



**Effectiveness of the communication approaches and
messages of DKT Ethiopia : The case of DKT Addis Ababa**

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This is to certify that the thesis prepared by Fitihi Tola, entitled Effectiveness of communication approaches and messages of DKT Ethiopia: The case of DKT Addis Ababa and submitted in partial fulfillment of the requirements for the Degree of Master of Arts in Journalism and communication complies with the regulations of the University and meets the accepted standards with respect to originality and quality.

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ABSTRACT

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DKT Ethiopia is committed to enhancing the family planning and reproductive health status of women, men, and young people of Ethiopia, particularly by continuing to increase access to quality family planning services and expand the market for contraceptives across public and private sectors by social marketing program.

This study was conducted to examine the effectiveness of the communication approaches and messages of DKT Ethiopia. This study was conducted to examine how DKT Ethiopia used communication materials during February 2016 – April 2016. For this research Addis Ketema , Kolfe Keranyo and Akaki Kality sub cities in Addis Ababa were purposefully selected for analysis. Both quantitative and qualitative methods were used as a major research method used in the study and hence 300 questionnaires (for end users of products of DKT Ethiopia) , 30 health professionals (each consists of 10 from the selected sub city) , 10 DKT Staffs and 45 media professionals (20 from EBC , 15 from FBC and 10 from Sheger FM 102.1) were distributed and analyzed . In order to make the data inherent and solid, interviews were conducted with selected primary target groups of DKT Ethiopia.

The study uncovered a number of major findings which have implications for social marketing and practice in the capital – Addis Ababa , including: the intervention needs some improvement on both technologically and scientifically, less professional involvement on the production of IEC/POP materials and advertisements, with marked cultural and religious variations; the applicability of some of television and radio advertisements leads to dangerous sexual behavior patterns.

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Acronyms

AIDS	acquired immunodeficiency syndrome
BCC	Behavior Change Communication
CDC	Center for Disease Control
CSA	Central Statistics Authority
DKT	Daharmendra Kumar Tyagi
EBC	Ethiopian Broadcasting Corporation
EDHS	Ethiopian Demographic and Health Survey
EPHA	Ethiopian Public Health Associations
FBC	Fana Broadcasting Corporate
FGAE	Family Guidance Association of Ethiopia
FHAPCO	Federal HIV/AIDS Prevention and Control Office
GOs	Governmental Organizations
HCP	Health Communication Partnership
HIV	Human immunodeficiency virus
IEC	Information, education, communication
MOH	Ministry of Health
NGO	Non-governmental organization

PLWH	People living with HIV
POP	Point of Purchase
PSI	Population Studies International
STI	Sexually transmitted infection
UNFPA	United Nations Population Fund
UNHCR	United Nations Higher Commission for Refugees

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CHAPTER ONE

1. INTRODUCTION

Any action that aims to improve health communication has its own role. If there is a good communication strategy and approach it is possible to promote healthy choice by delivering messages that persuade target audiences to make right decisions.

“Communication” according to Georgios Piperopoulos (2013) is the art of successful exchange of information which culminates in the establishment of mutual understanding between two or more individuals, an individual and a group or two or more groups of individuals. As a specific aspect of communication health communication is the study and use of communication strategies to inform and influence individual and community decisions that enhance health.

One of the approaches to disseminate health related information to the community groups is the use of social marketing. The social marketing of contraceptives was envisaged by Peter King and his colleagues at Calcutta's Indian Institute of Management in 1964. Since then, social marketing has been embraced by governments, donors and NGOs as a method of promoting and delivering health programs, especially family planning. Using commercial marketing techniques, social marketing makes a product available and affordable while linking it to a communications campaign geared toward behavioral change. It needs to influence social behaviors not to benefit the marketer but to benefit the target audience and the general public.

Social marketing is the use of commercial infrastructure, promotion, brands, pricing and distribution networks in combination with philanthropic funds to make available products at a scale that would not be possible through purely commercial channel. In other way, social marketing ensures socially desirable products which are available even without the sole motivation of profit.

Since 1990, DKT Ethiopia has been working on HIV prevention and unwanted pregnancy in Ethiopia. Over the last twenty five years it has delivered approximately 25 million couple years protection (CYP) through consistent supply of high quality condoms, contraceptives and

other health products in urban and rural areas of Ethiopia (DKT's Manual of family planning and contraceptive practices, October 2009)

DKT/Ethiopia has been implementing the rural social marketing program since September 2012 in selected areas of six regions namely, Amhara, Oromia, SNNP, Afar, Somali and Tigray. The purpose of the program is to promote the use of modern contraceptive methods among men and women aged between 15 and 49 through the distribution of socially marketed modern contraceptive products.

In addition to product procurement and distribution, DKT Ethiopia promotes its brands through various means of communication to motivate people use its products. The channels used for promotion include traditional channels such as television, radio, interpersonal communication and billboards as well as grassroots promotion using Point-of-Purchase (POP) materials, product orientation and sponsorship.

In the modern society using different outdoor media is a common practice in an effort to reach to the intended audiences. Along with this an effective sign system is also helpful. One of the major approaches of DKT Ethiopia is to reach to remind the target audience of the health options and help them make a vision, and to reach out to a population which may be far from the mainstream media through billboard. Through this specific medium the target audience can make its own decisions based on the information delivered.

Even though, the current commercial advertisements on billboards (business oriented and not for profit organizations) uses are similar in their approach. This principle seems acceptable but in the long run it may divert the society's perception towards the use of family planning products.

Outdoor promotion is not just about massive billboards on the side of the road. There are poster sites and sizes to suit all budgets. The organizations' choice will be driven by how well they understand the target market. If the target market is largely defined by geographical location, a few well-chosen billboards and advertising signs in that area could raise the company's profile and drive sales.

Many believe that a good billboard campaign can prompt shoppers to buy the products there and then, especially if it is running a promotion as an incentive.

This particular study focuses on the relationships between the media DKT is using and the target groups particularly on the social marketing methods and principles to promote family planning methods.

1.1. The Research Problem

In any society gaining information through television, radio or print media is believed to increase knowledge and awareness of new innovations and opportunities and can affect individual's perceptions and behavior including reproductive health, family planning and child health.

According to Ethiopia Demographic and Health Survey (2011), the level of exposure to mass media is low in Ethiopia, especially exposure to the print media. Most people listen to radio than watching television or reading newspapers. There is also a wide gap in exposure to mass media by place of residence, level of education and economic status.

Media usage is one of the major challenges DKT Ethiopia has been facing in its efforts to effectively communicate with the target audiences throughout the country. The organization has been producing promotional and IEC materials for almost all its products to distribute throughout the country. DKT Ethiopia is using both mainstream and alternative media to promote its brands extensively. However, some arrangements especially in audience selection and segmentation are needed to effectively use those media outlets and outdoor media methods.

Different audiences have different communication needs. And different segments of audiences have different communication needs. As an organization DKT Ethiopia has been able to target its messages to the needs of different audience segments both internally and externally.

Audience segmentation is the process of dividing an audience into smaller groups, with similar characteristics, interests and needs that are selected according to the communication objectives. Audience segmentation is based on the assumption that different groups of audience have different characteristics that influence the extent to which they pay attention to, understand and act on different messages.

Once audiences have been exposed to campaign messages they have to be persuaded to make the resulting behavior changes. Hence, in addition to campaign messaging and targeting, communicators need to construct messages to failure to individuals' needs, interests, abilities and motivations.

Therefore this research is intended to assess the approaches and media usage practices of DKT Ethiopia and come up with some directions that help to enhance approaches to different media usage with respect to health communication and social marketing principles and methods.

1.2. Significance of the Study

The main purpose of this study is to assess the effectiveness of communication usage in DKT Ethiopia, evaluate the messages on the materials produced and their appropriateness to the target audiences. This study will also contribute to DKT Ethiopia's efforts to enhance the quality and appropriateness of its communication materials so as to easily reach its target audience by health communication methods and approaches. The findings of the study will also help scrutinize and fill the gaps of media usage for the keen users of family planning, reproductive health and child health in general.

Furthermore, understandings of the target audiences' sensitivity to the media used will serve DKT Ethiopia as a corner stone for further researches.

1.3. Objectives of the study

1.3.1. General Objective

The general objective of this study is to assess the communication materials (Media , IEC/POP and promotional) DKT Ethiopia is currently using in engaging social marketing principles for promoting its products whereby disseminating health related messages.

1.3.2. Specific Objectives

- To identify the contribution of health communication practices of DKT Ethiopia in promoting usage of family planning, reproductive health and child health products.

- To examine the benefits of health communication approaches of DKT Ethiopia to targeted groups in adopting behaviors favorable to family planning, reproductive health and child health.
- Identify if the target audience of DKT Ethiopia improving awareness, shifting attitudes and strengthening knowledge.
- To find out what the audiences want in return of adopting new behavior which can be extracted from family planning methods and approaches.

1.4. The Research Questions

- What are the contributions of communication activities for the increment of product use?
- Does channel preference have a significant effect on behavior change?
- Is there a significant relationship between the materials produced and the expected change of behavior?

1.5. Hypotheses

A review of literature shows that if organizations work in health promotion or sustainability, one can hear of “Social Marketing” and “Community-based Social Marketing”. Some will also notice that these communication methodologies are sometimes treated with delighted respects, as if they are the long-awaited silver bullets for the complex social, health and environmental problems we struggle with.

Therefore, the research hypotheses are:

1. Health communication practices play a significant role in promoting family planning, reproductive health and child health products.
2. There is positive relationship between increasing awareness of target audience on family planning and clear health communication material production.

1.6. Scope of the study

Since the study is an assessment of the practice of DKT Ethiopia's use of communication materials, it includes facts from its staffs , target groups and journalists working with the organization . The views from both groups of professionals were included as the social marketing benchmark criteria governs the operation of DKT Ethiopia .

1.7. Limitation of the study

The limitations point to three aspects. The first one goes to the fact that the researcher did not go through each sub city to make the analysis rather it focused on only three sub cities. The second limitation deals with questionnaires. The respondents' rejection to give full information has limited the researcher's ability to gather data from a larger collection. Lack of data from DKT Ethiopia have also been another factor that challenged the researcher for analyzing some parts of the study.

1.8 Ethical Considerations

The researcher was mindful of the challenges of researching an organization one works for. However, this did not affect the nature of the research and the findings because of the organizational culture and goal of DKT. DKT sees itself as a constantly learning organization. There is no belief among the staff and leaders that everything the organization does is done the perfect way. Thus, the researcher realized there was a room even to be critical of the organization. In addition, attempt was made to make self disclosure whenever the researcher thought his position might affect the choices made during the research. In the case of the quantitative parts of the research two coders were used to ensure intercoder reliability.

CHAPTER TWO

2. REVIEW OF RELATED LITERATURE

This chapter provides the definitions and explanation of social marketing programs as well as health communication principles, approaches and messages for the successful social marketing campaigns. The chapter also looks at the context of social marketing agenda especially for the purposes of health communication.

2.1. Social Marketing Principles

Social marketing is used today as a way to influence people to change or improve their behavior in order to gain a better health, prevent injuries and protect the environment (Kotler, Roberto & Lee, 2002).

There are many ways to define social marketing but three components are essential to any definition. First is the role of marketing techniques which necessitate putting the primary audience or target audience (aka “customer”) at the center of every decision. Second is that the focus of the endeavor is on voluntary behavior change. Third is that the behavior change is for the benefit of an individual, group, or population, not for profit or commercial gain. We could have various definitions of social marketing. The following are nominated to fit into the purpose of this study.

1. *“...social marketing is the application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programs designed to influence the voluntary behaviors of target audiences in order to improve their personal welfare and that of their society.” (Alan Andreasen, Georgetown University, 1995)*
2. *“... 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.” (Philip Kotler, Ned Roberto, Nancy Lee, 2002)*
3. *“...social marketing is a process for influencing human behavior on a large scale, using marketing principles for the purpose of societal benefit rather than commercial profit.” (W. Smith, Academy for Educational Development,2009)*

There are obvious differences between commercial marketing and social marketing. In the case of commercial marketing, the major emphasis is on persuading the audience to buy a company's product, it pertains mainly to goods and services which can be even adapted to suit audience felt needs. Here the results are clearly identifiable. Whereas in the case of social marketing the emphasis is on persuasion to make audience learn, adopt and change their ideas, behavior and practices in keeping with the large social needs which are not clearly perceived by them. In social marketing the results are also not clearly identifiable.

As the value of social marketing as a tool of behavior change approach has developed, it has enjoyed a period of expansion in parts of the globe (White and French, 2009). This growth has included increased funding and capacity for research, a stronger practitioner skills base, and the development of professional standards in social marketing under the auspices of the Marketing and Sales Standards Setting Body (White and French, 2009).

The application of marketing principles and practices to advance social good, "social marketing", has grown and been applied to a wide range of social issues. One of the most commonly cited definitions of social marketing is offered by Kotler and Zaltman (1971). They defined it 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 last twenty years have resulted in a consolidation of theory and concepts that influence social marketing (Dann, 2010). There is no single identifiable and exclusive social marketing theory. Rather social marketing acts as a conceptual cluster offering a structural framework for behavior change (Stead *et al.*, 2007a).

2.2. Criticisms and Arguments in Social Marketing

Though different scholars gave definitions, there are also an expanded perspectives and arguments to social marketing. The "broadening" of marketing was taking the field well beyond where it properly belonged. Kotler and Levy mentioned that marketing was about transactions, not just market transactions (Kotler and Levy 1969).

Alongside that, we find David Luck's (1969) argument that marketing obviously involved markets and this meant buying and selling. Broadening the field would divert attention from

critical issues and encroach on other disciplines. Moreover, the "broadening movement" threw the field into some confusion and sparked debate as to just what the essence of marketing really was.

Early developments of social marketing reveals that because Kotler saw marketing as a technology, he and his colleagues set out to ask what it would mean if one applied it to non-economic settings (Elliott 1991). Once again, Kotler and his colleague Gerald Zaltman explored what it would mean to apply the technology to social issues where, they suggested, it could be called "social marketing" (Kotler and Zaltman 1971). Although social marketing is becoming prominent, critics have emerged from different directions.

Social marketing was developed at a time when some within academia espoused a broader concept of marketing, like the one that encompasses wider societal issues (Kotler and Levy, 1969; Lazer and Kelley, 1973 Wiebe, 1951). However, critics within the conventional marketing discipline objected to the broadened concept, preferring a more orthodox view (Luck, 1969; Laczniak and Michie, 1979).

Luck (1974) argued that replacing products or services with an idea or values threatened the concept of economic exchange. Likewise, in the earlier days of its development allegations were made that social marketing lacked theory and rigor (Andreasen, 2003; Rothschild, 1979). In other words marketing focuses on understanding, and changing human behavior, using recognizable concepts, principles and practices (Kotler, 1972). The American Marketing Academy (2007) defines as the activity, set of institutions, and processes for creating, communicating, delivering, and exchanging offerings that have value for customers, clients, partners, and society at large. It is apparent that the same parameters apply in the case of social marketing (Andreasen, 1994).

This supports the view that social marketing is a viable framework for behavior change, and research. The participants of social marketing have also acknowledged the requirement to incorporate theory and practice consistency in the field (Bloom and Novelli, 1981; Hastings, 2007). Later we can find another criticism which labels social marketing as too positivist in its nature (Dholakia and Dholakia, 2001), and lacks reflexivity and critical discourse (Tadajewski and Brownlie, 2008).

Critical discourse in relation to social marketing has tended to focus on social marketers defending the discipline from external criticism. Given the lack of acceptance for social marketing within the marketing discipline, and skepticism within the public health field in which it has mostly operated, it is unsurprising that scholars have been protective of social marketing and espoused its virtues with a missionary zeal (Witkowski, 2005). There is also discourse on the ethical dimensions of social marketing. It has been argued that social marketing uses manipulative deception to trick consumers into performing desired behaviors without challenging underlying causal influences (Buchanan *et al.*, 1994).

There have been criticisms of some of the social marketing programs in the developing world, such as birth control interventions which involve the distribution of free condoms, without tackling structural issues such as exploring the underlying reasons for poor birth control (Fraser and Restrepo-Estrada 1989).

Within the health promotion field, criticisms of social marketing include that it is essentially a form of health promotion rebadged (Buchanan *et al.*, 1994; Hill, 2001), or that it re-labels practice in other fields (Tones, 1996). Furthermore, public health professionals have often misunderstood social marketing (Wisner, 1987; Grier and Bryant, 2005), or been reluctant to embrace it, due to the focus on “marketing” which is regarded as a force for evil (Fraser and Restrepo-Estrada, 1989; Kotler and Roberto, 1989; Grier and Bryant, 2005).

2.3. Social Marketing, Family Planning and Reproductive Health

Family planning and reproductive health products are appealingly packaged and seriously promoted through social marketing interventions. They are also sold to the consumer. Selling the product might seem in contradiction with the aims of a program aimed at improving the health of low income populations. Market research has shown, however, that this is not the case. Products which are purchased are valued more highly by the consumer and are more likely to be used than those received for free (Maureen A. Lewis, 1997).

In social marketing programs, the price of the product is kept low enough to be affordable to low-income consumers but high enough to attach a value to the product. By selling the product, social marketing programs can also finance some of the costs associated with distribution and promotion.

2.4. Communication for a Successful Social Marketing

Marketing communications are a critical component of commercial marketing and too for social marketing. In the context of social marketing communication, evidence indicates that marketing communications are most effective when the principles are followed.

One illustration is the brand promise is promoted consistently across the different elements of the communications mix (e.g., advertising, public relations, sales promotion and social media). Continuing on, the promotion 'P' is integrated with the 'other' 3Ps of product, price and placement.

With this in mind, the emphasis of social marketing communications is not on providing information but on pro-social behavior change and actions such as trial and maintenance. Whereas commercial marketers generally emphasize the first principle when they refer to integrated marketing communications, alongside that, it was found that social marketers can significantly enhance the effectiveness of their interventions and ongoing programs by keeping all three in mind as they plan the promotion component of their 4P strategy, an approach scholars refer integrated social marketing communications.

Although creative campaigns can generate interest on their own, trial and maintenance are more likely when high-quality, reasonably priced and readily available products are offered along with a compelling and relevant brand promise. With this solid foundation, the brand promise to be true. Without it, social marketing communications may inflate expectations, leading to disappointment and abandonment of the behavior following trial.

Numerous examples from the academic and applied social marketing literatures suggest that social marketers continue to rely too strongly on knowledge and awareness building tactics such as advertising and public relations, while other social marketing tools such as sales promotion and personal selling are underused. In the integrated social marketing communication model, all promotion mix tools (advertising, public relation , social media, sales promotion, direct marketing and personal selling) are employed to consistently position the targeted behavior (Shimp, 2006).

The focus on communications may be partly due to the fact that social marketing was preexisted by 'information campaigns' (Hyman and Sheatsley, 1947; Mendelsohn, 1973).

This background may have shaped early conceptualizations of social marketing as the 'promotion of social objectives' (Kotler and Zaltman, 1971).

Although marketers' calls for the use of social marketing, many approaches continue to focus on information campaigns.

2.5. Theories and Models used for Social Marketing

2.5.1. Health Belief Model (HBM)

The health belief model (HBM) (Becker, 1974; Hochbaum, 1958; Rosenstock 1966; Sharma and Romas, 2012) is a cognitive model which posits that behavior is determined by a number of beliefs about threats to an individual's well-being and the effectiveness and outcomes of particular actions or behaviors.

The HBM is based on value expectancy theory (Melkote & Steeves, 2001), which assumes that individuals will take preventive actions (risk-reduction behaviors) when they are susceptible to a disease (self-perception of risk) and acknowledge the consequences as severe; they believe that taking preventive actions will be beneficial in reducing the threat of contracting the disease (e.g., condoms are effective against HIV infection, and that its perceived benefits will be sufficient to overcome perceived barriers such as cost or inconvenience of undertaking the actions (Melkote & Steeves 2001, p. 132).

Rosenstock (1974) discusses four constructs of Health Belief Model. These constructs include, perceived susceptibility which deals with an individual's assessment of his/her risk of getting the conditions), the second construct is perceived severity that deals with individual's assessment of the seriousness of the condition, and its potential consequences. Perceived barriers are meant to represent an individual's assessment of the influences that facilitate or discourage adoption of the promoted behavior, and perceived benefits are about an individual's assessment of the positive consequences of adopting the behavior.

Further, two constructs were added later including perceived efficacy which is highly deal with an individual's self-assessment of ability to successfully adopt the desired behavior, and cues to action that deals with external influences promoting the desired behavior.

Some constructions of the model feature the concept of self-efficacy (Bandura 1997) alongside these beliefs about actions. These beliefs are further supplemented by additional stimuli referred to as 'cues to action' which trigger actual adoption of behavior.

Finally, the Health Belief Model identifies two types of 'cue to action'; internal, which in the health context includes symptoms of ill health, and external, which includes media campaigns or the receipt of other information. These cues affect the perception of threat and can trigger or maintain behavior. Nisbet and Gick (2008: 297) summarize the model as

... in order for behavior to change, people must feel personally vulnerable to a health threat, view the possible consequences as severe, and see that taking action is likely to either prevent or reduce the risk at an acceptable cost with few barriers. In addition, a person must feel competent (have self-efficacy) to execute and maintain the new behavior. Some trigger, either internal ... or external ..., is required to ensure actual behavior ensues ...

Unquestionably the opposite of this is also true. When an individual perceives a threat as not serious or themselves as unsusceptible to it, they are unlikely to adopt mitigating behaviors. Low benefits and high costs can have the same impact. Although designed and developed in the healthcare context, the HBM has been applied to the analysis of other types of behavior, such as recycling (Lindsay and Strathman 1997), and is most suited to explaining or predicting patterns of behavior. Formal reviews have, however, concluded that it has generally weak predictive power, suggesting it can predict only around 10% of behavioral variance (Harrison *et al.*, 1992). Literature suggests that, of the HBM's components, perceived barriers are the most significant in determining behavior (Janz and Becker 1984). Majority of health communication campaigns are based on this model and it is equally useful in HIV/AIDS prevention programs (also in Glanz *et al.*, 2002, pp. 51-53).

2.5.2. Theory of Reasoned Action (TRA)

The Theory of Reasoned Action (TRA), first developed in the late 1960s by Martin Fishbein and revised and expanded by Fishbein and Icek Azjen in the decades that followed, is a theory that focuses on a person's intention to behave a certain way. An intention is a plan or a likelihood that someone will behave in a particular way in specific situations - whether or not they actually do so. For example, a person who is thinking about quitting smoking intends or plans to quit, but may or may not actually follow through on that intent.

TRA is one of the most flexible and widely utilized theories of behavior change across a variety of fields including communication, social psychology, and public health. The theory has been generative of research, although there are several questions that could be addressed. Considerable evidence supports both TRA and the theory of planned behavior. The theory provides very specific information about how to develop the content of a campaign to target a specific population, the most useful application of the theory.

The theory of reasoned action (TRA or ToRA) is a widely used and strongly supported persuasion theory developed to identify components that predict behavior. TRA proposes a causal model of the cognitive processes leading to behavioral decisions. In contrast to many theories of behavior change, TRA can be used to guide the content of persuasive messages or interventions. TRA has been applied to a wide range of topics, from condom use to recycling, exercise to substance use. This entry summarizes TRA and an important extension of this work known as the theory of planned behavior.

The theory of Reasoned Action (Ajzen & Fishbein, 1975) is an extension of HBM. This theory explains individual behavior by examining attitudes, beliefs and behavioral intentions as well as observed and expressed acts. It is based on the idea that the most immediate determinant of a person's behavior is his/her behavioral intention.

Ones' actions can only be influenced by influencing one's intentions. Intention in turn is a joint function on one's positive or negative feeling leading to 'perform or not to perform' that particular action. This theory highlights intentions by focusing on attitudes towards risk reduction, response to social norms, and behavioral intentions vis-à-vis risky behavior (UNAIDS, 1999).

The TRA evolved from the field of social psychology. Until Fishbein's early work on the role of people's attitudes in their subsequent (or later) behaviors, researchers who had explored the relationship between attitudes and behavior had found few connections between the two. Fishbein's insight was to distinguish between attitudes towards a general topic (or "object") and attitudes towards the behavior(s) related to that object.

To understand behavioral intent, which is seen as the main determinant of behavior, the TRA looks at a person's (or population's) attitudes towards that behavior as well as the subjective norms of influential people and groups that could influence those attitudes.

According to TRA, our attitudes toward a particular behavior are influenced by a combination of two related factors: our beliefs about the outcome of the behavior (i.e., is the outcome likely or unlikely?) and our evaluation of the potential outcome (is the outcome a good thing or a bad thing?).

From the TRA perspective, Subjective norms are influenced by our perceptions of the beliefs of those around us: parents, friends, colleagues, partners, etc. (Ajzen & Fishbein, 1980; Montano & Kasprzyk, 2002).

In keeping with the TRA, we have a sense or belief about whether or not these individuals and groups would approve or disapprove of the behavior. But we also have to factor in how motivated we are to comply with their views. This can vary from one situation to another (et.al).

2.5.3. Diffusion of Innovations

The process of adopting new innovations has been studied for over 30 years, and one of the most popular adoption models is described by Everett Rogers in his book, *Diffusion of Innovations* (Sherry & Gibson, 2002).

Diffusion of innovation theory holds that innovation diffusion is “a general process, not bound by the type of innovation studied, by who the adopters are, or by place or culture” (Rogers, 2004), such that the process through which an innovation becomes diffused has universal applications to all fields that develop innovations.

According to Dusenbury & Hansen (2004), Oldenburg, Sallis, Ffrench, & Owen (1999) the end results of diffusion are adoption, implementation, and institutionalization. Individual or organization will adopt an innovation upon the decision to acquire the innovation, implements the innovation by putting it into practice and testing it, and institutionalizes an innovation by supporting it fully and incorporating it into typical practice routines.

Rogers (2003) asserted that there are four main elements in the diffusion process. These elements can be stated in the following manner.

1. Innovation

According to Rogers, an innovation is an idea, practice, or project that is perceived as new by an individual or other unit of adoption” (Rogers, 2003). An innovation may have been invented a long time ago, but if individuals perceive it as new, then it may still be an innovation for them. The newness characteristic of an adoption is more related to the three steps (knowledge, persuasion, and decision) of the innovation-decision process.

In addition, Rogers claimed there is a lack of diffusion research on technology clusters. For Rogers (2003), “a technology cluster consists of one or more distinguishable elements of technology that are perceived as being closely interrelated”.

On the other hand, Rogers stated uncertainty as an important obstacle to the adoption of innovations. An innovation’s consequences may create uncertainty: “Consequences are the changes that occur in an individual or a social system as a result of the adoption or rejection of an innovation” (Rogers, 2003).

Moreover, Rogers (2003) claimed that consequences can be classified as desirable versus undesirable (functional or dysfunctional), direct versus indirect (immediate result or result of the immediate result), and anticipated versus unanticipated (recognized and intended or not).

2. Communication Channels

The second element of the diffusion of innovations process is communication channels. For Rogers (2003), communication is “a process in which participants create and share information with one another in order to reach a mutual understanding”. This communication occurs through channels between sources.

Rogers states that diffusion is a specific kind of communication and includes an innovation, two individuals or other units of adoption, and a communication channel. Mass media and interpersonal communication are two communication channels. While mass media channels include a mass medium such as TV, radio, or newspaper, interpersonal channels consist of a two-way communication between two or more individuals.

On the other hand, “diffusion is a very social process that involves interpersonal communication relationships” (Rogers, 2003). Thus, interpersonal channels are more powerful to create or change strong attitudes held by an individual.

Communication channels also can be categorized as locality channels and cosmopolite channels that communicate between an individual of the social system and outside sources. While interpersonal channels can be local or cosmopolite, almost all mass media channels are cosmopolite. Because of these communication channels’ characteristics, mass media channels and cosmopolite channels are more significant at the knowledge stage and locality channels and interpersonal channels are more important at the persuasion stage of the innovation-decision process (Rogers, 2003).

3. Time

According to Rogers (2003), the time aspect is ignored in most behavioral research. He argues that including the time dimension in diffusion research illustrates one of its strengths. The innovation-diffusion process, adopter categorization, and rate of adoptions all include a time dimension. These aspects of Rogers’ theory will be discussed later in more detail.

4. Social System

The social system is the last element in the diffusion process. Rogers (2003) defined the social system as “a set of interrelated units engaged in joint problem solving to accomplish a common goal” (p. 23). Since diffusion of innovations takes place in the social system, it is influenced by the social structure of the social system. For Rogers (2003), structure is “the patterned arrangements of the units in a system”

Although social marketing is not a theory, it is related to a number of other theories that promote the spread of ideas (Baran & Davis, 2000). Baran and Davis (2000) state that one strength of social marketing is that it builds on diffusion theories. Lefebvre (2001) wrote, “Diffusion of innovations...concepts offer a tremendous amount of insight for social marketers to use in designing their programs” (p. 513).

Social marketing and diffusion of innovations both attempt to further people’s understanding of attitude and behavior change in society (Alcalay & Bell, 2000). They also complement each other with social marketing concentrating on using mass communication to inform and

interpersonal communication to persuade and diffusion of innovations incorporating the power of both mass communication and interpersonal communication to further the public's understanding, awareness, and adoption of an innovation or behavior change (Dearing *et al.*, 1996).

In order to improve the health of the community, the community as a whole must be reached, which is where diffusion of innovations enters. Although an individual ultimately must make the behavior change, diffusion of innovations proposes that "there are processes available to manage widespread behavior change and not leave it to chance" (Lefebvre, 2001, p. 513). Not only has diffusion of innovations made "significant contributions to the understanding and promotion of behavioral change," (Haider & Kreps, 2004, 6) but it is also vital to this change.

2.6. Principles of Behavior Change Communication and IEC in Social Marketing

Much of health and social marketing programs use behavior change communication to improve people's health and wellbeing. Among these programs family planning and reproductive health, maternal and child health, and prevention of other diseases.

The terms IEC and BCC are commonly used terms especially in health communication and social marketing activities. According to UNAIDS/Penn State (1999) IEC is a process of working with individuals, communities and societies to develop communication strategies to promote positive behaviors which are appropriate to their settings. Whereas , BCC is the process of working with individuals, communities and societies to develop communication strategies to promote positive behaviors which are appropriate to their settings; and provide a supportive environment which will enable people to initiate and sustain positive behaviors.

At the center of the issue is the notion that providing the community an information and telling them how they should behave ("teaching" them) is not enough to bring about behavior change. While providing information to help people to make a personal decision is a necessary part of behavior change, BCC recognizes that behavior is not only a matter of having information and making a personal choice. It follows that behavior change also requires a supportive environment. IEC is thus part of BCC while BCC builds on IEC.

Communication interventions can be carried out through training, radio, television, drama, print material, group work, individual counseling or one-to-one education (AIDSCAP, 1996).

Behavior change strategies need to be combinations of approaches sustained over a long time period at multiple levels of influence. The effective mix varies by the health problem addressed (e.g. the HIV transmission dynamics) and depends on the profile of the populations engaging in risky activities (Coates, Richter, & Caceres, 2008).

A successful BCC program requires careful research and thorough pre-testing of communication materials. It is important not to underestimate the effort that is needed to carry out good quality behavioral research, which yields findings that are accurate and useful.

Behavior Change Communication is a participatory and interactive process of working with individuals, communities, and societies to develop tailored messages and approaches using a variety of communication channels in order to enable them adopt health-promoting behaviors, as well as develop and maintain individual, community and societal behavior change (FHI, 2002).

2.6.1. Stages of Behavior Change Communication

Different channels have been shown to be more effective at different stages of the continuum and for achieving different goals. Communication through mass media can ensure that correct information reaches a specific population and can model positive attitudes, but when an individual or community is motivated to attempt new behaviors, policies and the larger social environment become more important. In one or another way audiences become ready to change, the activities, services, or products being promoted must be available to them.

Achieving the goals might not be easy, but understanding the stages of change can help better understand how to achieve them. Whether to lose weight, stop smoking, using family planning methods, to prevent oneself from HIV/AIDS or accomplish another goal, there is no single solution that works for everyone. It may be a must to try several different techniques, often through a process of trial-and-error, in order to achieve the intended goal. It is during this period that many people become discouraged and give up on their behavior change goals. The key to maintaining the goals is to try new techniques and find ways to stay motivated.

Change might not come easy, but psychologists have developed a number of ways to effectively help people change their behavior. Many of these techniques are used by many professionals. Researchers have also proposed theories to explain how change occurs.

According to Prochaska & Velicer (1997) in their transtheoretical model of change individuals move through a series of stages. Following are the stages of change.

The first stage of change is known as Precontemplation Stage. This is the stage in which an individual has no intent to change behavior in the near future, usually measured as the next 6 months. Precontemplators are often characterized as resistant or unmotivated and tend to avoid information, discussion, or thought with regard to the targeted health behavior (Prochaska *et al.*, 1992).

Following the precontemplation stage is the stage of contemplation. During this stage, people become more and more aware of the potential benefits of making a change, but the costs tend to stand out even more. This conflict creates a strong sense of ambivalence about changing. Because of this uncertainty, the contemplation stage of change can last months or even years. In fact, many people never make it past the contemplation phase. During this stage, people may view change as a process of giving something up rather than a means of gaining emotional, mental, or physical benefits (*ibid*).

Preparation is the third step of change. During the preparation stage, people might begin making small changes to prepare for a larger life change. For example, if using family planning methods is the goal, people might think of the pros and cons of the products (*ibid*).

The maintenance phase of the Stages of Change Model involves successfully avoiding former behaviors and keeping up new behaviors. During this stage, people become more assured that they will be able to continue their change (*ibid*).

2.7. Benchmark Criteria for Successful Social Marketing Interventions

In addition to the characteristics of social marketing, there are other aspects of social marketing that are important in achieving the desired end results. Efforts have been made by various scholars and practitioners to use these as a basis for an extended framework for defining specific social marketing principles. They have been presented as benchmarking criteria and strategies.

Andreasen (2002), French & Blair-Stevens, (2007), Lefebvre, (2006) and Lefebvre, (2013) are some of the authors who have formulated benchmarks and strategies. Firstly benchmarks

will be discussed and secondly, the discussion relating to strategies will show how these have been used by marketers in various combinations in various campaigns.

Andreasen, (2002) formulated six benchmarking criteria that gave guidelines to marketers in their quest to design, plan and execute social marketing campaigns for behavior changes . He argued that the six elements of his benchmarks must be met for a program to claim to be a social marketing intervention. Although, he conceded that, not all programs will be able to meet each benchmark in equal measure as each campaign's circumstances and personnel involved are unique.

Building on the benchmarks Andersen formulated, French & Blair-Stevens (2006) from The National Social Marketing Centre mirrored and broadened the six benchmarks into eight benchmarks.

French & Blair-Stevens (2006) suggested that the benchmarking criteria could be used in a whole variety of ways far beyond the core aim of devising a campaign plan to influence target audiences into changing their behaviors. These other ways include promoting or commissioning work in social marketing with regards to training , planning, developing, evaluating and researching aspects of social marketing.

Benchmarking criteria can also be utilized for the detection and exploration of social marketing campaigns that have already taken place as well as an aid for good planning. These benchmarks can be used as a measurement tool to scrutinize aspects of the campaigns in order to ascertain whether social marketing principles and practices are being complied with.

French & Blair-Stevens (2006) argued that regardless of which groups are being targeted the marketer should be customer focused whereby the customer becomes the center of any planning. This means the marketer is starting from the customer's perspective in order to design an efficient plan to work comfortably with the target group and towards a better behavior change. In this way the marketer will not be applying the same theoretical framework in each social marketing intervention but will be able to detect and effectively use the relevant 'bio-physical, psychological, social and environmental / ecological' behavioral theories (French & Blair Stevens, 2006).

In any ways the following benchmark criteria are the dominant ideas for the scholars of social marketing.

2.7.1. Behavior

Behavioral change is the key objective of a social marketing campaign, although social marketers use education to influence targets' knowledge, attitudes, and beliefs to support the behavioral change.

According to Kotler and Lee (2008), there are three types of objectives that are associated with a social marketing campaign: behavior objective (something marketers want the target audience to do), knowledge objectives (something marketers want the target audience to know), and belief objectives (something marketers want the target audience to feel or believe).

Education can deliver facts on attractive alternatives, information on how to perform the desired behavior, information on location of goods or services and so on (Kotler & Lee, 2008).

The other situation is that the targets might not realize or might not think they have a problem, so they do not have a motivation to change their behavior. Education programs can provide information on benefits of a desired behavior, on consequences of an undesired behavior, and so on (Kotler & Lee, 2008). However, changes in knowledge, attitudes, and beliefs will not necessarily lead to a behavior change. Social marketing goals establish a desired level of behavioral change in percentage or numbers as a result of social marketing program efforts (Kotler & Lee, 2008).

2.7.2. Customer Orientation

The main focus of customer orientation is on the audience. Fully understands their lives, behavior and the issue using a mix of data sources and research methods , it goes beyond interviews and focus groups to use ethnographic techniques as well. It can use a range of research analyses and combines data from different sources (qualitative and quantitative), and gains key stakeholder understanding and feeds it into methods mix development. Interventions are pre-tested with the audience which involves the target audience and local community, rather than treating them as research subjects.

Formative research can help social marketers understand the target audience's needs and wants and make an effective and efficient marketing strategy to promote desired behavior to the target audience. Other than formative research, pretests and monitor tests are also powerful tools to study the target audience (Kotler & Lee, 2008; Andreasen, 2002).

Pretest research refers to a study that tests alternative strategies and tactics with the target audience before launching the campaign. It helps campaign managers to ensure that there is no major defect of potential executions, and to fine-tune possible approaches to get to target audiences effectively (Kotler and Lee, 2008). Monitor research "provides ongoing measurement of program outputs and outcomes" (Kotler & Lee, 2008).

More importantly, monitor research helps campaign managers decide if correction and altering and increased resources are needed to fulfill campaign objectives (Kotler & Lee, 2008).

2.7.3. Theory

Social marketing uses behavioral theories to understand behavior and inform the intervention. The theory, or theories used, are identified after conducting the customer orientation research. Appropriate behavioral theory is clearly used to inform and guide the methods mix. Theoretical assumptions are tested as part of the intervention pre-testing

It is important that the planned social marketing intervention actively assesses and draws from theory across different disciplines and professions. It should avoid applying the same theory or set of theories to every context, but focus on identifying those that offer the greatest potential for understanding the influences on behaviour.

Health behavior theories and models help social marketers deepen their understanding of how their target audience changes behaviors (Kotler & Lee, 2008; Andreasen, 2002).

2.7.4. Insight

Social marketing is driven by actionable insights that are able to provide a practical steer for the selection and development of interventions. To develop such insight means moving beyond traditional information and intelligence (e.g. demographic or epidemiological data) to looking much more closely at why people behave in the way that they do. Consideration is

given to the possible influences and influencers on behavior, and specifically what people think, feel, and believe. Importance is placed on considering those things within and outside of an individual's control.

Customer research identifies 'actionable insights'-pieces of understanding that will lead intervention development. A deep understanding of what moves and motivates the target audience, including who and what influence the targeted behavior.

Insight is generated from customer orientation work and identifies emotional barriers (such as fear of testing positive for a disease) as well as physical barriers (such as service opening hours) to develop an attractive exchange and suitable methods mix.

To get a deeper understanding of the target audience, social marketers need to know the target audience's perceived benefits and perceived barriers of the behavior they promote (Kotler & Lee, 2008). Barriers are "things" that prevent people from adopting the desired behavior or the costs for people to behave (Kotler & Lee, 2008).

Barriers include internal ones and external ones (McKenzie-Mohr, 2013). Internal barriers refer to individuals lacking the skill or knowledge needed to perform a behavior, while external barriers refer to environmental factors that need to be changed to make individuals perform a behavior more conveniently. External barriers may include not having recreational facilities in the neighborhood.

Benefits are something that the target audience wants or needs and thus that they value the most (Kotler & Lee, 2008). By offering benefits that interest the target audience, social marketing campaigns are likely to motivate the target audience to adopt a promoted behavior. Numerous health outcomes are a major benefit to individuals being physically active.

2.7.5. Exchange

Exchange is a key concept of marketing. Traditional concepts of exchange in economics and commercial marketing also apply in a social marketing context: each party believes that the potential exchange is beneficial (Bagozzi, 1975; Kotler, 1972); there might be more than two parties involved (Bagozzi, 1978); transactions may involve not only tangible goods and financial payments but also intangible or symbolic products and non-financial costs (e.g., time and efforts) (Kotler & Levy, 1969).

Peattie and Peattie (2003) gave two specific cases of exchange in social marketing context. One possibility of exchange is that social marketers provide information, products, or incentives to an audience in exchange for the audience adopting a proposed behavior.

The other possibility of exchange in social marketing is that the audience changes behaviors to get the psychological benefits of peace of mind or satisfaction in exchange. Kotler and Lee (2008) suggest there are three factors that need to be considered when an exchange happens: barriers, benefits, and competition. Voluntary exchange takes place when the target market believes they can get as much or more than they pay (Kotler, 1972).

Social marketing puts a strong emphasis on understanding what is to be offered to the intended audience, based upon what they value and consider important (e.g. short-term verses long-term benefits). It also requires an appreciation of the full cost to the audience of accepting the offer, which may include: money, time, effort and social consequences. The aim is to maximize the potential offer and its value to the audience, while minimizing all the costs of adopting, maintaining or changing a particular behavior. This involves considering ways to increase incentives and remove barriers to the positive behavior, while doing the opposite for the negative or problematic behavior.

Exchange considers benefits and costs of adopting and maintaining a new behavior; maximizes the benefits and minimizes the costs to create an attractive offer. It also needs clear and comprehensive analyses of the perceived/actual costs versus perceived/actual benefits and replaces benefits the audience derives from the problem behavior and competition. The exchange offered is clearly linked to 'price' in the methods mix.

Thus, in a social marketing context, to facilitate a voluntary exchange and, eventually, a behavioral change, marketers should provide benefits that will help the target audience overcome barriers and/or benefits offered by the competition.

2.7.6. Competition

When conducting audience research, social marketers need to identify competition. According to Kotler and Lee (2008), competition is alternative behaviors that the target audience prefers, may be tempted to do, or is currently doing, rather than adopts the one that social marketers promote.

Competition also refers to organizations or groups who promote or sell the competing behavior (e.g. video game industry versus physical activity). In many cases, social marketing programs compete with individuals' lethargy, habits, and inclination to "do nothing" (Andreasen, 2002; Kotler & Lee, 2008). Understanding competition is important to form exchange and marketing mix strategy. Kotler and Lee (2008) proposed 6 strategies to change the ratio of benefits to barriers so that the desired behavior will be more attractive to target markets.

The strategies (Kotler & Lee, 2008) include increasing monetary and/or nonmonetary benefits for the desired behavior, decreasing monetary and/or nonmonetary costs for the desired behavior, and increasing monetary and/or nonmonetary costs for the competing behavior. Kotler and Lee (2008) also suggested that marketers should make social marketing products and services more accessible, or make access to the competition more difficult and unpleasant.

Social marketing uses the concept of competition to examine all the factors that compete for people's attention and willingness or ability to adopt a desired behavior. It looks at both external and internal competition. External competition can include those directly promoting potentially negative behaviors but can also include other potentially positive influences that might be seeking to gain the attention of the same audience. Internal competition includes the power of pleasure, enjoyment, risk taking, habit and addiction that can directly affect a person's behavior.

Competition seeks to understand what competes for the audience's time, attention, and inclination to behave in a particular way and addresses direct and external factors that compete for the audience's time and attention. It develops strategies to minimize the impact of competition, clearly linked to the exchange offered and forms alliances with or learns from the competing factors to develop the methods mix.

2.7.7. Segmentation

Segmentation is to divide a broad, relevant population into smaller groups that require unique but similar strategies to change behavior (Kotler & Lee, 2008).

Social marketing uses a developed segmentation approach. This goes beyond traditional targeting approaches that may focus on demographic characteristics or epidemiological data, by considering alternative ways that people can be grouped and profiled. In particular it looks how different people are responding to an issue, what moves and motivates them. This is often referred to as psycho-graphic research. It ensures interventions can be tailored to people's differing needs.

There are three reasons to segment markets. First, audience segmentation can increase campaign effectiveness. Marketers expect campaign outcomes will be greater by segmenting markets. For example, a significantly great percentage of the target group is persuaded to do regular physical activity. Second, audience segmentation can increase campaign efficiencies.

By segmenting markets, marketers expect that a certain amount of outputs (resources expended) will result in larger outcomes. Finally, audience segmentation will give marketers input on resource allocation and developing marketing strategies.

The segmentation process can be done through segmentation variables and behavior models (Kotler & Lee, 2008). The most widely used segmentation variable is demographic factors (e.g., age, gender, family size, income, occupation, education, religion, and generation) because of their easy availability and predictable power of market needs, wants, barriers, and behaviors. Other segmentation variables include geographic factors (e.g., country or region, city or metro size, density, climate, etc.), psychographic factors (e.g., social class, lifestyle, and personality), and behavioral factors (e.g., occasions, benefits, user status, usage rate, loyalty status, readiness stage, and attitude toward product).

Choosing target markets needs to be based on priority of segments (Kotler & Lee, 2008). Organizations that implement physical activity interventions face limited resources and efforts, so they need to choose the markets that need the intervention the most.

Segmentation avoids a 'one size fits all' approach: identifies audience 'segments', which have common characteristics, then tailors interventions appropriately.

Generally, it is drawn from the customer orientation and insight work, does not only rely on traditional demographic, geographic or epidemiological targeting, draws on behavioral and

psychographic data. It also identifies the size of your segment or segments. Segments are prioritized and selected based on clear criteria, such as size and readiness to change.

2.7.8. Method mix

Social marketing recognizes that in any given situation there are a range of intervention options or approaches that could be used to achieve a particular goal. It focuses on ensuring that a deep understanding and insight into the customer is used directly to inform the identification and selection of appropriate intervention methods and approaches. As single interventions are generally less effective than multi-interventions the issue is also to consider the relative balance or mix between interventions or approaches selected. Where this is done at the strategic level it is commonly referred to as the intervention mix while at the level of a dedicated social marketing intervention the term marketing mix is more common.

Developing a good positioning statement will help form a strategy of 4Ps (Kotler & Lee, 2008). Positioning refers to “the act of designing the organization’s actual and perceived offering in such a way that it lands on and occupies a distinctive place in the mind of the target market where you want it to be” (Kotler & Lee, 2008, p. 185). With an understanding of the target market from audience research, positioning statements create an audience-oriented value proposition, which gives the target market a convincing reason why they should “buy” the product from you instead of your competitors (organizations or groups selling or encouraging competing behaviors).

Social marketing emphasizes the use of all four elements of marketing mix-product, price, place, and promotion to form a campaign strategy (Kotler & Lee, 2008). Lee & Kotler (2011) proposed that there are three levels of product in a social marketing context: core product (i.e., benefits of a desired behavior), actual product (i.e., tangible objects and services provided to facilitate a behavioral change), and augmented product (i.e., any additional tangible goods or services).

In a social marketing context, price management refers to identifying monetary and nonmonetary costs that the target audience associates with adopting a desired behavior (Kotler & Lee, 2008), and reducing those using various strategies. Monetary costs are the tangible objects and services related to adopting a desired behavior (e.g., buying sports gear to be physically active). Nonmonetary costs may include input of time, effort, and energy to

perform a desired behavior; perceived or experienced psychological risks and losses; and physical discomforts while performing a desired behavior.

Place is “where and when the target market will perform the desired behavior, acquire any related tangible objects, and receive any associated services” (Kotler & Lee, 2008). Individuals value convenience nowadays. Easy access to the campaign resources will be an asset for marketers.

Promotion is the persuasive communications tool designed and delivered to motivate the target audience of a social marketing campaign to take actions (Kotler & Lee, 2008). Promotion strategy includes making a communication strategy and choosing communication channels. For a communication strategy, marketers need to decide key message (s) of a campaign (what is expected from the target audience to do, know, and believe), messengers (people who deliver campaign message or who endorse the campaign), and what to say in the campaign and how to say it (Kotler & Lee, 2008).

Promotion is used to ‘sell’ the product, price, place and benefits to the target audience, not just to communicate a message. It uses a mix of methods to bring about behavior change. It does not rely solely on raising awareness which uses all elements of the marketing mix (product, price, place and promotion) and/or primary intervention methods (inform, educate, support, design and control).

Methods mix creates a new brand, or leverages existing brands appropriate to the target audience. Methods and approaches are financially and practically sustainable.

CHAPTER THREE

3. RESEARCH METHODOLOGY

This part of the research paper briefly discusses the design, the sampling and data collection techniques along with literatures verifying the appropriateness of the techniques.

3.1. Research Design

This study used both qualitative and quantitative methods. The triangulation of data gathered using both techniques helped as a check-up mechanism by way of balancing each other out. On the other hand, it supported the researcher to gather and analyze data related to behavior, customer orientation, theory, insight, exchange, competition, segmentation and method mix of the end users and other stakeholders. These methods and procedures are described hereafter.

3.1.1. Qualitative Method

Qualitative method allows a researcher to view behavior in a natural setting without the artificiality that sometimes surrounds the experimental or survey research (Wimmer and Joseph, 2006). In addition it can increase a researcher's depth of understanding of the phenomenon under investigation. It is flexible and allows the researcher to pursue new areas of interest (Wimmer and Joseph, 2006).

Qualitative methods of research have long been considered the most appropriate for an in-depth understanding of beliefs, attitudes, perceptions, motivations, views and behaviors of people in particular social contexts. Accordingly, in attempting to generate an empirical data to find out the extent to which the advertisements and IEC/POP materials (especially outdoor advertisementssuch as billboards) of DKT Ethiopia give a strong apprehension to the cultural elements, this study predominantly used a qualitative research design. This kind of study entirely focuses on investigating the manifested content of the commercials. The methodology preferred to be used is a qualitative one as it, in contrast to quantitative research which takes a phenomenon into parts, strives to understand the meaning of an experience (Gray, 2004). Moreover qualitative methods are typically more flexible - explicitly, they allow greater freedom and adaptation of the interaction between the researcher and the study participant.

Yet, unlike quantitative research qualitative research findings do not represent the larger population. According to Flick, U. (2002), the major limitation of qualitative research is that the findings cannot be directly generalized to the larger population being studied. Flick, U. (2002) further justified why qualitative research is not representative of large population. He believed that in qualitative research participants are not selected randomly and the number of participants is too small to be representative of the population. It aims primarily at understanding particulars rather than generalizing universals. However, the aim of this research is not getting to generalization. It rather explores how DKT Ethiopia reaches its audience and presents family planning and reproductive health issues through media, IEC/POP and promotional materials.

Qualitative methods used in this research include observations and interviews. These methods are designed to help the researcher understand the meanings people assign to social phenomena and to explain the mental processes underlying behaviors.

3.1.2. Quantitative method

Quantitative research method was used to explore statistical data. Leedy and Ormrod (2001) contend that quantitative research is specific in its surveying and experimentation, as it builds upon existing theories. On the other hand, Creswell (2003) stated qualitative methodology maintains the assumption of an empiricist paradigm and the research itself is independent of the researcher. As a result, data is used to objectively measure reality. He added that quantitative researches employ strategies of inquiry such as experimental and surveys, and collect data on predetermined instruments that yield statistical data.

Leedy and Ormrod, (2001) further elaborated that quantitative researchers seek explanations and predictions that will generate to other persons and places. They put the intention as to establish, confirm, or validate relationships and to develop generalizations that contribute to theory.

This research therefore used quantitative data collected using semi-structured questionnaires consisting of questions helping us know customer satisfaction and their understanding of the messages disseminated. It is believed that this approach has given the research participants forward their opinions freely as confidentiality was guaranteed.

This method was found to be useful to get primary data especially from the target customers. Some of the variables for which data was collected include socio-demographic characteristics, literacy level, perceptions and access to reproductive health services etc. Such data enabled the researcher to evaluate the outcomes of the family planning and reproductive health intervention.

3.1.3. Mixed Method

This research employed both qualitative and quantitative research methods. As Dornyei (2007) stated, “Mixed methods approach involves the combined use of qualitative and quantitative methods with the hope of offering the best of both worlds”.

According to Nedra Kline Weinreich (1999), in an ideal social marketing program, researchers use both quantitative and qualitative data to provide a more complete picture of the issue being addressed, the target audience and the effectiveness of the program itself.

Using both quantitative and qualitative data enabled the researcher to gain breadth and depth of understanding and corroboration, while offsetting the weaknesses inherent to using each approach by itself. This research design is therefore chosen to provide logical and complete explanations to the research questions proposed in this study.

As stated in the beginning of this chapter, one of the most advantageous characteristics of conducting mixed methods research is the possibility of triangulation, i.e., the use of several means (methods, data sources and researchers) to examine the same phenomenon. Triangulation allows us to identify the various aspects of a phenomenon more accurately by approaching it from different perspectives.

3.2. Coverage and Scope of the Study

Among the ten subcities in Addis Abeba, Addis Ketema, Arada, Kirkos and Kolfe are the most disadvantaged, where the majority of the inhabitants are low income. Sixty to seventy percent of these disadvantaged people suffer from food insecurity (Tizita, 2001). Out of these disadvantaged areas, Addis Ketema subcity has been selected in order to assess the unmet needs of family planning methods of DKT Ethiopia which aggressively advertised its products in this specific sub-city.

In addition to this, one can easily see that the higher the population size the higher the probability to get a heterogeneous population. Based on this common background, 100 questionnaires were distributed in Kolfe Keranyo subcity to get a population with different cultural and religious background.

According to City Government of Addis Ababa Bureau of Finance and Economic Development, Socio-Economic Profile of Addis Ababa for the Year 2011/12 G.C, the total population of Addis Ababa was estimated to be 3,048,631 of whom 1,595,968 were females and the rest 1,452,663 were males. The population size of subcities varies in space. Kolfe Keranyo (15.66%), Yeka (12.65%), Nefas Silk (11.55%) and Bole (11.28%) had the largest share of population of the city. Addis Ketema subcity had a total population of 284,183 (which makes it the sixth most populated subcity) whereas Akaki Kaliti had a population size of 201,721 which makes it the least populated subcity.

In parallel with this, the researcher tried to apprehend the intentions of health professionals on those specific subcities (Addis Ketema, Kolfe Keranyo and Akaki Kaliti) by distributing questionnaires to clinical and pharmaceutical outlets.

3.3. Data collection instruments Preparation

All the samples in this research are selected by purposive sampling. As Merriam (1998) indicated purposive or purposeful sampling is based on the assumption that the investigator wants to discover, understand, and gain insight and therefore must select a sample from which the most can be learned.

3.3.1. Questionnaires

Questionnaires with, close ended, scale type items with alternatives of “Yes/No”, “Poor, Average, Good, Excellent”, and “Strongly agree, Agree, Neutral, Disagree or Strongly disagree” were developed and used. Questionnaires were completed by all the participants in this research. As per Rea & Parker’s (1997) advice the questionnaires were as concise as possible while still covering the necessary range of subject matter required in the study.

Three different questionnaires were prepared in English and Amharic. The English version was administered by owners of the promotion, health professionals and media professionals whereas the Amharic one was distributed to the end users. In both the questionnaires included

are the channels used for promotion, the messages delivered, the intention behind the messages, the perception, belief and attitude towards the promotions and the influences of the promotion on their decision making. These questionnaires were pretested and amended based on the findings of the pretest and used for the data collection from the selected study areas.

The data was also collected from people who were in charge of the promotion, health professionals who can distribute all the products and also end users of the products. Moreover, the quantitative data were gathered from selected households to get their views on issues like behavior, customer orientation, segmentation, method mix and insight.

In order to know the stance of journalists towards the advertisement, media approach and ethics, the content of the messages and communication approaches of DKT Ethiopia, questionnaires were also distributed to journalists working in the various electronic media. The selected media include Ethiopian Broadcasting corporation (20 questionnaires for TV, Radio and online journalists), Fana broadcasting corporate (15 questionnaires for Afan Oromo, Somali and Afar and Amharic health program producers) and Sheger FM 102.1 (10 questionnaires of social and health program producers). These stations were selected due to their popularity in the city.

Based on their direct experience on producing, organizing and distributing the IEC/BCC and promotional materials, the selected study participants involve people from various religion and age groups with different educational background. The questionnaires were distributed with one enumerator for each sub city. During the data collection from the electronic media, the researcher himself was managed the process of filling. The goal is to explore the understanding of the materials produced and disseminated and the nature of discourse in the community. Besides, the views of end users of the products of DKT Ethiopia about the role of advertisement for behavior change were examined.

3.3.2. Interview

The qualitative data were collected through key informant interviews with purposely selected individuals from the target customers (Age groups 18 - 49) of the products at Addis Ababa (Special focus on Addis Ketema, Kolfe Keranyo and Akaki Kality subcities).

A total of 10 participants were purposefully selected for the interview. The interview mainly focused on the participants' perception regarding DKT Ethiopia's promotional materials. The information obtained from the interviews were combined with the data obtained from other methods to enrich and compliment the findings of the study. The interviews were conducted by the researcher in an interactive manner.

3.4. Field data collection

Among the primary data collection techniques, observation is crucial to understand people's activity on the basis of how, what and why they are doing something. It is one of the most important sources of information in a qualitative research.

The information obtained from people regarding their beliefs and what they do could be sometimes different from the actual things they are doing. A large body of scientific literature documenting this gap exists, and we can all most likely call upon examples from our own daily life. Given the frequency of this very human inconsistency, observation can be a powerful check-up way against what people report about themselves during interviews.

3.5 Data Analysis

Based on the research objectives, data was collected through questionnaires, interview and personal observation. Then, analysis of data was done using Microsoft Excel 2013. Once the raw data was generated, statistical analysis and interpretation of data was made to provide answers to the research questions.

The intentions of end users, journalists, health professionals as well as the task owners on Alan Andreasen Social marketing benchmark criteria were seen in detail to find out different possible understandings by preparing one benchmark criteria with different questions. Therefore, data containing closed ended questions were analyzed.

As indicated earlier, the aim of this research was to discover the effectiveness of the promotional materials of DKT Ethiopia. Thereby one of the data collection method was qualitative and illustrative. Information through qualitative instruments (interviews and personal observations) were analyzed qualitatively.

The interviews were conducted in Amharic to make the respondents feel comfortable and express the issues in better ways. Then, the data was transcribed into English. To examine the analysis, category was made for the types of responses generated in relation to the major themes and the specific issues by the interview guide (Hansen *et al.*, 1998:279). The interviews were highly focused on the topic and issues the researcher selected. Together with my description, some direct quotes were used in an effort to create a clearer picture of how the participants generally interact.

To do so, all the individual interviews were tape-recorded. Then, the researcher transcribed the interviews and translated them from Amharic into English. Results obtained through interviews and personal observation of sample individuals and outdoor media advertisements were described and interpreted against existing realities on the ground and the principles and experiences of the society. The arrangement of the data was then structured in a narrative form with pertinent quotations used to illustrate and serve as supporting evidence for the major findings of the study.

CHAPTER FOUR

4. FINDINGS OF THE RESULTS

4.1. INTRODUCTION

Different theoretical as well as practical discussions which were directly or indirectly related with social marketing in general and health communication in particular have been touched in the previous chapters.

This chapter discusses about the key findings of the study. The researcher employed different information gathering techniques including questionnaire and interviews. Both qualitative and quantitative data have been gathered and analyzed. Chapter four provides an overview of the key findings of the study using descriptive analysis and interpretation.

The researcher tried to go through the completed data collection tools and compiled the information using Microsoft Spread Sheet. Before going to the analysis, the researcher checked consistency and reliability among the data gathered from the field. The study made use of descriptive analysis to measure the objectives and test the hypothesis.

The analysis and interpretation of the data is carried out in two phases. The first part, which is based on the results of the questionnaire, deals with a quantitative analysis of data. The second, which is based on the results of the interview is a qualitative interpretation.

A total of 373 questionnaires were distributed and 362 (97%) questionnaires were filled and completed. The data gathered using these questionnaires were the base for computing the results. Additional 45 questionnaires were distributed to media professionals who have a direct or an indirect connection with media promotion/advertisement. Of which 39 respondents filled the questionnaires with 4 non-responses and 2 missing data were subtracted from the total sample size.

The second kind of questionnaire designed and distributed was for gathering information on perception of partners of DKT Ethiopia (Clinical and pharmaceutical outlets). A total of 18 partners were approached and all questionnaires were filled.

The third type of the questionnaire was prepared for the end user of the products of DKT Ethiopia. A total of 300 questionnaires were distributed and information was collected from

end users in selected three sub cities. Of the total, 295 end users' responses was collected and analyzed.

Data gathered through the questionnaire was subjected to frequency counts. In other words, the subjects' responses for each individual question were added together to find the highest frequency of occurrence (i.e. the number of times that a particular response occurs). These responses to the questions, which are quantified, are then presented in percentage forms.

This analysis is presented in tabular and figure form. The researcher uses tables and figures containing a variable and in some cases, combines two or more variables in a single table and figure for better comparability and understanding of the result.

4.2. Quantitative Data

4.2.1. Demographics of Respondents

The assessment planned to cover 300 respondents from end users but managed to interview 295 (98% of response rate). Of the total, 100 respondents from Addis Ketema and another 100 respondents from Kolfe Keraniyo and 95 individuals from Akaki Kality were interviewed. Whereas 10 health professionals from the targeted subcities', 10 DKT Ethiopia staffs who directly and partially involved in the production of IEC/POP and promotional materials were included in the questionnaire. To include the professional side of the advertisements produced, the billboards installed and brochure distributed 39 journalists from three media organizations were selected and involved to this research.

This chapter provides a demographic and social profile of respondents interviewed in this research. Such individual's background information is essential to interpret the findings and understanding the results presented later in this report. Basic characteristics collected include age, level of education, and gender.

As table 1 indicates, of the total surveyed target groups of DKT Ethiopia, 53% are female. The distribution across gender in the three subcities is similar where female respondents were slightly higher in number than male respondents by at least 4%. By professional composition about two-third of respondents (61 percent of men and 39 percent of women) are from health and media professionals, and more than three fourth are male from the task owners. Overall

the distribution of respondents by gender is almost proportional which make the finding more comparable.

Education is an important factor influencing an individual's attitudes and opportunities. Specifically it is a key indicator in measuring the exposure to communication materials and individuals ability towards attaining the desired behavior which could be use health services. Almost all of the respondents covered in the research completed at least primary education of which the majority (61%) have diploma or degree. Similar distribution is also observed in all study areas.

Table 1 also shows that relationship between respondents' level of education and their other background characteristics. As mentioned, men are better educated than women. Since DKT Ethiopia targets persons aged 15-45 years in its social marketing program, the researcher purposely selected women and men aged 18 years and over. Of the total respondents, 87% are aged between 18-42 years which indicates that the majority of the respondents are targets of DKT Ethiopia's social marketing programs.

Six health professionals in every ten (61 percent) have first degree, compared with about two task owners in every ten (20 percent). Level of education is higher in the task owners. Five staffs of DKT Ethiopia in every ten have second degree, compared with just two health professional in every ten (17 percent). Furthermore, marketing professionals in DKT Ethiopia have had substantially more dominant than others.

The pattern of educational attainment among men is greater than that of women. At every level of education, however, a higher percentage of men, than women, are educated. This gender disparity is more marked at higher levels of education.

Table 1: Distribution of respondents by selected demographic and social characteristics

Respondent's Characteristics	End users Kifle Ketema				Health professionals (n = 18)	Task owners (n = 10)	Journalists (n = 39)
	Addis Ketema (n = 100)	Kolfe Keraniyo (n = 100)	Akaki Kality (n = 95)	Total (n = 295)			
Gender							
Male	47%	47%	48%	47%	61%	80%	61%
Female	53%	53%	52%	53%	39%	20%	39%
Educational Attainment							
Grades 1-6	1%	0%	0%	0%	-	-	-
Grades 7 -8	5%	2%	5%	4%	-	-	-
Grades 9- 12	33%	35%	29%	33%	-	-	-
Diploma	33%	34%	35%	34%	22%	20%	4%
First Degree	25%	27%	28%	27%	61%	30%	56%
Second Degree	3%	2%	2%	2%	17%	50%	27%
Age Group							
18 – 22	21%	13%	27%	20%	-	-	-
23 – 27	23%	16%	20%	20%	28%	-	18%
28 – 32	14%	19%	19%	17%	44%	10%	42%
33 – 37	18%	26%	20%	21%	22%	30%	32%
38 – 42	14%	9%	5%	9%	-	10%	3%
43 – 47	4%	12%	8%	8%	6%	20%	5%
48 – 52	5%	2%	0%	2%	-	-	-
> 52	1%	3%	0%	1%	-	-	-

4.2.2. Perception on Impact of DKT Ethiopia's BCC Materials on Desired Behavior

Exposure to information on print and mass media can increase knowledge and awareness of new ideas, social changes, and opportunities and can affect an individual's perceptions and behavior, including those about health.

DKT Ethiopia has been prompting its social marketing products using various IE/BCC materials which include TV and Radio ads, posters and leaf lets, billboards, wall paint and signage and group and interpersonal communication strategies. These materials and

approaches believed to contribute the increase in use of family planning and reproductive health services in Ethiopia.

This research tried to gather information on respondents' perception on the implication of DKT Ethiopia's IE/BCC materials (print and mass media) in bringing the desired behavior (use of family planning and reproductive health services). Using structured questionnaire respondents were asked about their perceptions towards DKT Ethiopia's IEC/BCC materials. They are also asked to evaluate and grade the materials as excellent, poor, average, poor, and unsatisfactory in terms of bringing the desired behavior. Some of the key questions asked were:

- *How to perceive and evaluate DKT Ethiopia's Media, IEC/BCC and promotional materials in terms of bringing change in people's actual behavior.*
- *How to perceive and evaluate most of the DKT Ethiopia's Media , IEC/BCC in terms of focusing on determinant factor of behavior which include changing attitude, increasing knowledge and changing belief, informing product availability, changing social norm and improving self-efficacy.*
- *The rational that the brands of DKT Ethiopia is well known and prestigious.*
- *The believe that the quality of Media, IEC/BCC and promotional materials is good and have an ability to change people's behaviour?*
- *The belief that the target audience of DKT Ethiopia exposed to the intervention.*
- *Any updates on the baseline survey and key indicators established on Media, IEC/BCC and promotional materials from DKT Ethiopia and*
- *The belief that the quality of the Media, IEC/BCC and promotional materials of DKT Ethiopia is good and have an ability to change people's behavior?*

Table 2 presents the perception of the respondents on the impact of DKT Ethiopia's IE/BCC materials in delivering the desired behavior. The finding shows, a third of the respondents reported, the IE/BCC materials are good or excellent in promoting the desired behavior. Similar proportion of the study population grade the impact of IE/BCC materials designed and distributed by DKT Ethiopia as average. Three out of ten respondents perceived DKT Ethiopia's IEC/BCC materials as poor or unsatisfactory in term of brining the desired behavior among the target population.

Table 2: Respondents perception on impact of DKT/E's BCC materials in bringing the desired behavior

Respondent Response	Addis Ketema (n = 100)	Kolfe Keraniyo (n = 100)	Akaki Kality (n = 95)	Total (n = 295)	Health professionals (n = 18)	Task Owners (n = 10)	Journalists (n = 39)
Excellent	11%	12%	11%	11%	6%	9%	2%
Good	23%	27%	24%	25%	33%	32%	19%
Average	32%	33%	30%	32%	42%	37%	40%
Poor	24%	21%	21%	22%	14%	17%	30%
Unsatisfactory	8%	7%	7%	7%	4%	5%	3%
Reserved	2%	0%	7%	3%	1%	0%	6%

4.2.3. Understanding of the use of social marketing theory among the Respondents

Another factor worth considering when undertaking social marketing activities are whether it is comprising the core components of theory or not. This research asked respondents whether the programs of DKT Ethiopia goals were stated and well defined in the Media, IEC/BCC and promotional materials or not. They also requested to reply their belief that appropriate behavioral theory is clearly used in promotional materials used to inform and guide the method mix.

Table 3 shows that there are remarkable variations in the proportion of the three subcities by perception of the programs of DKT Ethiopia goals and the clear usage of behavioral theory in the Media, IEC/BCC and promotional materials. Respondents in Addis Ketema and Kolfe keranyo subcities are more doubtful to the understanding and perception of one of the social marketing benchmark criteria (discussed in chapter 2), theory (52 and 54 percent, respectively).

There are notable differences in the application of theory of social marketing by background characteristic. Health professionals are the least likely to agree about the application of the theory (56 percent), compared with the task owners (33 percent) and journalists (34 percent). Understanding of the facts about the behavioral theories to understand behavior and inform the family planning and reproductive health intervention is the highest among journalists (52

percent) who have never had the chance to participate in the process of IEC/POP and promotional materials production (please refer focus of consumer positioning part of the next section), compared with other sub-groups.

Table 3: Percentage of respondents who perceive DKT Ethiopia's program goals is stated, the behavioral theory is clearly used and well defined in the Media, IEC/BCC and promotional materials

Residence	Yes	No	Reserved
Addis Ketema (n = 100)	47%	52%	1%
Kolfe Keraniyo (n = 100)	45%	54%	1%
Akaki Kality (n = 95)	54%	44%	2%
Total (Selected SubCities n = 295)	49%	50%	1%
Health Professionals (n = 18)	36%	56%	8%
Task Owners (n= 10)	47%	33%	20%
Journalists (n = 39)	52%	34%	13%

4.2.4. Focus of Consumer Positioning

For social marketers focus on the target audience is fundamental. This research assesses the application of the principles of customer orientation of DKT Ethiopia. The research reached end users, task owners, health professionals and journalists though questionnaires on positioning the target audiences through the following questions

- *Do you believe that any trend to give to the Media, IEC/BCC and promotional materials of DKT Ethiopia by ethnographic techniques?*
- *Have you ever participated in DKT Ethiopia's IE/BCC material pre-test to understand and feed into the method mix?*

Table 4 shows the percent distribution of end users who on their perception of the use of research analysis and combination of different sources (qualitative and quantitative) and their participation in the DKT Ethiopia's IE/BCC pretest process. Fifty percent of the respondents believe, DKT Ethiopia have the trend to consider ethnographic techniques during the production of its Media, IEC/BCC and promotional materials. On the contrary, three-fourths of the respondents did not or rarely participated on DKT Ethiopia's IEC/POP and promotional materials production pre-test. Only a small proportion of end users say that their participation are mainly depend on the chance of getting DKT Ethiopia's invitation .

The result is further presented by subcity. There is no distinguished disparity in terms of the results by subcity. A relatively more respondents from Kolfe Keraniyo reported, they believe DKT Ethiopia applied ethnographic techniques and they have ever participated in organization's media, IE/BCC material production pretest. Regardless of some misunderstandings on the approach of DKT Ethiopia around the area, the majority of the respondents believe that the trend which was given to the promotional materials was relatively good and encouraging. In other ways, one out of three respondent agree with the addressing of the intended message to the targeted group by using ethnographic techniques.

Table 4: Current perception of end users on the trend of separation of the target group by ethnographic technique and participation on DKT Ethiopia's promotional and IEC/POP material production pretest

Questions	Respondents response	Addis Ketema (n = 100)	Kolfe Keraniyo (n = 100)	Akaki Kality (n = 95)	Total (n = 295)
Do you believe that any trend to give to the Media, IEC/BCC and promotional materials of DKT Ethiopia by ethnographic techniques?	Yes	47%	54%	50%	50%
	No	52%	46%	48%	49%
	No I don't	61%	51%	49%	54%
Have you ever participated in DKT Ethiopia's pre-test to understand and feed into the method mix?	Rarely	26%	49%	48%	41%
	Sometimes	12%	0%	0%	12%
	Always	1%	0%	0%	1%
	Reserved	0%	0%	3%	3%

Of the end users, who have never been participated in the DKT Ethiopia's media, IEC/BCC I materials production pretest, larger proportion of the respondents from Addis Ketema subcity did not participated in the process. Overall DKT Ethiopia's experience in involving the target audiences in designing and production of its media, IE/BCC material production is weak.

Table 5 shows the findings on same issue among task owners, health professionals and journalists. The majority (83%) of the health professionals did not perceive that DKT is using

ethnographic techniques on the trend of production of IEC/POP and promotional materials. Over six out of ten of them have never been involved in pretest of DKT Ethiopia's media, IE/BCC materials productions. Among the journalists, More than four in every ten journalists (44 percent) believe the application of ethnographic techniques and ever involved in pretest of production of DKT Ethiopia's Media/ IE/BCC materials.

Unexpectedly only 30% of the task owners (employee of the organization) feel, DKT Ethiopia exploited ethnographic techniques during the design and production of its media materials. Only half of the task owners ever involved in the pretest of their organization media, IE/BCC material production. This indicated a gap in engaging those important players in design and production of media, IE/BCC materials.

To use the IEC/POP and promotional materials effectively, consistent involvement of experts in the design and production of these materials is critical. There are extraordinary variations in the participation of DKT Ethiopia's IEC/POP and promotional materials production pre-test. Overall, only 10 percent of all task owners interviewed reported at least once participated on material production pretest on their stay. The percentage of health professionals and journalists with the contribution of their professional input on the materials is negligible.

Table 5: Current perception of health professionals, task owners and journalists on the trend of separation of the target groups by ethnographic technique and participation on DKT Ethiopia's promotional and IEC/POP material production pretest

Questions	Respondents response	Task Owners (n = 10)	Health professionals (n = 18)	Journalists (n = 39)
Do you believe that any trend to give to the Media, IEC/BCC and promotional materials of DKT Ethiopia by ethnographic techniques?	Yes	30%	17%	42%
	No	57%	83%	44%
	Undecided	13%	0%	14%
Have you ever participated in DKT Ethiopia's pre-test to understand and feed into the method mix?	No I don't	50%	67%	58%
	Rarely	20%	11%	22%
	Sometimes	20%	22%	7%
	Always	10%	0%	0%
	Reserved	0%	0%	13%

4.2.5. Perception of benefits and costs of adopting and maintaining a new behavior of respondents

As a social marketing organization DKT Ethiopia is striving to achieve and meet its goals and objectives through the basic idea of Exchange Theory by paying a price in order to "buy" or adopt the goods, services, ideas, or actions (product) it is promoting. In order to persuade its target group to take part in the exchange, the organization need to believe that the resulting benefits worth the price. The increment of the perceived benefits can be achieved through building of motivation over time and providing feedback, personalized communication, overcoming specific barriers etc.

Figure 1 shows the percentage of respondents in terms of perception on Sensitivity of benefits and costs of adopting and maintaining new behavior by subcity. Out of the exposure offered to Addis Ababa, respondents from Addis Ketema subcity 65 percent perceived the benefits and costs of adopting and maintaining new behavior on family planning and reproductive health interventions positively, three out of ten persons negatively and 1 per cent neutrally. Similarly, equal amount of the respondents from Kolfe Keranyo and Akkai Kality (52 %) took the intervention positively.

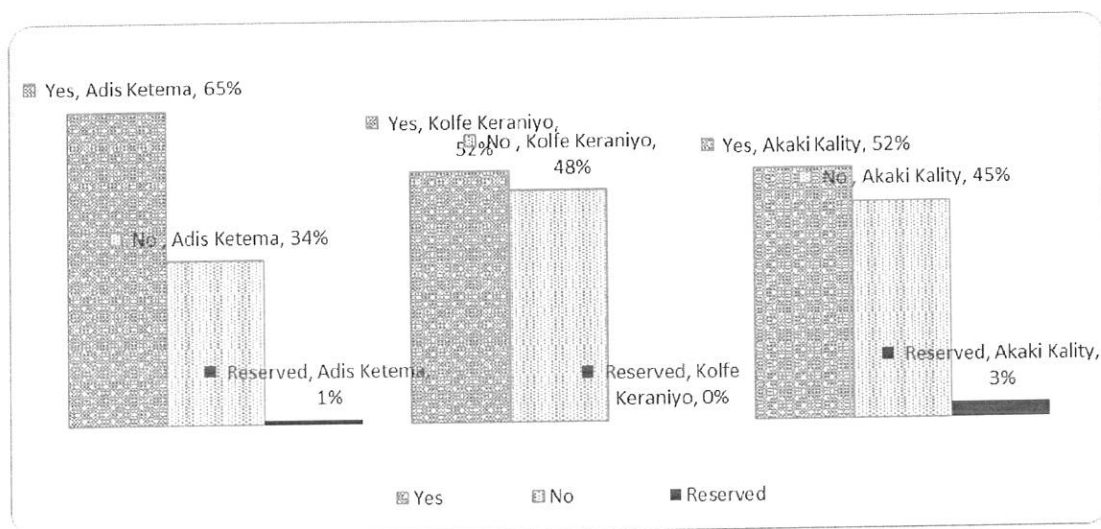


Figure 1: Sensitivity of benefits and costs of adopting and maintaining new behavior of end users

Table 6 presents finding on the assumption of DKT Ethiopia's intention towards a clear and comprehensive analysis on target groups' norms/values by educational background. There are substantial differentials in the progressive assumption among the sub-groups, The level of understanding on the exchange offered through media, IEC/POP and promotional materials which is linked to the "price" in the method mix is significantly lower in the task owners themselves (48%). Only 35% of the task owners say, DKT Ethiopia has a clear and comprehensive analysis on target groups' norms/values. The result is much higher among Journalists (53%) and health professionals (61%).

Table 6: Understanding of benefits and costs of adopting and maintaining new behavior of health professionals, media practitioners and task owners

Respondent who say that	Health Professionals (n = 18)	Journalists (n = 39)	Task Owners (n = 10)
DKT Ethiopia has a clear and comprehensive analysis on target groups norms/values	61%	53%	35%
DKT Ethiopia doesn't have a clear and comprehensive analysis on the target groups norms/values	39%	33%	48%
I did not noticed and unable to reply	0%	14%	17%

There is also an inverse relationship between the professionals (task owners) who lead the production process of IEC/POP and promotional materials and end users. Around 3/4 of end users (Figure 1) believe that DKT Ethiopia is using a clear and comprehensive analysis on their norms and values compared with 35% of the task owners .

4.2.6. Understandings of the competition for the target group's time, attention and inclination to behave in a particular way

Nowadays, social marketing practices represent an important part of people's lives. Consumers' understanding of the need for change has become the top priority for social organizations worldwide. As a result, the number of social marketing programs has increased, making people reflect more on their behaviors and on the need to take action.

Competition in social marketing can bring many benefits. The more programs initiated, the more people will start to involve in society's problems, hereby contributing to beneficial causes. However, social organizations are in the search for competitive advantages to differentiate them on the market. This paper then aims to present the findings of DKT Ethiopia's role on social communication in driving competitive advantage for the general public.

To assess survey respondents' attitudes towards what competes for the audience's attention, and inclination to behave in a particular way, respondents were asked if they consider media, IEC/POP and promotional materials of DKT Ethiopia addresses direct and external factors that compete for the audience's time or not. Table 7 show the results for end users, health professionals, journalists and task owners.

Half of the respondents age 18-49 (53 percent of end users and 56 percent of health professionals) would consider media, IEC/POP and promotional materials of DKT Ethiopia addresses direct and external factors that compete for the audience's time and attention, a little higher than journalists (42 percent) and task owners (43 percent). Three task owners of every ten (30 percent) and about one journalist in every ten (14 percent) would have reservation on the competition principle of social marketing which is applied in DKT Ethiopia.

Considering the concept of competition in social marketing is generally more common among respondents in health professionals than among those in the organization. Overall, health professionals are more likely than end users, journalists and task owners to express accepting attitudes regarding all the situations.

Table 7: The address of direct and external factors that compete for the target groups time and attention

Respondents who	End users				Health professionals (n = 18)	Journalists (n = 39)	Task Owners (n = 10)
	Addis Ketema (n=100)	Kolfe Keraniyo (n = 100)	Akaki Kality (n = 95)	Total (n = 295)			
Consider that media , IEC/POP and promotional materials of DKT Ethiopia addresses direct and external factors that compete for the audience's time and attention	51%	52%	55%	53%	56%	42%	43%
Don't believe that Media , IEC/POP and promotional materials of DKT Ethiopia address direct and external factors that compete for the audience's time and attention	49%	48%	40%	46%	39%	44%	27%
Have reservation on the competition principle of social marketing which is applied in DKT Ethiopia	0%	0%	5%	5%	5%	14%	30%

4.2.7. The approach of social marketing interventions in the method mix tailored to specific audience segments

Acknowledging that different people may respond differently to different products and services and to the way information is presented to them, is a core principle in marketing. In fact, commercial marketers spend a great deal of resources identifying and determining which segments will be most profitable for them. Not surprisingly, then, market segmentation and

target marketing have been emphasized from the start in the early literature defining or describing social marketing and its application to public health campaigns (e.g., Lancaster, McIlwain and Lancaster 1983; Manoff 1985; Novelli 1984). In today's social marketing literature, the need to target programs at different segments of the population is taken for granted. This paper tried to assess the implications of DKT Ethiopia's segmentation techniques and applications in order to reach to the target group.

Table 8 shows the percentage of all respondents, end users, health professionals, journalists and task owners, age 18-49, who at least once observed IEC/POP and promotional materials of DKT Ethiopia, by specific type. Knowledge of at least one of these materials is nearly universal among both respondents in Addis Ababa, regardless of age and educational background. Both respondents are almost equally likely to have heard of these promotional materials.

Table 8: The attitude of end users, health professionals, journalists and task owners towards the identification of audience segments

Respondent who	End users				Health professionals (n = 18)	Journalists (n = 39)	Task Owners (n = 10)
	Addis Ketema (n = 100)	Kolfe Keraniyo (n = 100)	Akaki Kaliti (n = 95)	Total (n = 295)			
Believe that the Media, IEC/BCC and promotional materials of DKT Ethiopia addresses direct and external factors that compete for the audience's time and attention to develop the method mix	57%	51%	45%	51%	50%	48%	70%
Did not believe that the Media, IEC/BCC and promotional materials of DKT Ethiopia addresses direct and external factors that compete for the audience's time and attention to develop the method mix	43%	49%	50%	47%	50%	39%	30%

Have reservation on the segmentation principle of social marketing which is applied in DKT Ethiopia	0%	0%	5%	5%	0%	13%	0%
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More than seven task owners in every ten believe that the Media, IEC/BCC and promotional materials of DKT Ethiopia addresses direct and external factors that compete for the audience's time and attention to develop the method mix. Almost half end users, health professionals and journalists in every ten agree about the subject as well as about the effect of communication materials.

4.2.8. Use of a mix of methods to bring about behavior change

A social marketing program will normally consist of a mix of interventions, some appealing to logic and others focused on emotions and mindless choosing. To select the optimal mix of interventions it is important to rely on research evidence and data collection, e.g. end-user insights. The selection of the types of intervention and the weight given to them is driven by judgments based on data, evidence, acceptability and ability to implement and sustain these interventions. Social marketing applies an appropriate mix of methods to achieve the goals of the program.

A range of different approaches are examined and used to establish the most effective, efficient and cost effective mix of methods. This research identifies the variety of actions that could be associated with each type of DKT Ethiopia's intervention against the perceptions of health professionals, journalists and task owners. Table 9 present data concerning the belief of health professionals journalists and task owners on the believe that the Media, IEC/BCC and promotional materials of DKT Ethiopia addresses direct and external factors that compete for the audience's time and attention to develop the method mix.

Nearly three fourth of health professionals and task owners (72 and 70 percent respectively) say that they agree that DKT is doing well in communication materials which give due attention to the audience's time and attention. These mix of professionals can be considered potential social marketing practitioners for delivering family planning and reproductive health products. More than one third of journalists say that they differ from the believe of those professionals on the concept of method mix which is applied on the practices of social

marketing , while almost the same percent of health professionals and task owners do not have a clear concept but are undecided.

Table 9: The attitude of end users, health professionals, journalists and task owners towards the identification of audience segments

Respondents who	Health professionals (n = 18)	Journalists (n = 39)	Task Owners (n = 10)
Agree that Media , IEC/BCC and promotional materials of DKT Ethiopia uses all elements of the marketing mix and/or primary intervention methods like educating , supporting , designing and controlling	72%	53%	70%
Do not agree that Media , IEC/BCC and promotional materials of DKT Ethiopia uses all elements of the marketing mix and/or primary intervention methods like educating , supporting , designing and controlling	28%	33%	30%
Have reservation on the method mix principle of social marketing which is applied in DKT Ethiopia	0%	14%	0%

4.3. Qualitative data

4.3.1. Interview

This research held a series of interviews involving various groups of population represented from Addis Ketema, Kolfe Keranyo and Akaki Kality subcities with different age groups, educational background and gender.

Ten participants took part in the interview process, five women and five men. Two (one man and one woman) traders were from age group 23 - 30 , 4 house wives were 36 - 40 years old and 4 men government office workers were 41 - 45 years old. And for the purpose of balance and due to the long serving staff, the researcher included two senior sales department staffs from DKT Ethiopia.

4.3.1.1. Major Findings

Ten in-depth interviews with the purposefully selected population groups were conducted in three sites in Addis Ababa by personal interview from the selected subcity with close peer contact in the community. The interviewer used a unique story-telling method – frank and friendly – developed by the researcher himself. The interviews were based on the thoughts and feelings about the quality, quantity and behavioral change components of the advertisements (TV, Radio, billboards, posters and other promotional materials), the contributions of communication activities for the increment of product use among the target customers and the channel preference effect on behavior change and a significant relationship between the materials produced and the expected change of behavior. The 10 interviews were audio recorded and transcribed.

The following are some of the most important findings of this study. Illustrative quotes and more discussion of each of these findings can be seen in the full report, which follows.

1. How would you compare DKT Ethiopia's advertising today to what it was like 5 years go?

This was the opening strategy used in many of the interviews, and it consistently launched the interview well. From the respondent's point of view, the previous advertisements (For example the sensation condom advertisement by Model Hayat) were more attractive and has an impact on the change of behavior than the one we have seen so far. Some respondents, especially house wives remember the previous advertisements even the action the model performs and made them the brand of "Sensation" condom memorable.

"The last advertisements are better than today's activities. What can I say? They are better in their background music, action of Hayat by the whole people even by children – how can I tell you? Though it is not advisable for our children. I think DKT know the heartbeat of every citizen, not only advertisement, but they know how to handle its target groups. But now it is becoming immoral and not attractive, even the models action. I don't support such an activity ... they must have to reconsider it?"

- House wife, Kolfe Keranyo

“Compared to a the last advertisements ...DKT have expected better to do moreBecause they go in different direction as compared to the dynamic nature of human beings, their advertisement are going backwards ... when you think of their billboards for example, they erect billboards in parallel with alcohol advertisements, even the models they are using are confusing the society, we know these models in other different TV or other advertisements. When you see the last models they were used, like Hayat, her action by itself is memorable and can have an ability to change people perception towards HIV/AIDS and other Sexually transmitted diseases Thinking about it when one person is on the wrong direction, he/she can change his/her mind by memorizing the advertisement. So the last advertisements were good... !”

- Government employee, Addis Ababa

“Simply to compare the previous advertisements with the one we are doing, the last was good even in their approach. This is because they were well researched before we launch and distribute. On the other hand we were producing promotional materials and other IEC/POP materials in a group with a consultation of different scholars like health and marketing professionals, journalists , government officials ... I think that passion was abolished and these advertisements are the reflections of these loose group work .”

- Anonymous, Senior Staff of DKT Ethiopia



Figure 2: DKT Ethiopia Sensation condom advertisement, Model Hayat.



Figure 3; DKT Ethiopia Sensation condom advertisement, Models Biniyam and Lina.



Figure 5 DKT Ethiopia Sensation condom advertisement, Models Anteneh and Mihret

2. *What do you feel most unsuccessful lack in terms of advertising?*

Unfortunately, interviewees acquired many drawbacks for the IEC/POP materials and advertisement of DKT Ethiopia. Generally, the respondents criticize the approaches of advertisement of the organization.

"I got a condom branded mug from one of the sales person of DKT Ethiopia. I simply put in my bag and go to my home ... I do not commit any mistake, thinking in my mind. Then after I gave to my younger child and shouted... Oh mammy 'Yan Gize'. I completely shocked and took the mug from my child and throw it outside. Unforgettable moment."

- House wife, Akaki Kality.

“Most of the advertisements are abstract. You do not feel the messages simply. For example the advertisement which was broadcasted a little earlier about Sensation condom ... with a nations and nationalities musical tone ... asayign ... asayegn .. was the most obscure and unexpected . The other advertisement of .. Style .. , the model do not look to advertise a contraceptive rather she seems to advertise a dress ... I mean mostly, the image you have about advertisements is that they are rude , something like that.”

- Government employee, Akaku Kality.



Figure 6: Style poster advertisement of DKT Ethiopia

3. Do you believe that there is such thing as “bad publicity” in DKT Ethiopia’s promotional materials?

The interview respondents were impressed with the campaign strategy that combined mass, interpersonal, and traditional media. But on some of the promotional materials DKT is using has undesirable implications especially among the children.

“I may follow some of the local dramas and other entertaining programs on my television screen. When I see such programs, my children are also has a desire to watch and at the middle of the entertaining programs there are many advertisements including condom and other family planning products. What do you do at that critical moment? ... It will be hard to my children not to see these advertisements. The time of such advertisements need to be considered for both the station and the customer. Our culture is also deteriorated due to these advertisements. ”

Government employee, Akaki Kality.

“One day me and my husband were listening to one of the radio stations and at the middle of the program we heard alcohol advertisement ... I think they are their sponsors ... after that we heard the advertisement of Sensation condom... what does it mean? ... Does it mean after you drink please have a sex? It is a clear sign of ... bad publicity in my understanding”

House wife, Addis Ketema.

4. Which media outlet is favorable for you to advertise? Why?

Although information billboards and posters were used extensively, the majority of DKT Ethiopia's target groups considered these as awareness creation tools. Billboards, in particular, was perceived as a tool for advertising used by the organizations and therefore not ideal for improving people's understanding on an important issue such as DKT Ethiopia's scheme.

“... it contains only the tag line and makes much scientific jargons so you cannot focus on the messages, all you see is the shapes and styles of the models. ”

Government employee, Kolfe Keranyo.



Figure 7: Hiwot trust billboard, Harer

Some of the interviewees also noted the limited use of traditional media, which were widely known by the population and likely to be more effective than television. They suggested the use of traditional channels and sources that promote real engagement with the communities such as the public service announcements and community drama performances with follow-up discussions among small groups of audiences. These, in their view, would not only promote understanding but also motivate them to take action.

“ The animators help put the information at the door-steps of our illiterate and low income people and they are the ones people contact for further explanation on issues; they are good for promoting every initiative.”

Trader, Addis Ketema.

Of particular concern was the perception that the activities of DKT Ethiopia focused heavily on urban areas to the disadvantage of rural residents. The majority of the interviewees were of the view that urban sensitization should receive the same attention as rural areas, since rural residents sometimes tend to rely on their relatives in urban centers to act on information.

“DKT Ethiopia did not realize that everybody has relatives in any place and tend to confirm their understanding of issues and decision to act on information based on the recommendations.”

Government employee, Akaki Kality.

4.4. Summary of the findings

This chapter indicates that the evidence from the selected research areas (Kolfe Keranyo, Addis Ketema and Akaki Kality subcities) shows a generalized need of improvement that is probably stabilizing or even declining in the major promotional activities.

On the quantitative findings, it is clearly indicated that there are many gaps and developments on the use of promotional materials of DKT Ethiopia. There are also enough evidence to demonstrate that using social marketing systematically can significantly enhance and improve the impact and effectiveness of family planning and reproductive health promotions. Understanding the principles and benchmark criteria's of social marketing at local levels in Addis Ababa is still relatively limited. As a result the target groups not as yet benefiting fully

from its potential to enhance and improve the impact and effectiveness of family planning and reproductive health promotion interventions to achieve behavioral goals.

It is also pointed out that many aspects of established and traditional approaches of advertisements and other promotional activities have clear value, and therefore efforts to improve the overall impact and effectiveness of work need to build on and respect this rather than replace it.

The concern of social marketing with achieving tangible and measurable behavioral goals, together with its active consideration of intervention and marketing mix issues, provides a valuable framework to ensure available resources is used to greatest effect . Considering the resource levels allocated to different intervention methods also has its own value. A combined approach using social marketing strategically to inform intervention selection and operationally on the process of behavior change to targeted group has the potential to achieve the greatest benefit.

Data from the research also demonstrate that using a combination of communication channels, such as mass media, interpersonal, and communication channels, enhances the effect of communication interventions. It is not simply that more exposure to the same communication increases response, but that exposure to multiple channels of communication increases response. This is one reason why DKT Ethiopia was designed with television, radio and IEC/POP materials to maximize the types of interventions people experience.

Then again, qualitative findings indicated that a stable advertisement quality can result from factors such as proper selection of models, message delivering mechanisms, airing or broadcasting time selection etc. The lack of any of these that have been followed to monitor incidence data makes these beliefs reasonable until further research proves them wrong.

There are also valuable high level understanding among the target groups of the importance of advertisement and its potential to drive improvements in the activities of DKT Ethiopia. This provides a confidence that if key recommendations are adopted and acted on, significant improvements can be achieved in Addis Ababa in particular.

A key problem identified by the researcher is that DKT Ethiopia has not fully achieved a move towards a strategic and expert commissioning role, and the associated reduction in

biases on cultural issues. DKT Ethiopia staffs across programs, monitoring and evaluation and research have a wide range of skills and experience. However, even highly skilled staff are struggling to deliver the type of impacts on key behavior that the policy aims and targets require co-ordination within media professionals, and between government departments, presents real challenges. Also almost all the staffs engaging in these promotional activities are far from media and advertisement professions , even though they have a media and health professional working in DKT Ethiopia as a PR .

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Table 9: Overall status of DKT Ethiopia in the distribution of communication materials and public relation activities to promote the products of DKT Ethiopia from January - June, 2016.

Mass Media Advertisements and Promotion January - June 2016						
Thematic Areas	Unit of Measurement	Target Group	Planned	Result	Achieved (%)	Remark
Promoting Condom Use and Reducing HIV/AIDS, STI Transmission	Number of IEC/POP Materials distributed	Adolescents, Adults (Inc MARPs)	11,400	-	0%	
	Number of Telecast of Messages -TV ads	Adolescents, Adults (Inc MARPs)	231	231	100%	
	Number of Broadcast of Messages – Radio	Adolescents, Adults (Inc MARPs)	362	362	100%	
	Number of Print Adverts – Paper & Magazines	Adolescents, Adults (Inc MARPs)				
	Number of Billboards Installed	Adolescents, Adults (Inc MARPs)	276	276	100%	15,000 sun board poster, 21 road light boxes, 10 cross country buses branded with sensation logo
	Number of Mobile Video Sessions Conducted	Adolescents, Adults (Inc MARPs)	-	-		
	Number of Events/ Campaign	Adolescents, Adults (Inc MARPs)	-	-		
	Number of Sponsorships Conducted	Adolescents, Adults (Inc MARPs)	-	-		
Promoting Use of Contraceptives and Reduce the Risk of Unwanted Pregnancies	Number of IEC/POP Materials distributed	Women and Men in RA/Urban				
		Women and Men in RA Rural/Leike	10,000	10,000	100%	
	Number of Telecast of Messages -TV ads	Women and Men in RA Urban				
	Number of Broadcast of Messages – Radio	Women and Men in RA Urban	126	26	100%	
		Women and Men in Rural/Leike	-	-		
	Number of Print Adverts – Paper & Magazines	Women and Men in urban	-	-		
	Number of Billboards Installed	Women and Men in Urban	134	134	100%	1,973 installed Light box for pharma outlets & 52 Addis Ababa light boxes maintain, 10 cross country buses on Family planning product. On 5 clinics light boxes, wall branding and directional signage.
Women and Men in Rural/Leike		614	614	100%		

	Number of Mobile Video Sessions Conducted	Women and Men in RA	-	-		
	Number of Events/ Campaign	Women and Men in RA in Urban	-	-		
	Number of Sponsorships Conducted	Women and Men in RA in Urban	-	-		
Promoting use of ORS and promoting Child Survival	Number of IEC/POP Materials distributed	Children Under Five	-	-		
	Number of Telecast of Messages -TV ads	Children Under Five	-	-		
	Number of Broadcast of Messages – Radio	Children Under Five	-	-		
	Number of Print Adverts – Paper & Magazines	Children Under Five	-	-		
	Number of Billboards Installed	Children Under Five	20	20	100%	
	Number of Mobile Video Sessions Conducted	Children Under Five	-	-		
	Number of Events/ Campaign	Children Under Five		-		
	Number of Sponsorships Conducted	Children Under Five		-		
PR Activity	Round table discussion in Addis Ababa head office	Media staffs	1	1	100%	
	Training for journalist and regional health office communication officers on Amhara region	Media staffs	1	1	100%	
	Article placement on Medical Amharic Magazine about condom quality for two edition	General Public	1	1	100%	

On the other hand there are a valuable high level understanding among the target groups of the importance of advertisement and its potential to drive improvements in the activities of DKT Ethiopia. This provides a confidence that if key recommendations are adopted and acted on, significant improvements can be achieved in Addis Ababa in particular.

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However, even highly skilled staff are struggling to deliver the type of impacts on key behavior that the policy aims and targets require co-ordination within media professionals, and between government departments, presents real challenges. Also almost all the staffs engaging in these promotional activities are far from media and advertisement professions , even though they have a media and health professional working in DKT Ethiopia as a PR .

CHAPTER FIVE

5. DISCUSSION

This chapter mainly discuss on the major findings of this research in harmony with the objectives and also indicates the evidence from the selected residents from research areas (Kolfé Keranyo, Addis Ketema and Akaki Kalit subcities), health practitioners, media professionals and DKT Ethiopia staffs.

The contributions of DKT Ethiopia communication activities to the product usage, the influences of channel preference on behavior change and the significant relationship between the materials produced and the expected change of behavior access, participation and platform will be addressed in this section. Furthermore, this section tries to correlate the theoretical underpinnings with the actual practice of DKT Ethiopia interventions using Alan Andreasen's Social marketing benchmark criteria. The discussion concentrates on the major components of the findings.

5.1. The aims to change the target group's actual behavior

The results showed that the Media, IEC/BCC and promotional materials of DKT Ethiopia with the aim to change people's actual behavior, changing attitude, increasing knowledge changing belief through mass media, IPC/word of mouth and IEC/POP materials was at the average and below the average level, a lower positive attitude and a greater negative attitude for the advertisements being transmitted. In addition, the thinking that the brands of DKT Ethiopia is well known and prestigious and the believe that the quality of Media, IEC/BCC and promotional materials have an ability to change people's behavior were below the average level for all the respondents.

On the other hand, the perception of exposure to the intervention, acquaintance and needs to changing the behavior of the target audience as well as updates on the baseline survey and key indicators established on Media, IEC/BCC and promotional materials from DKT Ethiopia were found to be good for all the respondents .

As discussed in chapter two, the theory of reasoned action believes that behavioral performance is associated with certain attributes or outcomes. So that a good communicator focus persistently on removing barriers to and facilitating desired behaviors. In order to have an effective social marketing and to bring about the behavior change, DKT must understand the perceptions of target audiences on the barriers to change. Barriers are all those things that stop people from adopting a new behavior. They take many forms but most are either structural or personal. From the questionnaires it will be easy to capture personal barriers including habits, fears and beliefs.

The researcher also witnessed that much time is spent telling people what they should think or do, rather than asking how they can be helped to do it. Structural barriers can also seem obvious, but even the simplest ones can be missed. Most of the respondents except the task owners want to do the right thing so it's important to remove the barriers that might prevent them from doing so. On the other hand the task owners assume their target groups will change behavior when presented with fascinating facts.

5.2. Application of Behavioral Theories

Understanding the behavior and inform the intervention are the core values to inform and guide the method mix. Through this benchmark criteria it will be easy to assess the goals of DKT Ethiopia and the belief that appropriate behavioral theory is clearly used in promotional materials used to inform and guide the method mix.

The theory of Diffusion of innovation holds that early adopters of an innovative behavior are influenced by information in the mass media (e.g., Television), while late adopters are more influenced by observing and getting advice from people they know. Program evaluators can often measure theoretical determinants of a behavior even when the behavior itself is unobservable or a behavioral objective is long range.

In this study, the outcome behavior measured directly and evaluations from the end users, journalists and task owners showed positive change in a target behavior. On the contrary, the result from health professionals clearly suggested that the organization must distinguish between a bad plan and a badly executed plan by examining measures of determinants. If they changed and the target behavior did not, then the behavior was not well understood. If other

similar programs were successful at changing determinants but the program under study was not, then the program may not have been properly carried out.

5.3. The understandings of the lives of the audience, behavior and issue using a mix of data sources and research methods (Customer Orientation)

The aim of social marketing is for individuals or organizations to change behaviors so as to produce positive social change (Kotler & Lee, 2008). Dann *et al.*, 2007 addressed that to date the social marketing literature has minimally addressed the role of service employees and their interactions with customers. While recent thinking in social marketing calls for a customer orientation approach, there remains a challenge in transferring commercial marketing concepts into social marketing practices (Hastings & Saren, 2003; Peattle & Peattle, 2003). To address this gap, an attempt has been made to develop a customer orientation concept for service employees attempting to influence behavioral change in consumers.

From the principle of customer orientation in social marketing, this research paper tried to assess the believe that any trend to give to the Media, IEC/BCC and promotional materials by ethnographic techniques and the participation of any of the respondents in DKT Ethiopia's pre-test to understand and feed into the method mix.

The respondents' perception (especially end users and journalists) on this regard showed that the ethnographic techniques used by DKT Ethiopia were inclined a little bit to an agreement, whereas health professionals and task owners do not accept the techniques followed by the organization. This shows that there may be a clear delineation between the end users/journalists and the task owners who are specialists of marketing and health. On top of this, the organization's effort must lead to satisfy customer needs as it is working in a competitive environment. Satisfying customers' needs is not only the main condition for the survival of any organization but also a prerequisite for long-term success. This can be achieved by consistently exceeding and meeting the expectations of customers. To meet the expectations of customers only means to satisfy them, to overcome their expectations means to please them.

This paper also shows that the participation of different stakeholders in the process of pretest for different promotional materials and advertisements is less. As pretesting is the process of

bringing together members of the priority audience to react to the components of a communication campaign before they are produced in final form it can measure the reaction of the selected group of individuals and helps determine whether the priority audience will find the components usually draft materials understandable, believable and appealing.

As a principle pretesting should be done after concept testing, message design and materials development and before components of the communication campaign are finalized, produced and disseminated. But in reality almost all the respondents in this research is less likely is participating in DKT Ethiopia pretest.

5.4. Benefits of adopting and maintaining a new behavior (Exchange)

Social marketing not only shares generic marketing's underlying philosophy of consumer orientation, but it also its key mechanism, exchange (Kotler and Zaltman 1971). For the purpose to answer what the target groups values on Media, IEC/BCC and promotional materials of DKT Ethiopia, it will be a must to assess the benefits of adopting and maintaining a new behavior.

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". The findings of this research clearly shows that except the task owners all the respondents are good in the activities of DKT Ethiopia on the consideration of the values of Media, IEC/BCC and promotional materials . Accordingly, because of the lack of coordination between the two parties (For Example DKT Ethiopia and health professionals) it is possible to say that the principle of exchange in social marketing do not fully practical.

5.5. Understanding of what competes for the target groups time, attention and inclination to behave in a particular way (Competition)

The main agenda of this research is to assess the application of competition which is one of the benchmarks of social marketing. As discussed on chapter two of this research , competition is highly focus on the addressing of direct and external factors that compete for the audience's time and attention as well as the believe that the organization forms alliances with or learns from the competing factors to develop the method mix .

In social marketing, the concept of competition matters because the programs exist in a free choice society. The consumers and target audiences always have the power to choose something else, so it will be compulsory to compete to be their preferred choice. Social marketers do that by acknowledging that consumers act on the basis of self-interest and offering them benefits that appeal to self-interest.

From the findings on this category, the majority of the respondents agree with the concept of competition in DKT Ethiopia's social marketing intervention. In parallel with this figure, substantial amount of the respondents do not have a clear understanding on the addressing of the audience's time and attention as well as the formation of alliances with the competing factors to develop the method mix.

5.6. The identification of audience "Segments" with common characteristics segmentation

The central tenet of social marketing is audience segmentation. As indicated earlier, segmentation is based on the fact that all consumers who are affected by the health problems are not alike. Grouping the audience into meaningful segments will allow social marketers to design efficient and effective strategies for reaching the target groups. Efficiency requires that scarce resources be applied where they yield the greatest impact on the health problem.

Some audience segments will have higher incidence, greater risk, and larger numbers or will be more likely to respond to the efforts. Marketing efficiency suggests focusing on reaching and influencing those audience segments first.

Health belief model (HBM), as stated in the previous sections, is one of the most widely used theories among public health practitioners and many of its major tenets have found their way into numerous social marketing projects. The core components of HBM include the subjective perception of risk of developing a particular health condition, feelings about the seriousness of the consequences of developing a specific health problem, beliefs about the effectiveness of various actions that might reduce susceptibility and severity, potential negative aspects of taking specific actions and bodily or environmental events that trigger action (Strecher & Rosenstock, 1997).

The result of this study clearly demonstrates that the media, IEC/BCC and promotional materials segments prioritize, directly tailored and select based on clear criteria (for example size and readiness to change) for half of the respondents. The segmentation of DKT Ethiopia approach for the rest of the respondents seems uncomfortable. And yet people may belong to two or more target groups, or a target group may include two or more characteristics, some of the census figures in fact provide a look at how two or more characteristics (race, age, and income, for instance) overlap.

However men and women, adults and youngsters responded differently for a particular approach. The segmentation process needs some form of arrangement to divide the target audiences into groups consisting of members that are as similar as possible and it is also important to create specific messages for each segment.

5.7. Usage of a Mix of Methods to bring about Behavior Change (Method mix)

The principle of social marketing program will normally consist of a mix of interventions, some appealing to logic and others focused on emotions and mindless choosing. To select the optimal mix of interventions it is important to rely on research evidence and data collection, e.g. end-user insights. The selection of the types of intervention and the extent given to them is driven by judgments based on data, evidence, acceptability and ability to implement and sustain these interventions.

DKT Ethiopia applies an appropriate mix of methods to achieve the goals of its program. As a public relation officer, the researcher witnessed the organization has been using range of different approaches which are examined and used to establish the most effective, efficient and cost effective mix of methods.

For the purpose of this research, data were collected through questionnaire to assess the beliefs of end users, health professionals, journalists and the task owners on the uses of all elements of the marketing mix (inform, educate, support, design and educate) through media, IEC/BCC and promotional materials. The results clearly showed us that the majority of the respondents agree with the activities of DKT Ethiopia on the principle of method mix.

The planning process of DKT Ethiopia produces a set of projects which can be categorized through different strategies. From the respondents' point of view, the organization has

limitations on the initiation of a project to address each of these strategies. Instead, the organization put at the center, and analysis done on what could impact their behavior. The strategies do however act as a prompt to ensure a balance of individual and environmental approaches are taken to change behavior.

Summary of discussion

DKT Ethiopia's social marketing intervention is a complex, multi-dimensional family planning, reproductive health and child health program, tackling more than a single issue in a single sector. It applies the various theories including diffusion of innovation, HBM, theory of reasoned action, social marketing and socioecological theory to bring about change in the community. As a dynamic program, it still has gaps on responding to the local needs where centrally planned initiatives are mixed with additional ideas generated at the community level.

DKT Ethiopia has also limitations in integrating the unique elements of social marketing, in particular the concepts of customer orientation, exchange and competition to provide the local communities with a truly tailored and comprehensive program which address both the individual and their environment, incorporating the theorized 'upstream' approach.

The intervention theme needs some demonstrated comprehensive approach to support the community in positive behavior change. It is also possible to highlight that mass media alone is not necessarily needed to make a difference and when a social marketing approach is taken to design and deliver a program, it can result in a collection of initiatives that are locally relevant, informed by the community and tackle the problems on family planning and reproductive health at all levels of society.

CHAPTER SIX

6. CONCLUSIONS AND RECOMMENDATIONS

6.1. CONCLUSIONS

Richard Manoff (1985), one of the first social marketing practitioners, called mass media 'social marketing's primary tool'. However, there continues to be some debate as to the power of the mass media, and not just among social marketers, public health professionals and other social change professions. Some argue that the mass media influence what topics we think about, but not how we think about those topics. Others claim an unreasonable influence of the media, especially advertising, and particularly on children and young people with regard to promoting or worsening violence, sexual haphazard, intolerance and the negative stereotyping of women, the elderly and people of color (Browne and Hamilton-Giachritsis 2005; Bryant and Oliver 2009; Comstock 2004; Harris 2009; Leiss *et al.*, 2005).

This research paper was set out to examine effectiveness of the communication approaches and messages of DKT Ethiopia on the various aspects of social marketing interventions including the knowledge and behavior change communication activities of family planning and reproductive health against the benchmark criteria; as well as the psychosocial constructs concerning the activities.

As a primary methodological approach, the research assessed target groups that were exposed to the IEC/POP materials and those who actively participate on the production process of the materials using rigorous multivariate statistical techniques. Questionnaire distribution for the target groups, task owners, health professionals and journalists also constituted one of the approaches of this evaluation.

Findings of this evaluation, taken together, demonstrated that the overall goals of the organization's intervention were largely met. Exposure to the IEC/POP materials, Media outlets and outdoor advertisements resulted in significant improvements in the knowledge and current use of family planning and reproductive health as well as future intention to use family planning beyond what could have occurred in the absence of the intervention. The intervention also improved target populations' knowledge and behavior towards the use of family planning and reproductive health information and services as well as perceived social support in relation to family planning.

Advertising is used to create awareness of, and at least tentative positive attitudes towards, brands and companies. This tentative positive attitude is assumed to lead to consideration of the brand at the point of sale, or requesting more information or visiting an outlet to inspect the product. The actual sale then is determined by the product's packaging, price, perceived value relative to competitors' offerings, the salesperson's skill, the product's performance (where it can be observed) and so on; that is, all the elements of the marketing mix.

As discussed in the second chapter of this research paper, the major roles of advertising in social change areas are, first, to create awareness of the issue, and, second, to create a tentative positive attitude towards the issue that influences the individual to other components of the campaign and to positive social pressures. The extent to which advertising can directly influence behavior in health and social policy fields depends on the nature of the behavior and the extent of prior public education.

With this in mind, this research shows that social marketing advertisements on radio and television on family planning and reproductive health have succeeded in reaching a large fraction of Addis Ketema, Kolfe Keranyo and Akaki Kaliti subcities in Addis Ababa population. The results further suggest that exposure to these advertisements has a strong effect on condom use, even after controlling for other factors. However, the data also indicate that radio advertisements may be more effective than television. The data also shows that the effect of these advertisements on condom use is considerably stronger for males than females. The findings suggest that future reproductive health communication interventions should consider investing in radio advertisements, as such programs may be more effective than those investing in television advertisement. The findings also suggest that future social marketing and reproductive health communication campaigns should seek to increase their impact among women, perhaps by focusing on specific constraints that prevent females from using condoms.

This study also drew on a study of the role of media consumption, and social marketing and advertising, in the social lives of the people, to offer a critique of social marketing campaigns that are designed to change behavior. In so doing it raised issues not only of the suitability of current approaches in behavior change communications which incorporate the primary target people as consistent users but also the appropriateness of such approaches when the commercial and social contexts are not fully considered.

The participants of this study also suggested that the organizations advertisement approaches which, in a multicultural and religious vein, partially locate responsibility for the target group, fail to engage with the sociality of health professionals and, media professionals, lack the concerned approach supported by the discipline. Educational messages require individual changes in behavior but reproductive health social marketing advertisements which claim that getting unprotected sex will result in some life threatening ill occurring the target group do not offer a reasonable exchange in return for the behavioral change that is desired.

The organizations' advice on the use of family planning methods were perceived as too low to be taken seriously by the participants of this research (especially long and short term methods of contraception , like Postpill[®] and Longact[®]). Similarly, participants rejected some of the advertisement messages which inscribe them as potentially violent. The Sensation condom advertisement presented in TV and radio ads showing young men and women in states of confusion with telephone conversation "Asayign/Asayegn" violets the state of cultural as well as the religious stands of the society. They distract, and the irony is no doubt understood by their intended audience, and the participants' discussion suggests that the serious underlying message is rejected as unlikely. Furthermore, the behavior change communication approach which insists on all round responsibility in its communications is undermined by the lack of a full context being represented in these interventions.

What is seen as a problem by the organization is not similarly regarded by the individuals involved. The participants interpreted these advertising in terms of victimization of the young and the association of sex with modernity, something they wished to avoid. They receive mixed messages from commercial marketing of other products, emphasizing the sociability of condom on the one hand, and the organization's promotional activities on the other. Messages which only seek to educate and inform, and characterize as messy, dangerous, and shameful, do not vibrate with these target groups.

Perhaps, one creditable aspect of the organization's all round program intervention that worth mentioning is the fact the intervention embraced men as primary partners in family planning and reproductive health issues. The research findings also revealed that those men who have been exposed to the intervention in one way or the other appeared to have significantly better knowledge of family planning and reproductive health. positive and favorable towards behavior change communication.

6.2. RECOMMENDATIONS

The social marketing approaches of DKT Ethiopia need some communication solutions, to be integrated in present communications with those communities. When the organization runs all rounded service it is communicating all the time. It is constantly sending out messages about what the service does, the effectiveness of the service, the aspirations and the approaches.

Good communication ensures that the organization is being heard. It can then influence the environment according to the organization's own goals and requirements. If it does not get your message across effectively, others will not know or understand the needs. After all the effective communication processes it is possible to gain positive influence on decision-making by presenting a strong point of view and developing mutual understanding, delivers efficient decisions and solutions by providing accurate, timely and relevant information, enables mutually beneficial solutions and builds healthy relationships by encouraging trust and understanding.

By taking control of the communication process avoids missed opportunities and prevents sending out messages that undermine the service or create misunderstanding. To raise the profile of the service it needs to clearly communicate its nature and purpose; presenting a defined aspiration and a clearly evidenced track record in a way that is relevant to the audience it is talking to.

Considering the benchmark criteria of social marketing, the status of health communication activities and the behavior change communication components the following recommendations are made.

The present confusions about the production of these materials, what the national context indicates and what security measures are taken should be corrected through anchoring the facts, and reinforced through advertisement agencies and professionals, who may need upgrade training to understand them and communicate them clearly. Through this training also the staffs of the organization easily understand the effectiveness of the materials produced.

Selecting IEC materials should be based on knowledge of the target audience. When considering the different IEC materials to use, IEC material development teams should refer

to the preferences and characteristics, and knowledge and attitudes of the target audience. The development team needs to be able to answer which material or materials best fit the audience's learning style / preference? ; What are the literacy and educational levels of the target audience? Are there any culturally-specific values and beliefs that might impact on the acceptance of certain material types or designs? And what are the communities impressions of past?

The present works of the organization are highly depend on the outside advertisement firms. Moreover, it rarely include its staff at least for the production of these materials and media activities. In-depth professional involvement with greater attention to efficiency, needs to be developed and conducted by the organization.

Most of the social marketing initiatives the research identified at the organization seem to be run by individuals that have a background of marketing and monitoring and evaluation. This may help the organization in the direction of marketing but lack basic health and behavior change communication principles and techniques. Many of the interventions the research identified need to be polished and supported by social communications, public education/public awareness or advertising campaigns with a principle of social marketing.

Segmentation is the key to effective social marketing program but the production of IEC/POP materials as well as advertisements of DKT Ethiopia are not targeted and focused. Most campaigns use demographics and geographic segmentation but with social marketing the social marketers dealing with behavior change and very few campaigns use psychographic segmentation to develop these activities .The organization choose and prioritize target audiences by brainstorming all audiences; categorizing them as primary, influencer, or gatekeeper; identifying influencers to inspire people to change their behavior for instance, husbands in households can influence parents; and finding out who the gatekeepers are those who can prevent access to DKT Ethiopia's primary audience.

Also most of the intervention activities through these communication materials are too broad. It seems obvious that it is important to target a specific audience, but there is always the temptation to broaden and broaden the scope of the intervention to reach more people.

The research also identified that the involvement and participation of most expected partners were not able to engage in the production of IEC/POP and advertisements. The organization

ignored and did not consider how to expand the reach of the campaign through strategic alliances and partnerships when they develop the tactical plans. It is a must to identify specific organizations or simply the types of organizations with whom it will develop alliances.

Clearly, partnerships need to be considered as an integral tool for delivering cost-effective messages to the audiences identified for a social marketing campaign. Partnership may bring new communications channels, money and in kind resources or incentives, data and/or data analysis, and credibility with the target audience.

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APPENDIX 1

QUESTIONNAIRE FOR THE TASK OWNER (DKT ETHIOPIA)

Media, IEC/POP and other promotional materialsSurvey QuestionnaireInformed Consent Form

I am a graduating class of postgraduate student at Addis Abba University at School of Journalism and Communication. I am doing my thesis on the **Effectiveness of the communication approaches and messages of DKT Ethiopia**. This survey questionnaire aims to get your feedback, which makes my study lively and inclusive.

Participants' involvement in this study is completely voluntary. Although, questions asked in this survey may be personal, I can assure you that your answers will remain confidential. Participants are not required to provide their name or address and they are free to skip/not answer questions of their choice and/or end the interview at any point.

Are you willing to participate in this survey?

Yes [1] → (Continue the questionnaire)

No [2] → (END the questionnaire)

AREA IDENTIFICATION	CODE
Region _____	Code -----
Zone _____	
Woreda _____	
Kebele _____	
DATA COLLECTOR	
Name _____	
Date _____	

You can reach me via fitihinternews@gmail.com

Mobile: + 251 911 66 28 52

Section One: Population Characteristics						
Questions		Code	Choice			
Q1	Sex of Respondents?	1	Male			
		2	Female			
Q2	How old are you ?		<input type="text"/>			
Q3	What is the highest level of education you completed ?	1	Secondary education (9-12 grades)			
		2	Diploma			
		3	First degree			
		4	Second degree			
		9	Others (Specify)-----			
Q4	What is your field of Specialization ?	1	Health			
		2	Marketing			
		3	Communication /Media			
		4	Advertisement			
		5	Monitoring and Evaluation			
		9	Other (specify): _____			
Section Two: Behaviour						
Interviewer: Please Rate as "Unsatisfactory" "Poor", "Average", "neutral" "good" or "Excellent" with the following statements:						
		<i>Unsatisfactory</i>	<i>Poor</i>	<i>Average</i>	<i>Good</i>	<i>Excellent</i>
Q5	Does the media , IEC/BCC and promotional materials of DKT Ethiopia with the aim to change people's actual behavior	1	2	3	4	5
	<i>DKT Ethiopia Media , IEC/BCC and promotional materials highly focus on</i>					
	<i>Knowledge</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
	<i>Product Availability</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

Q6	Belief	1	2	3	4	5
	Attitudes	1	2	3	4	5
	Social norm	1	2	3	4	5
	Self-Efficacy	1	2	3	4	5
	Perceived Control	1	2	3	4	5
	Social Support	1	2	3	4	5
	Personal Threat	1	2	3	4	5
	Outcome Expectations	1	2	3	4	5
Q7	Which media do you think behaviour change occur the way you/your organization expected?					
	On radio Ads	1	2	3	4	5
	On radio Drama	1	2	3	4	5
	On television	1	2	3	4	5
	In newspapers	1	2	3	4	5
	On Clinics wall paint					
	Billboard or Signage on clinics/ pharmacies/drug stores	1	2	3	4	5
	On posters	1	2	3	4	5
	Pamphlets/ Booklets	1	2	3	4	5
	market places demonstration	1	2	3	4	5
Q8	Interviewer: Please tell me if you “strongly agree”, “Agree”, “neutral” “Disagree” or “strongly disagree” with the following statements::					
		strongly agree	Agree	Neutral	Disagree	Strongly disagree
	Do You think that your brand is well known and prestigious?	1	2	3	4	5
Q9	Do you believe that the quality of your Media, IEC/BCC and promotional materials is good and have an ability to change people’s behaviour?	1	2	3	4	5

Q10	<i>Was the target audience of DKT Ethiopia exposed to the intervention?</i>	1 2	Yes No
Q11	<i>Did the target audience who were exposed change their behaviour?</i>	1 2	Yes No
Q12	<i>Do you have any updates on the research and key indicators established on Media ,IEC/BCC and promotional materials</i>	1 2	Yes No
Q13	<i>What are the criteria/guide line to use promotion /advertisement?</i>		- _____ _____ _____
Q14	<i>Does other organization judge you/your organization Media, IEC/BCC and promotional materials you use</i>	1 2	Yes No
Q15	<i>Do you believe that the quality of your Media, IEC/BCC and promotional materials is good and have an ability to change people's behaviour?</i>	1 2	Yes No
Q16	<i>When will you use Media, IEC/BCC and promotional materials?</i> [MULTIPLE ANSWERS]	1 2 3 4 5 6	<i>Misconception</i> <i>Lack of Self efficiency</i> <i>Lack of Social support</i> <i>Lack of knowledge</i> <i>Lack of Peer influence</i> <i>Lack of Ability</i> <i>During product</i>

		7	<i>availability</i>
		8	<i>Lack of social norm</i>
		9	<i>Other (Specify)</i>
Q17	<i>Does the intervention include follow-up mechanisms to reinforce and encourage the maintenance of newly acquired attitudes and behaviour?</i>	1	<i>Yes</i>
		2	<i>No</i>
Q18	<i>Do you use community resources for your promotional materials for BCC?</i>	1	<i>Yes</i>
		2	<i>No</i>
Q19	<i>Do you think that the audience understand what you are asking them to do?</i>	1	<i>Yes</i>
		2	<i>No</i>
Q20	<i>Do you have the experience that you do Ad script pre-test/ post-test of BCC promotional materials</i>	1	<i>Yes</i>
		2	<i>No</i>
Section Tree : Theory			
Q21	<i>Do you follow the theoretical assumptions as the intervention pre testing?</i>	1	<i>Yes</i>
		2	<i>No</i>
Q22	<i>Are the programs of DKT Ethiopia goals stated and well defined in your Media, IEC/BCC and promotional materials?</i>	1	<i>Yes</i>
		2	<i>No</i>
Q23	<i>Do you believe that appropriate behavioural theory is clearly used in promotional materials used to inform and guide the method mix</i>	1	<i>Yes</i>
		2	<i>No</i>

<i>Section four :Customer orientation</i>			
Q24	<i>Do you ever experienced to give your Media, IEC/BCC and promotional materials by ethnographic techniques?</i>	1	Yes
		2	No
Q25	<i>While dissemination of Media messages, IEC/BCC and promotional materials, do you use a research analysis and combine data from different sources (Religious leaders, community leaders, health professionals, communication / media professionals ...)?</i>	1	Yes
		2	No
Q26	<i>Have you ever participated key stakeholders to understand and feed into the method mix?</i>	1	Yes
		2	No
Q27	<i>During the stage of preproduction process, do you have any intervention on the pre-test with the target audience</i>	3	No I don't
		4	Rarely
		5	Sometimes
		6	Always
<i>Section Five: Insight</i>			
Q28	<i>While selecting a specific message delivering mechanisms , do you have any prior research of what moves and motivates the target audience , including who and what influence the target behaviour ?</i>	1.	Yes
		2.	No
<i>Section Six :Exchange</i>			
Q29	<i>Do you have a clear and comprehensive analysis of the perceived / actual costs versus perceived / actual benefits?</i>	1	Yes
		2	No
Q30	<i>Do you believe that you're Media, IEC/BCC and promotional materials considers what the target groups norms/values?</i>	1	Yes
		2	No

Q31	<i>Does the exchange offered through your Media, IEC/BCC and promotional materials linked to the 'Price' in the method mix?</i>	1 2	Yes No
Section Seven: Competition			
Q32	<i>Do your Media, IEC/BCC and promotional materials addresses direct and external factors that compete for the audience's time and attention?</i>	1 2	Yes No
Q33	<i>Is there any developed strategy to minimize the impact of competition, clearly linked to the exchange offered for Media, IEC/BCC and promotional materials in the organization?</i>	1 2	Yes No
Q34	<i>Do you believe that your organization forms alliances with or learns from the competing factors to develop the method mix?</i>	1 2	Yes No
Section Eight: Segmentation			
Q35	<i>Where does your segmentation of target group is rely on?</i> [MULTIPLE ANSWERS]	1 2 3 4 5 9	<i>Demographic</i> <i>Geographic</i> <i>Epidemiological</i> <i>Economic status</i> <i>Knowledge level</i> <i>Other (Specify)</i>
Q36	<i>Do your Media, IEC/BCC and promotional materials segments are prioritize and select based on clear criteria (for example size and readiness to change)</i>	1 2	Yes No

Q37	<i>Does your Media, IEC/BCC and promotional materials directly tailored to specific audience segmentation?</i>	1 2	Yes No
<i>Section Nine : Method mix</i>			
Q38	<i>Do the Media , IEC/BCC and promotional materials uses all elements of the marketing mix (Product , Price , Place and Promotion) and/or primary intervention methods (inform , educate , support , design and control) ?</i>	1 2	Yes No
Q39	<i>For what purpose do you use Media, IEC/BCC and promotional materials?</i>	<hr/> <hr/> <hr/>	

Appendix 2

QUESTIONNAIRE for DKT Ethiopia partners

Media, IEC/POP and other promotional materials

Survey Questionnaire

Informed Consent Form

I am a postgraduate student of Addis Abba University at School of Journalism and Communication. I am doing my thesis on the title "Effectiveness of the communication approaches and messages of DKT Ethiopia". This survey questionnaire aims to get your feedback, which makes my study lively and inclusive.

Participants' involvement in this study is completely voluntary. Although, questions asked in this survey may be personal, I can assure you that your answers will remain confidential. Participants are not required to provide their name or address and they are free to skip/not answer questions of their choice and/or end the interview at any point. The questionnaire will take approximately 30 minutes.

Are you willing to participate in this survey ?

Yes [1] → (Continue the interview)

No [2] → (END the interview)

AREA IDENTIFICATION	CODE
Region _____	Code -----
Zone _____	
Woreda _____	
Kebele _____	
DATA COLLECTOR	
Name _____	
Date _____	

- IEC/BCC = Information, Education and Communication / Behaviour Change Communication

- POP = Point of purchase

You can reach me via fitihinternews@gmail.com and Mobile: +251 911 66 28 52

<i>Section One: Population Characteristics</i>						
Questions		Code	Choice			
Q1	Sex of Respondents?	1	Male			
		2	Female			
Q2	How old are you? <i>[Fill the age in completed year]</i>		<input type="text"/>			
Q3	What is the highest level of education you completed?	1	Primary education (1-6 grades)			
		2	Junior secondary education (7-8 grades)			
		3	Secondary education (9-12 grades)			
		4	Diploma			
		5	First degree			
		6	Second degree			
		9	Others (Specify)-----			
Q4	What is your field of Specialization?	1	Health			
		2	Marketing			
		3	Communication/Media			
		4	Advertisement			
		5	Monitoring and Evaluation			
		9	Other (specify): _____			
<i>Section Two: Behaviour</i>						
Interviewer: Please Rate as “Unsatisfactory” “Poor”, “Average”, “neutral” “good” or “Excellent” with the following statements:						
		<i>Unsatisfactory</i>	Poor	Average	Good	Excellent

Q5	The Media , IEC/BCC and promotional materials of DKT Ethiopia with the aim to change people's actual behaviour	<i>1</i>	2	3	4	5
Q6	Most of the Media , IEC/BCC and promotional materials of DKT Ethiopia highly focus on					
	Changing attitude	<i>1</i>	2	3	4	5
	Increasing knowledge	<i>1</i>	2	3	4	5
	Changing belief	<i>1</i>	2	3	4	5
Q7	Generally , the messages to change behaviour through Media , IEC/BCC and promotional materials	<i>1</i>	2	3	4	5
Q8	Did behaviour change occur the way you expected ?					
	Mass Media	<i>1</i>	2	3	4	5
	IPC/word of mouth	<i>1</i>	2	3	4	5
	IEC materials	<i>1</i>	2	3	4	5
	POP materials	<i>1</i>	2	3	4	5
Interviewer: Please tell me if you “strongly agree”, “Agree”, “neutral” “Disagree” or “strongly disagree” with the following statements::						
		<i>Strongly agree</i>	<i>Agree</i>	<i>Neutral</i>	<i>Disagree</i>	<i>Strongly disagree</i>
Q9	Do You think that the brands of DKT Ethiopia is well known and prestigious?	<i>1</i>	2	3	4	5
Q10	Do you believe that the quality of Media, IEC/BCC and promotional materials is good and have an ability to change people's behaviour?	<i>1</i>	2	3	4	5
Q11	Was the target audience of DKT Ethiopia exposed to the intervention?			1	Yes	
				2	No	
Q12	Did members of the target audience who were exposed change their behaviour?			1	Yes	
				2	No	
Q13	Do you have any updates on the baseline survey and key indicators established on Media, IEC/BCC and promotional			1	Yes	

	materials from DKT Ethiopia?	2	No
Q14	Do you believe that the quality of the Media, IEC/BCC and promotional materials of DKT Ethiopia is good and have an ability to change people's behaviour?	1 2	Yes No
Q15	Are the changing needs of the audience being captured through Media , IEC/BCC and promotional materials	1 2	Yes No
Q16	Do you think that the audience understand what DKT Ethiopia are asking them to do?	1 2	Yes No
<i>Section Tree : Theory</i>			
Q17	Are the programs of DKT Ethiopia goals stated and well defined in the Media, IEC/BCC and promotional materials?	1 2	Yes No
Q18	Do you believe that appropriate behavioural theory is clearly used in promotional materials used to inform and guide the method mix	1 2	Yes No
<i>Section four : Customer orientation</i>			
Q19	Do you believe that any trend to give to the Media, IEC/BCC and promotional materials of DKT Ethiopia by ethnographic techniques?	1 2	Yes No
Q20	Have you ever participated in DKT Ethiopia's pre-test to understand and feed into the method mix?	1 2 3	No I don't Rarely Sometimes

		4	Always
<i>Section Six :Exchange</i>			
Q21	Do you believe that the Media, IEC/BCC and promotional materials of DKT Ethiopia considers what the target groups values?	1 2	Yes No
<i>Section Seven: Competition</i>			
Q22	Do the Media, IEC/BCC and promotional materials addresses direct and external factors that compete for the audience's time and attention ?	1 2	Yes No
Q23	Do you believe that the organization forms alliances with or learns from the competing factors to develop the method mix ?	1 2	Yes No
<i>Section Eight: Segmentation</i>			
Q24	Do the Media, IEC/BCC and promotional materials segments are prioritize and select based on clear criteria (for example size and readiness to change)	1 2	Yes No
Q25	Does the Media, IEC/BCC and promotional materials directly tailored to specific audience segmentation ?	1 2	Yes No
<i>Section Nine : Method mix</i>			
Q26	Do the Media , IEC/BCC and promotional materials uses all elements of the marketing mix (Product , Price , Place and Promotion) and/or primary intervention methods (inform , educate , support , design and control) ?	1 2	Yes No

——— Thank you for your time ———

Appendix 3

የዲኬቲ ኢትዮጵያን ምርቶች ለሚጠቀሙ የሕብረተሰብ ክፍሎች የቀረበ መጠይቅ

በአዲስ አበባ ዩኒቨርሲቲ የጋዜጠኝነትና ኮሚኒኬሽን ት/ቤት በሁለተኛ ዲግሪ ተመራቂ ተማሪ ነኝ ። ለዚህ የትምህርት ዘርፍ < **የዲኬቲ ኢትዮጵያ የኮሚኒኬሽን መንገዶች እና መልዕክቶች ውጤታማነት** > በሚል ርዕስ የማሟያ ጽሁፍ ለመስራት ይረዳኝ ዘንድ ይህንን መጠይቅ አዘጋጅቻለሁ ። ይህ መጠይቅ የእርስዎን ግብረ መልስ የሚፈልግ እና ለኔም የማሟያ ጽሁፍ ግብዓትነቱ ከፍ ያለ በመሆኑ መልስዎን እንዲያኖሩልኝ በአክብሮት እጠይቃለሁ ።

በዚህ መጠይቅ ላይ መሳተፍ በፈቃደኝነት ላይ የተመሰረተ ነው ። ምናልባት በዚህ መጠይቅ ውስጥ ግላዊ ጥያቄዎች ቢገጥምም መልስዎ ምስጢራዊነቱን የጠበቀ መሆኑን ለመግለጽ እወዳለሁ ። ከዚህ በተጨማሪም ይህን መረጃ ሲሞሉ ስምዎን ወይንም አድራሻዎን አይሞሉም ። አንዳንድ ጥያቄዎች ግልጽ ካልሆኑ ማለፍ ይችላሉ ።

ይህ መጠይቅ 30 ያህል ደቂቃዎችን ይፈጅብዎታል ።

ጊዜ ሰጥተው ይህንን መጠይቅ ስለሞሉልኝ አመሰግናለሁ ።

ፍትሕ ቶላ +251 911 66 28 52

ይህን መረጃ ለመሙላት ፈቃደኛ ነዎት ?

አዎ [1] → (መጠይቁን ይቀጥሉ)

አይደለሁም [2] → (መጠይቁን ያቋርጡ)

የአካባቢ መገለጫ	መለያ
ክልል _____	መለያ _____
ዞን _____	
ወረዳ _____	
ቀበሌ _____	
መረጃ ሰብሳቢ	
ስም _____	
ቀን _____	

ክፍል አንድ : የህዝብ መረጃ							
ጥያቄዎች		መለያ	ምርጫ				
ጥ 1	የመለሽ ጾታ?	1	ወንድ				
		2	ሴት				
ጥ 2	ዕድሜዎ ስንት ነው?		----- ቀን -----ወር ----- ዓ.ም				
ጥ 3	የትምህርት ደረጃ?	1	የመጀመሪያ ደረጃ ትምህርት (1-6 ክፍሎች)				
		2	መካከለኛ ሁለተኛ ደረጃ (7 - 8 ክፍል)				
		3	ከፍተኛ ሁለተኛ ደረጃ (9 - 12 ክፍሎች)				
		4	ዲፕሎማ				
		5	የመጀመሪያ ዲግሪ				
		6	ሁለተኛ ዲግሪ				
		9	ሌላ ካለ ይግለጹ -----				
ጥ 4	የትምህርት ዘርፍዎ ምንድን ነው?	1	ጤና				
		2	ማርኬቲንግ				
		3	ኮሚኒኬሽን / መገናኛ ብዙሃን				
		4	ማስታወቂያ				
		5	ሌላ ካለ ይግለጹ -----				
ክፍል ሁለት : ባሕሪ							
			የማያረካ	ዝቅተኛ	መሐከለኛ	ጥሩ	እጅግ በጣም ጥሩ

ጥ 5	የዲኬቲ ኢትዮጵያ የመገናኛ ብዙሃን ፣ የባህሪ መለወጫ መሳሪያዎች እና የምርት የማስተዋወቂያ ቁሳቁሶች የእርስዎን ባህሪ የመለወጥ አቅም	1	2	3	4	5
ብዙዎቹ የዲኬቲ ኢትዮጵያ የመገናኛ ብዙሃን ፣ የባህሪ መለወጫ መሳሪያዎች እና የምርት የማስተዋወቂያ ቁሳቁሶች ብዙውን ጊዜ ሲያተኩሩ የሚታዩው						
	የባህሪ ለውጥ	1	2	3	4	5
	ዕውቀት መጨመር	1	2	3	4	5
	አስተሳሰብን መቀየር	1	2	3	4	5
ጥ 6	ባጠቃላይ የዲኬቲ ኢትዮጵያ የመገናኛ ብዙሃን ፣ የባህሪ መለወጫ መሳሪያዎች እና የምርት የማስተዋወቂያ ቁሳቁሶች ያላቸው የህብረተሰብ ባህሪ የመለወጥ አቅም	1	2	3	4	5
የባህሪ ለውጡ እርስዎ በሚጠብቁት መጠን ነው ?						
ጥ 7	በመገናኛ ብዙሃን	1	2	3	4	5
	ከሌሎች ሰዎች ጋር በሚደረግ ንግግር	1	2	3	4	5
	ምርት የማስተዋወቂያ ቁሳቁሶች	1	2	3	4	5
	በየመድኃኒት ማደያዎችና ክሊኒኮች ላይ የሚደረጉ ፖስተሮች እና በመብራት የሚሰሩ ሳጥኖች	1	2	3	4	5
	በየመንገዱ ላይ የሚደረጉ ቢልቦርዶች	1	2	3	4	5
	የማያረክ	ዝቅተኛ	መሐከለኛ	ጥሩ	እጅግ በጣም ጥሩ	
ጥ 8	የዲኬቲ ኢትዮጵያ የምርት መለያዎች (brands) በደንብ የተወቁና የሚወደዱ ናቸው ብለው ያምናሉ ?	1	2	3	4	5
ጥ 9	ዲኬቲ ኢትዮጵያ የሚጠቀምባቸው የመገናኛ ብዙሃን ፣ የባህሪ መለወጫ መሳሪያዎች እና የምርት የማስተዋወቂያ ቁሳቁሶች ጥራት የእርስዎን ባሕሪ የመቀየር አቅም አላቸው ብለው ያምናሉ ?	1	2	3	4	5
ጥ 10	ዲኬቲ ኢትዮጵያ የሚያከፋፍላቸውን ምርቶች የሚጠቀሙ የሕብረተሰብ ክፍሎች ለድርጅቱ የማስታወቂያ ዓይነቶች ለመልዕክቶቹ ቅርብ ናቸው ብለው ያምናሉ ?	1	አዎ			
		2	አይደለም			
ጥ 11	ዲኬቲ ኢትዮጵያ የሚያከፋፍላቸውን ምርቶች የሚጠቀሙ የሕብረተሰብ ክፍሎች ድርጅቱ በሚያስተላልፋቸው የማስታወቂያ ዓይነቶች ባህሪያቸው ተቀይሯል ብለው ያምናሉ ?	1	አዎ			
		2	አይደለም			

ጥ12	ዲኬቲ ኢትዮጵያ ለሀብረተሰቡ እያደረሰችው ባሉ የተለያዩ የመገናኛ ብዙሃን ዘርፎች ላይ በሚሰራቸው የምርምር ሒደቶች ከጊዜ ወደጊዜ እየተሻሻለ የመጣ አቀራረብን እየተከተለ ነው ብለው ያምናሉ ?	1	አዎ
		2	አይደለም
ጥ13	ዲኬቲ ኢትዮጵያ ለሀብረተሰቡ እያደረሰችው ያሉ የተለያዩ የማስተዋወቂያ መንገዶች ጥራት የሰዎችን ባህሪ የመቀየር አቅም ያለው ነው ብለው ያምናሉ ?	1	አዎ
		2	አይደለም
ጥ14	ዲኬቲ ኢትዮጵያ ለሀብረተሰቡ እያደረሰችው ያሉ የተለያዩ የማስተዋወቂያ መንገዶች በየጊዜው እያደገ የመጣውን የመገናኛ ብዙሃን ዘርፍ ፍላጎት ያሟሉ ናቸው ብለው ያስባሉ ?	1	አዎ
		2	አይደለም
ጥ15	ዲኬቲ ኢትዮጵያ ለሀብረተሰቡ እያደረሰችው ያሉ የተለያዩ የማስተዋወቂያ መንገዶች ህብረተሰቡ በአግባቡ እየተረዳው ነው ብለው ያምናሉ ?	1	አዎ
		2	አይደለም
ክፍል ሶስት : ንድፈ ሀሳብ			
ጥ16	ዲኬቲ ኢትዮጵያ ለሀብረተሰቡ እያደረሰችው ባሉ የተለያዩ የማስተዋወቂያ መንገዶች የድርጅቱን ግብ በግልጽ ያሳዩበት መንገድ አለ ብለው ያምናሉ ?	1	አዎ
		2	አይደለም
ጥ17	ባህሪ ላይ ያተኮሩ ንድፈ ሀሳቦች ከማሳወቅና ከመምራት አንጻር ዲኬቲ ኢትዮጵያ ለሀብረተሰቡ እያደረሰችው ባሉ የተለያዩ የማስተዋወቂያ መንገዶችን ተጠቅሞባቸዋል ብለው ያምናሉ ?	1	አዎ
		2	አይደለም
ክፍል አራት : የተጠቃሚ ግንዛቤ / አቅጣጫ			
ጥ18	ዲኬቲ ኢትዮጵያ ለሀብረተሰቡ እያደረሰችው ያሉ የተለያዩ የማስተዋወቂያ መንገዶችን በሐገሪቱ ያሉ አስተሳሰቦችን ፣ ባሕሎችን ፣ ኃይማኖቶችን ... ወዘተ ማዕከል ያደረገ ነው ብለው ያምናሉ ?	1	አዎ
		2	አይደለም
ጥ19	ዲኬቲ ኢትዮጵያ ምርቶቹን የሚያስተዋውቅባቸውን መንገዶች ቀድሞ ለመገምገም ወይንም አስተያየት ለመስጠት እድሉን አግኝተው ያውቃሉ ?	1	ምንም እድል ችፍ አላውቅም
			ባጣም
			አልፎ
		2	አልፎ

		3	አንዳንድ ጊዜ
		4	ሁልጊዜ
ክፍል አምስት : ልውውጥ			
ጥ20	ዲኬቲ ኢትዮጵያ ምርቶችን የሚያስተዋውቅባቸውን መንገዶች እርስዎ የሚከተሉትን ዕሰቤ ግምት ውስጥ ያስገባ ነው ብለው ያምናሉ ?	1	አዎ
		2	አይደለም
ክፍል ስድስት : ውድድር			
ጥ21	ዲኬቲ ኢትዮጵያ ምርቶችን የሚያስተዋውቅባቸውን መንገዶች ቀጥተኛ በሆነ ምልክት የእርስዎን ጊዜ እና ትኩረት ሊስቡ የሚችሉ ናቸው ?	1	አዎ
		2	አይደለም
ጥ22	ዲኬቲ ኢትዮጵያ ከሌሎች መሰል ድርጅቶች ጋር ሲነጻጸር ምርቶችን ለማስተዋወቅ የተሻለ የማስተዋወቅ ልምድና ችሎታ አለው ብለው ያምናሉ?	1	አዎ
		2	አይደለም
ክፍል ስባት : መከፋፈል			
ጥ23	ዲኬቲ ኢትዮጵያ ምርቶችን የሚያስተዋውቅባቸውን መንገዶች ግልጽ በሆነ መልኩ እርስዎን ማዕከል ያደረገ ነው ብለው ያምናሉ ?	1	አዎ
		2	አይደለም
ጥ24	ዲኬቲ ኢትዮጵያ ምርቶችን የሚያስተዋውቅባቸው መንገዶች በቀጥታ ተጠቃሚው ላይ ያነጣጠረ ነው ብለው ያምናሉ ?	1	አዎ
		2	አይደለም
ጥ25	ዲኬቲ ኢትዮጵያ ምርቶችን የሚያስተዋውቅባቸውን መንገዶች ተጠቃሚዎችን ያስተምራል ፣ ያሳውቃል ፣ ይደግፋል ፣ ይመራል ወይንም ይቆጣጠራል ብለው ያምናሉ ?	1	አዎ
		2	አይደለም

ስለ ጊዜዎ አመሰግናለሁ

Annex 4

Interviewing questions for purposefully selected target groups

1. How would you compare DKT Ethiopia's advertising today to what it was like 10 years ago ?
2. What do you feel most unsuccessful lack in terms of advertising ?
3. Do you believe that there is such thing as "bad publicity" in DKT Ethiopia's promotional materials ?
4. Which media outlet is favorable for you to advertise ? Why ?