1.97). So from the table, we can inter that respondents, believe that, socio-cultural practice of the society, don't favor, or motivate, CS program of PSI Ethiopia. Respondents also assigned a value which is bellows the mean, about the role of religion, in accepting, rejecting CS program of PSI Ethiopia i.e. socio-cultural practice of the society, have a negative influence on the practice of social marketing program, and religion don't have significant impact in influencing clients/users of CS products.

Table 13: Belief/attitudes towards PSI Ethiopia's CS program

Dimension	Items	Mean	Standard Deviation
Behavior/Attitude (BA)		2.2225	0.50982
	BA1	1.74	0.904
	BA2	2.66	0.653
	BA3	2.30	0.821
	BA4	2.19	0.811

Source: Survey Data

Concerning respondents preference (Table 13), in consulting peers and neighbors than getting advice from PSI Ethiopia service providers, respondents assigned (1.74), the importance of knowing more about CS products/services (2.66), customers knowledge about the existence of CS programs now than in the past (2.30) and CS program of PSI Ethiopia works for making parents/care givers responsible (2.19). From the individual items mean value it can be inferred that the first item has value below mean i.e. respondents were not agree on the advantage of

consulting peers and neighbors, than receiving advice, counseling from PSI Ethiopia. This shows that respondents have attending to receive messages transmitted (delivered) from the organization through various Medias than receiving advice from neighbors and peers. But for the rest of the questions respondents answer is more than mean value. This indicates that respondents were agreed on the importance of knowing more about CS products /service, knowledge of the existence of CS program of PSI Ethiopia now than in the past and according to the response, respondents also agreed on the effort of PSI Ethiopia in making parents more responsible about their child.

4.4 Correlation analysis

The main objective of correlation analysis is to show the relation ship that exists among variables with their direction (between -1 and +1).

Table 14: Correlation analysis

	PRO	PR	PL	PROM	KP	SER	SCP	BA
PRO	1							
PR	.045	1						
PL	.302**	.194	1					
PROM	.400**	-.024	.270**	1				
KP	.389**	-.018	.327**	.590**	1			
SER	.453**	-.087	.293**	.682**	.533**	1		
SCP	.314**	-.258**	.166	.198*	.396**	.189	1	
BA	.142	.138	.123	.239*	.422**	.017	.293**	1

** Correlation is significant at the 0.001 level (2-tailed)

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

Note: PRO – Product, PR – Price, PL- Place, PROM- Promotion, KP- knowledge/Perception SERV- Service, SCP- Socio- cultural profile, BA- Belief/Attitude.

Table 14 shows the simple bi-variate association between variables found in the dimensions. As it was presented in the table, the CS product of PSI Ethiopia found to be significantly associated ($P < 0.001$) with the rest of the variables/dimensions except price and behavior/attitude. To show the correlation, the values were described in descending order (from higher to lower). Performance of service providers (0.453), promotion/communication program of PSI Ethiopia (0.400), knowledge/perception of respondents (0.389), socio-cultural profile of respondents (0.314) and place /convince (0.302). However the price and belief/attitude dimensions were not have significant /strong relation ship with that of the product.

On the other hand, the price attach to the product did not have a positive association with the rest of the dimensions. As it was depicted in the table promotion($r=-0.024$, $p< 0.001$), knowledge/perception ($r=-0.018$, $p<0.001$), service providers performance ($r=-0.087$, $p< 0.001$), and socio-cultural ($r=-0.258$, $p<0.001$) the reason for the negative association between the price and four other dimensions is due to the nature of the products (the products are health care products which are necessary to the survival of children). Further more as it is seen form table 13 respondents were agreed on the price of CS products do not influence their buying decision.

Regarding association between place and socio-cultural practice ($r= 0.166$, $p< 0.001$) and attitude of respondents ($r= 0.138$, $p<0.001$), there were no strong relationship i.e. the socio-cultural view of respondents and their belief/attitude towards PSI Ethiopia products was found to be weakly associated. Because the place where CS products are available, could not be affected by respondents socio-cultural profile and behavior/attitude. Even though respondents have diversified beliefs and socio-cultural make-ups, they may get CS products at their convenience.

4.5 Interview Reflections with PSI Ethiopia's CS Unit Management

PSI Ethiopia is one of NGO in Ethiopia that works in malaria prevention and distribution of safe drinking water system (SDWS) or house hold water treatment. Currently PSI Ethiopia involved on HIV prevention, like condom distribution and promotion, safe water storage system STI kit distribution this include (Medicine, training, promotion and awareness creation tools). Regarding CS program as W/ro Nardose, Ato Wondesen, and W/t Addis told to the student researcher, "PSI Ethiopia has its own special program and division concerning to CS." The program has the following objectives. These are:

- Diarrhea prevention and treatment program helps to decrease under five mortality. This program encompass SWS (safe water system), water guard, PUR (powder used for purification of highly contaminated water. PSI Ethiopia also have a special product for prevention of diarrhea which is ORS plus Zinc known as ADEY brand.
- Malaria prevention is also one of child survival program which is made by giving priority for pregnant women and Childs.
- As W/t Addis responds nutrition is another program of child survival and as per her response almost (50%) of child mortality is associated with malnutrition .To avoid

this problem PSI Ethiopia creates partnership with Save the children. It's supports the program by providing nutritious food and PSI Ethiopia provides treatment of water and diarrhea curing medicine.

As to the target consumer of PSI Ethiopia CS products/services the target groups of the organization are mother and care givers having children under 5 and those of medical practitioners (doctors, nurses and pharmacists). To promote healthier behavior and create brand awareness PSI uses various promotional tools. Like TV, Radio, community-based communication, IPC etc. As per the response of the three interviews PSI Ethiopia do not use one kind of promotional tool frequently. Rather, before selecting and using communication tool, analysis of the audience should be made in advance. According to Ato Wondesen the important thing for the selection of media are the levels of awareness, kind of product, and media access of the target audiences. Due to this one channel is not the best option for all kinds of products and target audience.

Regarding the quality/curing capacity of CS products, PSI Ethiopia distributes those products which are already recommended and registered by WHO, UNICEF, DACA, and MoH. According to the response of PSI Ethiopia program coordinators the organization receives funds and technical assistance from different donors like USAID, P&G, UNICEF, UNOCHA, BMGF, Save the children etc. In addition to those foreign donors, PSI Ethiopia also works in coordination with local organizations for distribution of it's products and reduction of morbidity and mortality of young children under the age of five years. PSI Ethiopia adopts it's local CS program which is framed out/guided by PSI international.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

Based on the analysis carried out and the findings reported, this chapter presents summary, conclusion and recommendations.

5.1 Summary

Child survival is one of the serious problems of many developing countries, including Ethiopia. Thus, the study is devoted to examine the contribution of PSI Ethiopia towards the reeducation of child mortality and morbidity and to improve parents and care givers behavior through awareness creation program. The study was conducted in Nefasisilike Lafto sub-city of Addis Ababa region. The absence of adequate studies in the topic was cited as the foremost important reason for conducting the study. In order to give back ground about social marketing and CS the study revised various literatures. The review of related literature was also used to develop questionnaires and interview which were later used for data gathering purpose.

Following the literature review the collection organization and analysis of data were the other major components of the study, which required enormous time, labor and care. A questionnaire consisting of two sections/ items was developed.

1. Socio demographic profile of respondents consisting of 18 questions was constructed to elicit the general information about respondents.
2. To generate information about the overall social marketing practice of PSI Ethiopia in bringing behavioral change, 32 statements were developed and placed on a 5-point Likert type scale.

Out of the distributed 250 questionnaires, only 200 were returned and used for the data analysis purpose by using SPSS 13.0. Descriptive statistics were computed to depict the socio-demographic background of the study population. Chi-square test was used to examine the association of socio-demographic variables with the effort of PSI Ethiopia in resulting attitudinal change on the part of customers. Correlations were computed between various dimensions/constructs used in the study related to social marketing practices. The mean scores

were also computed for Likert-scale items/constructs. Generally the actual data collection was completed after significant efforts made for 15 consecutive days.

The study shows that (56%) of respondents were belongs to the age categories 26-35, majority of respondents (53%) were females and (46%) of parents/care givers have children more than 3. (71%) of the respondents were completed their primary and grade 10/12 . (43%) of the sample size do not have any income generating means. This indicates that almost half of the respondents were dependant on the income of others. From the total number of the respondents (79%) them were Christiana's and (74%) of them were grouped from Amahra ethnic group.

Results of the analysis shows that majority of the respondents (76%) receive CS information from TV and Radio than other communication media. This implies that TV and Radio are the major means of information acquiring mechanism for the study area, even if there are other media that was used by respondents. In the case of PSI Ethiopia CS products, significant number of respondents experienced diarrhea medicine (ORS) (74%) followed by water guard. This shows that, respondents are familiar with the above two products than other PSI Ethiopia CS products.

The Chi-square statistical analysis shows that there is a strong association between attitude/behavior change and age, gender and monthly income of respondents ($p < 0.001$). Also, there found to be significant relationship between educational level and occupation ($p < 0.05$). Since the chi- square tables shows that the association/relation that is found between variables, the above factors have strong impact on the attitude/behavior change process of respondents. This implies that female respondents are more responsive to the information related to children than males and educated respondents have a better access to acquire/gain additional information, which are important to result attitudinal change about CS.

The mean value of the Likert-scale questions result shows that PSI Ethiopia products are available in different locations/areas and respondents also indicated there agreement on the curability/ quality of CS products of PSI Ethiopia. However the result found from the analysis explained that respondents were not gave their agreement about the availability of CS products as per need/requirement (mean value 1.91). In the case of the impact of socio-cultural aspect and religion respondents assigned a mean value less than 2 (1.95, 1.97)

respectively. This implies that socio cultural practice of the study area do not favor do not favor/motivate PSI Ethiopia CS program but, religion do not strong influence in affecting clients decisions of CS product.

The correlation results depict that there exist significant relationship among the (8) dimensions responding to social marketing approach, however, the dimensions of price and belief/attitude were not found to be showing significant relationship with the CS product.

5.2 Conclusion

The purpose of this study was to examine the social marketing practice of PSI Ethiopia and its contribution in reducing child disease and death which are the biggest health problem in Ethiopia. To achieve the purpose of the study, 4 basic research questions were proposed to investigate the contribution of PSI Ethiopia and to answer the stated the basic questions. Generally based on the analysis made the following conclusion were drawn.

- ❖ From the data observed in the study large numbers of respondents were highly accessible to the message/ information delivered through electronic media (TV and Radio) than other communication channels.
- ❖ From variety of CS products offered by PSI Ethiopia respondents were more aware/ familiar to ORS and water guard than other health products.
- ❖ According to the finding of chi-square analysis females/mothers seemed to have initiation towards changing attitude about CS than males/ fathers because they were assigned large value for the contribution of PSI Ethiopia in bringing attitudinal change. Further more parent/ care givers who are literate are more expose to various Medias that help them to get information and to change their attitude about CS program than those of illiterate parents/care givers.
- ❖ To explore whether respondents were agreed on the quality of CS products and on the affordability of its price, subjects provided their agreement by assigning a value more than the mean.
- ❖ Despite the fact that respondents agreed on the quality and price of the product, they were not agreed up on the effort of PSI Ethiopia in offering products as the needs/requirements of them. This indicates that PSI Ethiopia launches /designs its products with out the consideration of need of its customers.

- ❖ The study found that customer could not get any kinds of CS products from PSI Ethiopia own clinics this is due to the fact that PSI Ethiopia do not have any clinic, pharmacy or sales outlets for the provision of its products to the final customers.
- ❖ It is believed that socio-cultural practice of the study area do not motivate/ encouraged CS program. The result found from the present study also suggested that respondents do not believe religion has a role in accepting/ rejecting CS program of PSI Ethiopia (do not have a strong influence by the side of respondents to accept/reject CS concepts).
- ❖ As it was observed from the mean value analysis, respondents were not agreeing on the importance of getting advice/ consultation from their neighbors and peers. Rather they prefer receiving advice from various Medias.
- ❖ As it is observed from the correlation analysis price of the product was negatively correlated with other dimensions. This result shows that because the products are health care products other dimensions will not affect the price. i.e if children are ill parents/care givers are expected to purchase CS products.

5.3 Recommendations

Based on the finding and conclusion of the study the following recommendations are forwarded.

- To reach large number of target audience, PSI Ethiopia needs to design its promotional message through electronic Medias (TV and Radios). In addition PSI Ethiopia is expected to create familiarity or awareness about BREASE, STI kits and other CS products, because majority of respondents did not have awareness about them.
- PSI Ethiopia to conduct marketing research before designing of its products in order to assess and know the need and requirement of its target audience and to provide products that can satisfy customers' requirements.
- Unlike to other social marketing organizations like MSIE (Marei Stopes International Ethiopia), PSI Ethiopia does not have its own clinic/health center to make its products available. Due to this customers are expected to search the product in different places. Furthermore distributing the product through wholesalers and retailers add some mark on the price of the products to ultimate customers. This may create conflict with the objective of PSI Ethiopia that i.e

providing the product to the poor. To avoid such problem its better to open its own clinics /health centers for serving poor societies.

- Finally providing messages, advices to the target audience (parents /care givers) should not be through informal communication means (peers, neighbors, friends etc). Because large number of respondents are not ready to receive messages transferred through such kinds of Medias.

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Appendix I

Addis Ababa University
Faculty of Business Education
Marketing Management Education Program

A Survey for Assessing Social Marketing Practices of PSI Ethiopia in Child Survival

Dear respondent,

My name is Meseret Worku, MA-Marketing graduating student of AAU. Given below are the statements about the social marketing practices associated with child survival at PSI Ethiopia, upon which your opinion/experience to be scored. This information will be used solely for academic purpose and all the responses will be treated in strict confidentiality.

In advance, I thank you very much.

Section I: General Profile. Kindly select the option that best represent you by making a tick (√) mark.

1. Age (in years): A) Less than 18 B) 18-25 C) 26-35 D) 36-45 E) 45+
2. Gender: A) Male B) Female
3. Number of Children: A) 1 B) 2 C) 3-5 D) above 5
4. Education: A) No schooling B) Primary C) 10th/12th D) Diploma/1st degree E) Masters & above
5. Marital Status: A) Unmarried B) Married C) Divorced D) Other (pl. specify) _____
6. Occupation: A) Government Employee B) Private Organization Employee C) Business D) Other _____
7. Monthly Income (in ETB): A) Less than 200 B) 201-500 C) 501-1000 D) 1001-2000 E) above 2000
8. Religion: A) Christian (pl. specify) _____ B) Islam/Muslim C) Other (pl. specify) _____
9. Ethnicity: A) Amhara B) Tigre C) Oromo D) Gurage E) Other (pl. specify) _____
10. How did you come to know about PSI Ethiopia's Child Survival (CS) programs? (you can select more than one choice)
A) Newspaper adv. B) Television adv. C) Friends/Relatives D) Community based communication
E) Broacher/Pamphlets F) Radio G) other (pl. specify) _____

11. What kind of child care products are you receiving from PSI Ethiopia? (N.B. select as many as applicable).
- A) Diarrhea Medicine(ORS) B) Water Guard/treatment C) BREASE
D) STI Kit/curing medicine E) other (pl. specify) _____
12. Did you receive any counseling/advice from PSI Ethiopia's health (extension) workers related to child care/survival? Yes/No, if yes, on what issue?

13. Which of the following do you think is/are the basic purpose/objective behind child survival program of PSI Ethiopia? (N.B. you can choose more than one options).
- A) To make child healthy B) To prevent child from diseases C) To decrease the rate of child mortality
D) To educate parents to use child survival products E) Other (pl. specify) _____
14. Overall, how do you see the contribution of PSI Ethiopia in bringing health to children?
- A) Highly significant B) Significant C) Neutral D) insignificant E) Highly insignificant
15. Overall, how do you see the contribution of PSI Ethiopia in bringing attitudinal change in parents about child healthcare?
- A) Highly significant B) significant C) Neutral D) insignificant E) Highly insignificant
16. To what extent do you think PSI Ethiopia is successful in promoting and delivering child health/survival?
- A) Highly Successful B) Successful C) Neutral D) Unsuccessful E) Highly Unsuccessful
17. Overall, how satisfied are you with the child survival programs/services of PSI Ethiopia?
- A) Highly Satisfied B) Satisfied C) Neutral D) Dissatisfied E) Highly Dissatisfied

Section II: Social Marketing & Child Survival. Based on your experience of Child Survival programs/services of PSI Ethiopia, please make a tick mark (√) showing your level of agreement with each of the following statement, ranging from **Strongly Agree** to **Strongly Disagree**.

S.N.	Statements/Items	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Product (PRO)						
1	I am familiar with the CS products/brands of water guard, ORS, STI kit, and BREASE of PSI Ethiopia					
2	PSI Ethiopia provides high quality CS products/services					
3	PSI Ethiopia delivers CS programs/products as per client/customer's requirements/needs					
Price (PR)						
4	PSI Ethiopia's CS services/products are not expensive					
5	Waiting longer time to get CS/childcare services/products makes me uncomfortable.					
6	The price of PSI Ethiopia CS service /products don not influence my buying decision					
Place (PL)						
7	PSI Ethiopia's CS products/kits are easily available in shops/pharmacies and various health care centers					
8	PSI Ethiopia offers its CS programs/services as per the convenience (time/location) of clients/parents					
9	PSI Ethiopia's CS products/kits are available to the needy, through its own health clinics.					
Promotion (PROM)						
10	PSI Ethiopia facilitates communication through various media to bring awareness about CS within society					
11	PSI Ethiopia communicates effectively with the society about various CS programs/services on offer					
12	PSI Ethiopia uses Magazines, TV, Radio, Hoardings, and Posters to motivate parents to pay attention towards healthcare of their child and join various CS programs/initiatives.					
13	PSI Ethiopia uses community-based promotion and interpersonal communication to bring social awareness about CS/childcare.					
14	PSI Ethiopia's communication/promotion of CS/childcare improved my knowledge, beliefs, and attitude toward child health.					
15	PSI Ethiopia influences the society positively to take active part in CS/childcare programs.					

	Knowledge/Perception (KP)					
16	PSI Ethiopia CS products reduce the death of children and transmitted diseases.					
17	PSI Ethiopia prevents children from illnesses by providing variety of CS products.					
18	I become aware of CS programs/products through PSI Ethiopia's promotional efforts					
19	PSI Ethiopia targets poor people/ societies to offer with CS products/services					
20	PSI Ethiopia encourages equal participation from husband and wife in bringing health to their child.					
21	PSI Ethiopia provides special programs on CS/childcare for underserved groups.					
22	PSI Ethiopia deals in CS programs/services to make us more responsible parents/guardians					
23	PSI Ethiopia provides CS programs/services to increase awareness of parents/care givers while safeguarding the child from diseases/illness.					
	Service (SERV)					
24	PSI Ethiopia's CS service providers give accurate information about the benefit of different child care products					
25	The service providers at PSI Ethiopia consider client's requirements/needs while offering/designing CS/childcare programs/products/services					
26	PSI Ethiopia service providers are knowledgeable about CS products/services					
	Socio-cultural Profile (SCP)					
27	The Ethiopian socio-cultural practices favor childcare/CS programs of PSI Ethiopia					
28	Religion has a major role in accepting/rejecting CS programs/products from organizations like PSI Ethiopia					
	Belief/Attitude (BA)					
29	Consulting peers and neighbors is more preferable than getting advice from PSI Ethiopia's childcare/CS service providers/professionals					
30	In the modern age it is important to know more about child healthcare/CS through organizations such as PSI Ethiopia					
31	I wish to continue using PSI Ethiopia's CS products/services					
32	I better know the existence of CS programs/products with PSI Ethiopia now than in the past					

ክፍል 2. የማህበራዊ ግብይት እና ህፃናትን ጤንነት አንክብካቤ የተመለከቱ ጥያቄዎች (New Line)
 ከፒ.ኤስ.አይ ኢትዮጵያ ህፃናትን የማዳን ፕሮግራሞች/አገልግሎቶች ካለዎት ተሞክሮ በመነሳት
 እባክዎ ለሚከተሉት ጥያቄዎች እጅግ እስማማለሁ ከሚለው ጀምሮ እስከ እጅግ አልስማማም
 እስከሚሉት ምርጫዎች (✓) ምልክት በማድረግ መልስ ይስጡ።

ቁጥር	መጠይቆች	እጅግ እስማማለሁ	እስማማለሁ	መልስ የለም	አልስማማም	እጅግ አልስማማም
1	ፒ.ኤስ.አይ ኢትዮጵያ የህፃናትን እንክብካቤ ምርቶች የህፃናትን ሞት እና እነርሱን የሚያጠቁ ተላላፊ በሽታዎችን ይቀንሳሉ።					
2	ፒ.ኤስ.አይ ኢትዮጵያ የተለያዩ የህፃናት ማዳኛ ምርቶችን በማቅረብ ህፃናት በበሽታ እንዳይያዙ ይከላከላል።					
3	እኔ የፒ.ኤስ.አይ ኢትዮጵያ የህፃናት ማዳኛ ምርቶችን/ብራንዶችን ለምሳሌ የውሃ ጀርሞችን ማጥፊያ ኬሚካል፣ ኦክስጅን፣ ኦሪቲካል፣ ውሃ አጋር የሚገባ ምች መከላከያ መድኃኒት (ብሪገ) ለምለም ምርቶችን በሚገባ አውቃቸዋለሁ።					
4	ፒ.ኤስ.አይ ኢትዮጵያ ከፍተኛ ጥራት ያላቸውን የህፃናት ማዳኛ ምርቶችን/አገልግሎቶችን ያቀርባል።					
5	ፒ.ኤስ.አይ ኢትዮጵያ የህፃናት ማዳኛ ፕሮግራሞች/ምርቶችን የሚያቀርበው በደንበኞቹ/ተጠቃሚዎቹ መሰረት ነው።					
6	ከፒ.ኤስ.አይ ኢትዮጵያ የህፃናት እንክብካቤ/የህፃናት ማዳን አገልግሎት ሰጪዎች/ባለሙያዎች ይልቅ ከጓደኞቹ እና ከጎረቤቶቹ ምክርን ማግኘት ተመራጭነት አለው ብዬ አምናለሁ።					
7	ፒ.ኤስ.አይ ኢትዮጵያ ህፃናትን ስለማዳን ጉዳይ ማህበረሰቡን ለማስተማር የተለያዩ መገናኛ ብዙሀንን ይጠቀማል።					
8	የፒ.ኤስ.አይ ኢትዮጵያ የማዳን አገልግሎት ሰጭዎች ስለተለያዩ የህፃናት እንክብካቤ መስጫ ምርቶች እና ጥቅሞቻቸው ይሰጣሉ።					
9	ፒ.ኤስ.አይ ኢትዮጵያ ስለሚሰጣቸው ስለተለያዩ የህፃናት ማዳኛ ፕሮግራሞች/አገልግሎቶች ለማህበረሰቡ በሚገባ ያሳውቃል።					
10	ወላጆች የህፃናቶቻቸውን ጤንነት በመንከባከብ ላይ ትኩረትን እንዲሰጡ ለማነሳሳትና ህፃናትን ከበሽታ የሚጠብቁ የተለያዩ ፕሮግራሞች/ተግባሮችን ለማስተዋወቅ ፒ.ኤስ.አይ ኢትዮጵያ መጽሔቶችን፣ ቴሌቪዥን፣ ሬዲዮ የማስታወቂያ ሰሌዳና ፖስተሮች ይጠቀማል።					
11	ፒ.ኤስ.አይ ኢትዮጵያ ማህበረሰብ ተኮር የሆኑ የማስታወቂያ ዘዴዎችን እና የእርስ በርስ ግንኙነት ዘዴዎችን በመጠቀም በማህበረሰቡ ውስጥ ስለ					

	ህፃናትን ጤንነትና ህፃናት እንክብካቤ ያስተምል።				
12	ስለ ህፃናት ማዳኛ ፕሮግራሞች/ምርቶች ላውቅ የቻልኩት በፒ.ኤስ.አይ ኢትዮጵያ የማስተዋወቅ ስራዎች የተነሣ ነው።				
13	ፒ.ኤስ.አይ ኢትዮጵያ ባልና ሚስት የህፃናት ልጆቻቸውን ጤንነት ለመጠበቅ/ህፃናት ማዳን ተግባርን ለማከናወን እኩል ተሣትፎ እንዲኖራቸው ያበረታታል።				
14	የፒ.ኤስ.አይ ኢትዮጵያ ህፃናትን የማዳን (ሲ.ኤስ) አገልግሎቶች/ምርቶች ውድናቸው።				
15	ፒ.ኤስ.አይ ኢትዮጵያን ህፃናት እንክብካቤ አገልግሎቶች/ምርቶችን ለማግኘት ረጅም ጊዜ መጠበቅ ያዳግተኛል/ያስቸግረኛል።				
16	ፒ.ኤስ.አይ ኢትዮጵያ የህፃናትን በሽታ የሚከላከሉ ምርቶችን/አገልግሎቶችን ለመስጠት ትኩረት ያደረገው በዝቅተኛ ኑሮ ደረጃ ላይ የሚኖሩ ቤተሠቦችን ነው።				
17	የፒ.ኤስ.አይ ኢትዮጵያ የህፃናትን በሽታ የሚከላከሉ አገልግሎቶች/ምርቶች የሚገኙት ከፍተኛ ዋጋ በመሆኑ በእኔ የመግዛት ውሳኔ/አቅም ላይ ጉልህ ተጽእኖን አሳይተኛል				
18	የፒ.ኤስ.አይ ኢትዮጵያ የህፃናት ማዳኛ ምርቶች በተለያዩ መደብሮች/ፋርማሲዎች እና በተለያዩ የጤና እንክብካቤ ማዕከላት በቀላሉ ሊገኙ ይችላሉ።				
19	የፒ.ኤስ.አይ ኢትዮጵያ የህፃናት ማዳኛ ምርቶችን ፈላጊው በየትኛው ስፍራ/በጤና ክሊኒኮች ሊያገኛቸው ይችላል።				
20	ፒ.ኤስ.አይ ኢትዮጵያ ህፃናትን የማዳን ፕሮግራሞችን/አገልግሎቶችን ደንበኞችን ወላጆችን በሚያመች (ጊዜና ቦታ) ያቀርባል።				
21	የኢትዮጵያ ማህበራዊ-ባህላዊ ልማዶች ፒ.ኤስ.አይ ኢትዮጵያ የህፃናት እንክብካቤ/ህፃናትን የማዳን ፕሮግራሞችን ይደግፋሉ።				
22	ፒ.ኤስ.አይ ኢትዮጵያ የህፃናት እንክብካቤ ፕሮግራሞችን/ምርቶችን/አገልግሎቶችን በሚያቀርብበት/በሚያቅድበት ወቅት የደንበኛን ፍላጎቶች ከግምት ውስጥ ያስገባል።				
23	ፒ.ኤስ.አይ ኢትዮጵያ ስለህፃናት ደህንነት/ጤንነት (ሲ.ኤስ) የህፃናት እንክብካቤ የሚያከናውናቸው የግንኙነት/የማስተዋወቅ ስራዎች እኔ ስለህፃናት ጤንነት ያለኝን እውቀት እምነቶች እና አመለካከቶች እንዳሻሽል አግዘውኛል።				
24	ፒ.ኤስ.አይ ኢትዮጵያ በህብረተሰቡ				

	ትኩረት ለተነፈጋቸው የማህበረሰብ ክፍሎች የህፃናትን እንክብካቤ በተመለከተ የተለየ ፕሮግራም የገቢ መጠናቸውን ያገናኘበ ያቀርባል።					
25	የፒ.ኤስ.አይ ኢትዮጵያ አገልግሎት አቅርቦታዎች ህፃናትን ለማዳን (ሲ.ኤስ) ስለማያገለግሉ ምርቶች/አገልግሎቶች በቂ እውቀት አላቸው።					
26	ፒ.ኤስ.አይ ኢትዮጵያ ማህበረሰቡ በህፃናት ጤንነት የህፃናት እንክብካቤ ፕሮግራሞች በንቃት እንዲሳተፍ ተጽእኖ ያሳድራል።					
27	አሁን ባለንበት ዘመን እንደፒ.ኤስ.አይ ኢትዮጵያ ካሉ ድርጅቶች ስለ ህፃናት ጤና እንክብካቤ/የህፃናት ማዳኛ አገልግሎቶች የበለጠ ማወቅ አስፈላጊ ነው።					
28	ሀይማኖት እንደፒ.ኤስ.አይ ኢትዮጵያ ባሉ ድርጅቶች የሚሰጡ የህፃናት ማዳን ፕሮግራሞች/አገልግሎቶች ተቀባይነት እንዲያገኙ/እንዳያገኙ ዋና ሚናን ይጫወታል።					
29	የፒ.ኤስ.አይ ኢትዮጵያ የህፃናት ጤንነት የሚጠብቁ ምርቶችን/አገልግሎቶችን መጠቀሚያን መቀጠል አፈልጋለሁ።					
30	ከቀድሞ ይልቅ አሁን በፒ.ኤስ.አይ ኢትዮጵያ ስለሚሰጡት የህፃናት ማዳን ፕሮግራሞች/ምርቶች የበለጠ እውቃለሁ።					
31	ፒ.ኤስ.አይ ኢትዮጵያ በህፃናት ማዳን ፕሮግራሞች/አገልግሎቶች ላይ የሚሰራው እኛን የበለጠ ኃላፊነት የሚሰማቸው ወላጆች/አሳዳጊዎች ለማድረግ ነው።					
32	ፒ.ኤስ.አይ ኢትዮጵያ ህፃናትን የማዳን ፕሮግራሞችን/አገልግሎቶችን የሚሰጠው ህፃናትን ከበሽታ/ከህመም ለመጠበቅና የህይወት ጥራታቸውን ከፍ ለማድረግ ነው።					

Appendix III

Addis Ababa University
Faculty of Business Education
Marketing Management Education Program

The questions listed below are prepared to conduct an interview with the representative of PSI Ethiopia, for the purpose of gathering information related to its social marketing practice. I Thank in advance for your cooperation.

1. What is the role of PSI Ethiopia in the prevention and minimization of child mortality and child diseases?
2. What are the key elements of PSI Ethiopia social marketing program?
3. Who are your target consumers/groups regarding to CS social marketing program?
4. What kind of social marketing techniques do you use to raise brand awareness, promote the product, and encourage healthier behavior as the result of purchase?
5. How can your CS programs help people to leave/detached from traditional (as recommended by the culture/society) practices and adapted to modern childcare practices/products?
6. What is the trend of demand for your child care products (is it increasing/decreasing)?
7. How do you create supportive environment among the target group to encourage them in increasing awareness and bringing favorable behavioral change?
8. What kind of media mix do you frequently use to promote appropriate behavioral changes and programs of PSI Ethiopia?
9. How do you insure the quality of CS kits/products before distributing to clients?
10. From where does PSI Ethiopia receive funds and other social marketing assistance?
11. Does the organization create a partnership with other similar organization?
12. To launch and implement Cs programs in Ethiopia what kind of policy is followed by your organization?
13. To what extent is your organization successful in working with local publics (Society, government organizations schools, Hospitals etc..)?

Appendix IV Results of Chi-Square Analysis

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Age * Over all how do you see the contribution of PSI Ethiopia in bringing attitudinal change in parents about child health	200	100.0%	0	.0%	200	100.0%

Age * Over all how do you see the contribution of PSI Ethiopia in bringing attitudinal change in parents about child health Cross tabulation

Count

Age	Over all how do you see the contribution of PSI Ethiopia in bringing attitudinal change in parents about child health					Total
	Highly significant	Significant	Neutral	insignificant	Highly insignificant	
<18	2	0	0	2	6	10
19-25	2	10	0	4	12	28
26-35	22	32	12	36	10	112
36-45	10	10	12	12	0	44
>45	2	0	0	4	0	6
Total	38	52	24	58	28	200

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	69.260(a)	16	.000
Likelihood Ratio	71.027	16	.000
Linear-by-Linear Association	10.404	1	.001
N of Valid Cases	200		

a. 12 cells (48.0%) have expected count less than 5. The minimum expected count is .72.

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Gender * Over all how do you see the contribution of PSI Ethiopia in bringing attitudinal change in parents about child health	200	100.0%	0	.0%	200	100.0%

Gender * Over all how do you see the contribution of PSI Ethiopia in bringing attitudinal change in parents about child health Cross tabulation

Count

Gender	Over all how do you see the contribution of PSI Ethiopia in bringing attitudinal change in parents about child health					Total
	Highly significant	Significant	Neutral	insignificant	Highly insignificant	
Male	22	28	18	14	24	106
Female	16	24	6	44	4	94
Total	38	52	24	58	28	200

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	36.469(a)	4	.000
Likelihood Ratio	38.964	4	.000
Linear-by-Linear Association	.071	1	.789
N of Valid Cases	200		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 11.28.

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Education * Over all how do you see the contribution of PSI Ethiopia in bringing attitudinal change in parents about child health	200	100.0%	0	.0%	200	100.0%

Education * Over all how do you see the contribution of PSI Ethiopia in bringing attitudinal change in parents about child health Cross tabulation

Count

Education	Over all how do you see the contribution of PSI Ethiopia in bringing attitudinal change in parents about child health					Total
	Highly significant	Significant	Neutral	insignificant	Highly insignificant	
No schooling	4	4	2	2	4	16
Primary	4	18	4	22	14	62
10th/12th	24	20	8	20	8	80
Diploma/Degree	6	8	10	10	2	36
Masters and above	0	2	0	4	0	6
Total	38	52	24	58	28	200

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	36.433(a)	16	.003
Likelihood Ratio	37.862	16	.002
Linear-by-Linear Association	1.934	1	.164
N of Valid Cases	200		

a. 11 cells (44.0%) have expected count less than 5. The minimum expected count is .72.

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Education * Over all how do you see the contribution of PSI Ethiopia in bringing attitudinal change in parents about child health	200	100.0%	0	.0%	200	100.0%

Education * Over all how do you see the contribution of PSI Ethiopia in bringing attitudinal change in parents about child health Cross tabulation

Count

Education	Over all how do you see the contribution of PSI Ethiopia in bringing attitudinal change in parents about child health					Total
	Highly significant	Significant	Neutral	insignificant	Highly insignificant	
No schooling	4	4	2	2	4	16
Primary	4	18	4	22	14	62
10th/12th	24	20	8	20	8	80
Diploma/Degree	6	8	10	10	2	36
Masters and above	0	2	0	4	0	6
Total	38	52	24	58	28	200

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	36.433(a)	16	.003
Likelihood Ratio	37.862	16	.002
Linear-by-Linear Association	1.934	1	.164
N of Valid Cases	200		

a. 11 cells (44.0%) have expected count less than 5. The minimum expected count is .72.

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Occupation * Over all how do you see the contribution of PSI Ethiopia in bringing attitudinal change in parents about child health	200	100.0%	0	.0%	200	100.0%

Occupation * Over all how do you see the contribution of PSI Ethiopia in bringing attitudinal change in parents about child health Cross tabulation

Count

Occupation	Over all how do you see the contribution of PSI Ethiopia in bringing attitudinal change in parents about child health					Total
	Highly significant	Significant	Neutral	insignificant	Highly insignificant	
Government employee	8	4	6	2	6	26
Private employee	8	12	6	10	8	44
business	8	12	2	20	2	44
Other/pl specify	12	24	10	26	12	84
Total	38	52	24	58	28	200

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	31.405(a)	16	.012
Likelihood Ratio	31.411	16	.012
Linear-by-Linear Association	.123	1	.726
N of Valid Cases	200		

a. 8 cells (32.0%) have expected count less than 5. The minimum expected count is .24.

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Occupation * Over all how do you see the contribution of PSI Ethiopia in bringing attitudinal change in parents about child health	200	100.0%	0	.0%	200	100.0%

Occupation * Over all how do you see the contribution of PSI Ethiopia in bringing attitudinal change in parents about child health Cross tabulation

Count

Occupation	Over all how do you see the contribution of PSI Ethiopia in bringing attitudinal change in parents about child health					Total
	Highly significant	Significant	Neutral	insignificant	Highly insignificant	
Government employee	8	4	6	2	6	26
Private employee	8	12	6	10	8	44
business	8	12	2	20	2	44
Other/pl specify	12	24	10	26	12	84
	2	0	0	0	0	2
Total	38	52	24	58	28	200

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	31.405(a)	16	.012
Likelihood Ratio	31.411	16	.012
Linear-by-Linear Association	.123	1	.726
N of Valid Cases	200		

a. 8 cells (32.0%) have expected count less than 5. The minimum expected count is .24.

Appendix V Correlation Analysis

Correlations

		PRO	PR	PL	PROM	KP	SER	SCP	BA
PRO	Pearson Correlation	1	-.074	.209(**)	.392(**)	.423(*)	.454(**)	.361(**)	.097
	Sig. (2-tailed)		.295	.003	.000	.000	.000	.000	.173
	N	200	200	200	200	200	200	200	200
PR	Pearson Correlation	-.074	1	.108	-.060	.044	-.089	-.307(**)	.047
	Sig. (2-tailed)	.295		.127	.400	.533	.211	.000	.510
	N	200	200	200	200	200	200	200	200
PL	Pearson Correlation	.209(**)	.108	1	.203(**)	.249(*)	.178(*)	.128	.076
	Sig. (2-tailed)	.003	.127		.004	.000	.011	.070	.284
	N	200	200	200	200	200	200	200	200
PROM	Pearson Correlation	.392(**)	-.060	.203(**)	1	.565(*)	.612(**)	.241(**)	.284(*)
	Sig. (2-tailed)	.000	.400	.004		.000	.000	.001	.000
	N	200	200	200	200	200	200	200	200
KP	Pearson Correlation	.423(**)	.044	.249(**)	.565(**)	1	.542(**)	.303(**)	.358(*)
	Sig. (2-tailed)	.000	.533	.000	.000		.000	.000	.000
	N	200	200	200	200	200	200	200	200
SER	Pearson Correlation	.454(**)	-.089	.178(*)	.612(**)	.542(*)	1	.142(*)	.167(*)
	Sig. (2-tailed)	.000	.211	.011	.000	.000		.044	.018
	N	200	200	200	200	200	200	200	200
SCP	Pearson Correlation	.361(**)	-.307(**)	.128	.241(**)	.303(*)	.142(*)	1	.204(*)
	Sig. (2-tailed)	.000	.000	.070	.001	.000	.044		.004
	N	200	200	200	200	200	200	200	200
BA	Pearson Correlation	.097	.047	.076	.284(**)	.358(*)	.167(*)	.204(**)	1
	Sig. (2-tailed)	.173	.510	.284	.000	.000	.018	.004	
	N	200	200	200	200	200	200	200	200

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

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

Declaration

I, the under signed student, declare that the title “Social Marketing Experience: A study of Child Survival in Population Service International Ethiopia “ is my work and has not been submitted for any degree/ diploma in AAU or other university. In addition all the sources used for the study, have been fully acknowledged.



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