

Social Marketing Experience: A Study of Child Survival in Population International (PSI) Ethiopia

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Abstract

The main objective of this study is to assess the social marketing experience of PSI Ethiopia in reducing the level of infant and child mortality through its Child Survival (CS) program. Data for the study were drawn from Nefasisilike Lafto sub-city (Kebele 09/14, 08/13) of Addis Ababa region. A total of 250 questionnaires were distributed and 200 questionnaires were collected and used in the study. Descriptive method of analysis together with cross tabulation (chi-square) analysis and correlation analysis were used to analyze the data collected using structured questionnaire. Additionally, attempts were made to interpret the contextual facts and figures reflected by the participants come across interview sessions with service providers. The study reveals that a large number of respondents were accessible to messages deliver through TV and Radio by PSI Ethiopia regarding their programs targeted to CS. However, among variety of CS products, respondents were found to be more familiar to ORS and Water Guard. From the socio-demographic factors, females/mothers seemed to have an orientation towards attitudinal change about CS programs than males, and found to be agreed on the curing capacity of CS products, their affordability, and availability across pharmacies/health clinics. However, customers could not get any of the CS products from PSI Ethiopia's service centers.

INTRODUCTION

Background of the study

The health communication field has been rapidly changing over the past two decades. It has evolved from one dimensional reliance on public services announcement to a more sophisticated approach which draws from successful techniques used by commercial marketer termed ‘Social marketing’¹. Social marketing is the systematic application of marketing along with other concepts and techniques, to achieve specific behavioral goal for a social good. Social marketing may include asking people not to smoke in public areas, asking them to use seat belt, or prompting to make them follow speed limits².

Kotler and Anderson (1991) define social marketing as “...differing from other areas of marketing only with respect to the objectives of the marketer and his or her organizations. Social marketing seeks to influence, social behaviors, not to benefit the marketer but to benefit the target audience and the general society”. Kotler and Zaltman (1971), further defined social marketing as the “design, implementation, and control of programs calculated to influence the acceptability of social ideas, and involving considerations of product, planning, pricing, communication, distribution and marketing research”. The assumption behind social marketing was, and is, that well-honed and demonstrably effective techniques from the commercial business sector can successfully and efficiently be applied to advance social causes.

¹ Accessed from: <http://www.socialmarketing.com/what is.html>

² Accessed from: www.wikipedia.com

The social marketing had its roots, in social advertising and a focus on messages but has since grown in several directions. The first expansion, called social communication, broadened the focus from just the message content to promotion through channels including personal selling, publicity, and promotional events. The expansion to social marketing added market research, attention to product development, and the use of incentives and other techniques to facilitate voluntary exchange (Fox & Kotler 1980). In some quarters social marketing is being expanded to social mobilization, a term used by the United Nations International Children's Emergency Fund (UNICEF) to connote a comprehensive planning approach stressing political coalition building and community action. Some critics of social marketing pose as an alternative media advocacy to shape public opinion and agitate for social change through strategic work at the grass roots and with those who control the communications media. Techniques, in a nutshell, were marketing analysis, planning, and control (Ling et al., 1992).

On the other hand, child survival is one of the social marketing practices as being employed by different organizations. It is also the most sensitive indicator of human welfare, the comparative health of nation and the effectiveness of public policy (Salamawit, 2007). According to Central Intelligence Agency [CIA] (2008) estimation, from Ethiopian population of 80,237,338, children and youth (0-14 years of age) accounts for 46%. This estimate takes in to account the effect of excess mortality due to AIDS and results lower life expectancy and higher infant mortality. Therefore, it can easily be depicted that how child survival is a big issue in the country (Ethiopia). Also, the nation maintains very high proportion of child population, but there exist high infant mortality rate (80.8 deaths per 1000 live birth).

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

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

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

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

Rational of the study

One of the millennium development goals (MDGs) is reduction of less than five (years of age) mortality by two-third by 2015 (UN, 2005). Although, there has been substantial reduction in infant and child mortality rate in most developing countries, however, over 10 million preventable child deaths occur annually Sub-Saharan Africa is the region's most affected and accounts for more than one-third of death of children under the age of five (Hill et al.

1999). Since children are the economic assets to the world and their future developmental outcome can be influenced by their survival status, the mechanism and consequence of child survival problem be understood better. This is true in the country like Ethiopia, where child mortality and morbidity is almost common. Therefore, there is a need to assess the contribution of non-profit social marketing organizations such as PSI Ethiopia towards:

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

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

Objectives

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

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

LITERATURE

Social Marketing

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

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

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

Key Features of Social Marketing

According to www.socialmarketing.com, social marketing has the following characteristics. The first key feature of social marketing is its nature of typically applied to causes judged by person in position of power and authority to be beneficial to the society. Next, unlike commercial marketing, the agent of change does not profit financially from social marketing campaign success. The third characteristic is creating marketing campaign which is tailored to the unique perspective, needs and experiences of the target audience, done fully with input from representative members of this group. Due to this the final goal of social marketing is to change behaviors which is believed to change individual at risk, not only simply increase awareness or alter attitudes. Striving to create conditions in the social structure that facilitate the behavioral change promoted is also an additional characteristic of

social marketing. However, most fundamentally social marketing relied up on commercial marketing concepts.

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

Elements of Social Marketing

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

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

in return for lower taxes; or immunization in return for the peace of mind that one's child is protected from rubella. Exchange in social marketing puts a key emphasis on voluntary behavior. To facilitate voluntary exchanges social marketers have to offer people something that they really want.

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

Consumer Orientation: Consumer orientation is probably the key element of all forms of marketing, distinguishing it from selling - and product - and expert-driven approaches (Kotler et al., 1996). In social marketing, the consumer is assumed to be an active participant in the change process. The social marketer seeks to build a relationship with target consumers over time and their input is sought at all stages in the development of aerogramme

through formative, process and evaluative research. In short, the consumer centered approach of social marketing asks not “What is wrong with these people? Why won’t they understand?” rather, “What is wrong with us? What we don’t understand about our target audience?”

Moving Beyond the Individual Consumer

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

Social Marketing Mixes

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

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

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

Place: as written by Fine (1990), place describes the way that the product reaches the consumer. For a tangible product it refers to distribution system including the ware house, sales force, retail outlets etc., where it is sold or a place where it is given out for free. For an intangible products place is about channels through which consumers are reached with information or training. Anderson (1995) recognize that, place meant that, oral dehydration liquids should be available at every kiosk even door in every village, where diarrhea and dysentery are problem.

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

contest that gave mothers a free plastic cup or bar of soap for correctly mixing oral rehydration solutions.

Public: public refers to both the external and internal groups involved in the program³. External public include, the target audience secondary audience, policymakers, and gatekeepers, while the internal public are those who are involved in some way with either approval or implementation of the program. Fine (1990) recognizes that, the responsibility for social marketing policy is widely diffused and shared among organizational members and relevant external publics. Social action is carried out by many participants who have different role in the organization.

Partnership: need for team up with other organizations in the community to really be effective you need to figure out which organizations have similar goals to yours; not necessary the same goals and identify ways you can work together⁴. Fine (1990) argue that, social marketers should take serious attention for the constituent, volunteer, and donor wants, expectations and perceptions to create a competitive edge in the field in which the organizations operates.

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

³ Accessed from: www.wenrich.com

⁴ Accessed from: www.wenrich.com

The Social Marketing-mix model

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

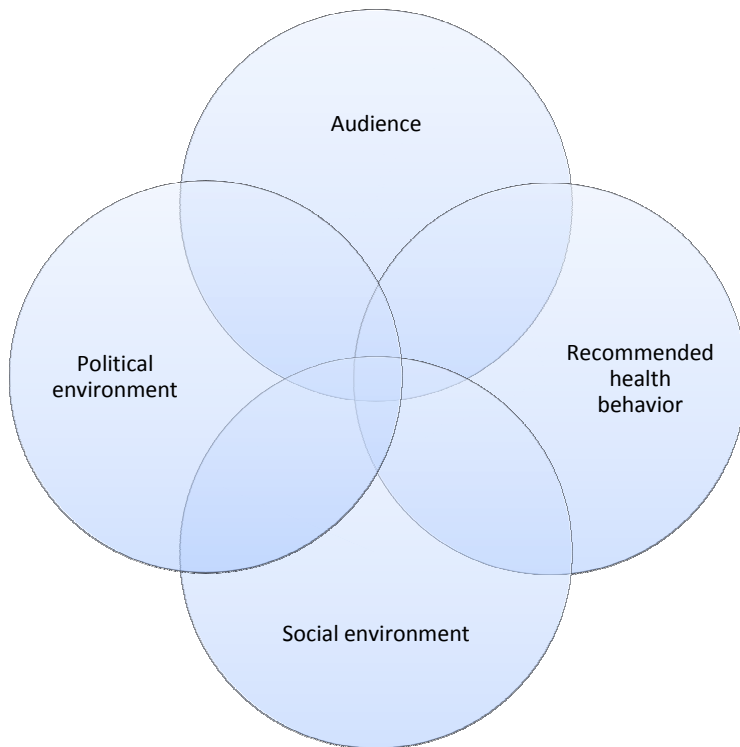


Figure 1: Model related to social marketing mixes

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

Recommended health behavior, service or product

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

Social environment: this is the beliefs, attitudes, and practice social norms, social structure, existing initiatives and programs of stake holders?

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

Approaches to Social Marketing

Social marketing programs generally use the existing commercial infrastructures in counties to develop and distribute specifically branded products. This traditional approach also known as the “own brand model” is the most common amongst social marketing programmers in developing counties and is closely associated with population service international (PSI) and DKT international organizations that pioneered international social marketing in the 1970s and 1980s. it applies standard commercial marketing and sales techniques for promotion and distribution through whole sale and retail sales pointes to the mass market. The social marketing organization may receive unbranded products from international or national donors, or may directly procure quality from manufactures, and develop its own brand and packaging for distribution (UNAIDS, 2000). The models or possible approaches to social marketing include:

1. Community-based Distribution or “Community-Distribution” (CBD)

Where non-professional sales agents are recruited, from among particular groups within the general population, the individual’s receives basic training in IEC and are usually rewarded financially from small margins on their

sales. Community based social marketing is a good example of the systematic approach to problem solving that social marketing typically advocates. It involves the following four steps .The first one is identifying the barriers and benefits to an activity. The second step of CBD social marketing is to develop a strategy that utilizes ‘tools’ that have been shown to be effective in changing behavior. Piloting the strategy is the third step of the above approach. The last but not the least step of CBD is evaluating the strategy once it has been implemented across a community (McKenzie-Mohr, 2005).

2. The Manufacture Model

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

3. The “target service delivery” approach

Involves planning appropriate social marketing activities through which the project strives to reach and distribute products to specific target groups. Usually high-risk or other priority segments of the general public there groups are often in adequately served by other service delivery mechanism including standard social marketing segmentation studies carried out once the basic distribution structure to the mass market is established. According to Anderson (1995), social marketer adopts a customer centered approach and recognize that change will only come about if one starts with the customers

reality and adopts message and other program elements to the customers' perceptions, needs, and wants.

Social Marketing in non-profit Organizations

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

The Need for Marketing Orientation for non-profit Organizations

Marketing can change lives in both small and large ways. If it can charge consumer lives, surely it can be a powerful tool to improve consumers' physical and mental health and the general quality of our society and its environment. As suggested by James A. Osborne in the book of Etzel and Walker (1991), in recent years, non-profits have discovered that they need to

manage well especially because they lack the discipline of bottom line. The financial pressures have mounted too. Non profits have had to endure cut backs in federal aid, changes in tax laws that hurt gift-giving, and lack of growth in corporate contributions. At the same time there has been increasing competition from a new generation of social entrepreneurs attacking such problems as AIDS, Alzheimer's disease, child abuse and drunk driving. We have limited resources, which mean we have to manage them even better to achieve the best results.

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

Social Marketing for child survival

Child Survival Situation in Ethiopia

Nowadays child survival is a crucial matter that every country needs to give emphasis, to make the future outlook of the nation bright. According to UNICEF (2006) report, children's survival, development and protection are now no longer matters of charitable concern but of moral and legal obligation. Governments are held to account for their care of children by an international body, the committee on the right of the child, to which they

have agreed to report regularly. According to the data of Ethiopian MOH (2004), about 472,000 Ethiopian children die each year before their fifth birthday, which places Ethiopia sixth among the countries of the world in terms of the absolute number of child death. And yet there are effective and proven tools which can be used to a child the millennium development goal (MDG) of reducing child death by the thirds by 2015. Child survival can be organized in to the following categories maternal care, delivery, and postnatal care; infant feeding and nutrition: vaccination coverage; and common childhood illnesses.

Factors contributing to Ethiopia's high rate of child hood death include limited access to health services, or low perceived quality of services, parents will not seek outside care for their children if it is too far or if they don't believe it will help. Another significant factor is parents' lack of awareness of danger signs and of possible methods of care, resulting in their not immediately providing appropriate home care and/or seeking care outside the home. The cleanliness of the home and of the food and water is also a significant contributing factor, as children are particularly vulnerable to illness and disease resulting from poor hygiene and contaminated water, reflected by the fact that diarrhea accounts for 20% of under-five child death in Ethiopia (Child Survival Message Guide, 2010).

Primary Cause of Poor Child survival

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

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

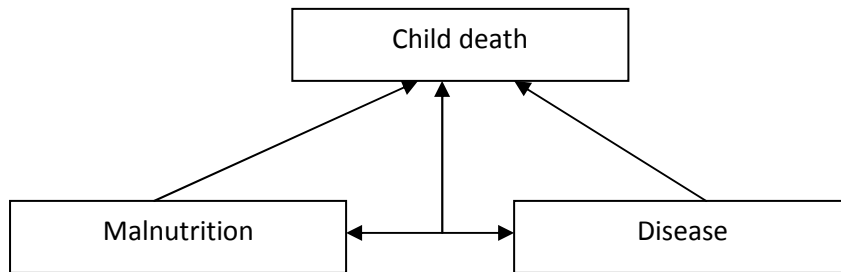


Figure 2. Interrelationship between immediate causes of child death

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

The Value of Social Mobilization for Marketing Child Survival Programs

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

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

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

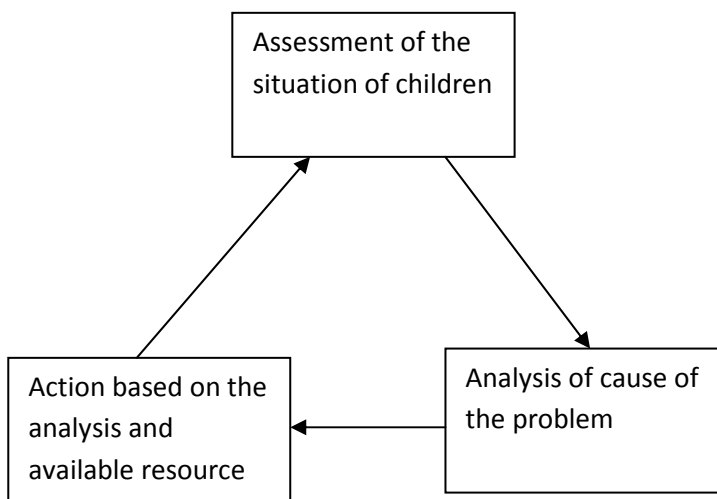


Figure 3. Triple-A-Cycle model (Source: UNICEF, 1993)

Justification for Marketing of Child Survival

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

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

Protecting the organizational interest: An organization cannot deliver goods to consumers, unless it is professionally sound to innovate, in tune with the changing environmental conditions. This requires high degree of professionalism. According to the principle of social marketing, the social interests, of course get an overriding priority. The application of social marketing is relevant in marketing good child survival practice, products and services since it enriches organizational efficiency of delivery goods and services.

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

METHODOLOGY

Research Design

Parents/care givers of children (under -5age) and concerned management unit of PSI Ethiopia were found to be useful to participate as respondents in the study. Descriptive and inferential research approaches were used in line with

the study objectives. Descriptive research design in the form of survey can be undertaken to quantify various social causes of the business problems related to child care, drug abuse, public education, reproductive health and poverty can be adequately studied through the implementation of descriptive research method (Malhotra, 2007). The study employed mainly quantitative assessment of data obtained from various sources to draw conclusion about the effectiveness and contribution of PSI Ethiopia's CS program. Furthermore convenience sampling was carried out among parents having children (aged under 5). This sampling procedure was selected due to the fact that the respondents receive PSI Ethiopia service/product without contacting the organization directly, rather through nearby health center and pharmacies. To get parents /care givers of children (under -5 ages), the student researcher selects two primary schools, having their own kindergarten. Moreover the respondents were asked to report their response on a structured questionnaire dealing with child survival program of PSI Ethiopia's social marketing campaign.

Sample size Determination

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

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

Data Collection Procedure

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

Data Processing and Analysis

After the completion of the data collection a tabulation plan was developed so as to start the process of analysis. All the analysis was carried out using 13 version SPSS (statistical package for social science). However before the carrying out of quantitative data analysis, open ended questions were edited and coded. Additionally, an assessment of the performance of social

marketing approaches (mix) of PSI Ethiopia were carried out or gained from the respondents perspectives. Descriptive statistics (mean and percentage) along with inferential (chi-square) analysis were used. Chi-square analysis method was employed to assess the relationship between selected socio-demographic factors and importance of PSI Ethiopia CS program in bringing attitudinal change on the part of respondents

RESULT AND DISCUSSION

Table 1: Cross Tabulation Analysis

Variables	Significance to bring attitudinal change about childcare						χ^2 Value	p
	A	B	C	D	E			
Age of the respondents								
<18	1	0	0	1	3	69.26	0.000	
19-25	1	5	0	2	6			
26-35	11	16	6	18	5			
36-45	5	5	6	6	0			
>45	1	0	0	2	0			
Gender								
Female	11	14	9	7	12	36.47	0.000	
Male	8	12	3	22	2			
Education								
No schooling	2	2	1	1	2	36.43	0.003	
Primary	2	9	2	11	7			
10 th /12 th com.	12	10	4	10	4			
Diploma/deg.	3	4	5	5	1			
Master& above	0	1	0	2	0			
Occupation								
Government	4	2	3	1	3	31.41	0.012	
Private.org.	4	6	3	5	4			
Business	4	6	1	10	1			
Others	6	12	5	13	7			
Monthly income								
<200	4	5	2	7	9	68.59	0.000	
201-500	2	10	2	5	1			
501-1000	6	3	2	6	1			
1001-2000	4	2	6	4	0			
>2000	3	6	0	7	3			

Keys: A=Highly significant; B=Significant; C=Neutral; D=Insignificant; and E=Highly insignificant

Source: Survey Data

Table 1 shows the relationship between age of respondents and attitudinal change resulted due to various communication efforts. As the chi-square test revealed, there exists a significant relationship between age of respondents and the attitude/ behavior change CS ($\chi^2= 69.260$, $p < 0.001$). From the total number of respondents (56%) were found under the age group 23-35. This age group is characterized by searching for knowledge/insight that helps to change behavior. Due to this, the more the respondents age approaching to adult hood the higher their need to change their attitude from the rest of other age categories.

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

Table 1 also depicts association between educational level of respondents and the attitudinal change resulted due to the effort of PSI Ethiopia. According to the result ($\chi^2= 36.43$, $P < 0.05$), there was behavior change practice of respondents. Because majority of respondents (71%) who were completed their primary education and grade 10th/12th do have a positive reply about the contribution of PSI Ethiopia towards resulting attitudinal change. This shows that parents/care givers who are literate are more exposed to various print and

non print media than those of parents/care givers who do not attend schooling (illiterate). Due to this literate parents are more responsive to attitudinal change than those of illiterate. As indicated in the chi-square test occupational statuses of respondents were found to have relationship with attitude change practice of respondents ($\chi^2= 31.41$, $P< 0.05$), even if it is not strong. From the total number of respondents, 57% have their jobs or occupation outside their home i.e. they were government employees, private employee or running their own business. Due to this result respondents who have work concedes the effort of PSI Ethiopia to bring behavioral change as significant. As presented in Table 1 monthly income of respondents is strongly associated with the behavioral change of respondents ($\chi^2= 68.587$, $P< 0.001$). The large proportions of respondents (53%) have monthly income more than 1000 ETB. And rests of respondents (47%) have a monthly income below 1000. Respondents, in general believe that the PSI Ethiopia contributes towards bringing attitudinal change on the part of clients significantly, however, less than half (47%) believed that the effort to the outcome of behavioral change is insignificant.

Responses on the Scale items

The following eight tables are presented to analyze the 32 likert scale questions. For making analysis manageable and effective, the 32 questions were divided in to 8 dimensions. These are product, price, place, promotion, knowledge/perception, behavior/attitude, socio cultural profile, and service providers' questions. As it is shown in the Annex A, the Likert scale questions have "5" divisions or categories, ranging from "1" strongly disagree to "5" (strongly agree). Although each question has 5 alternatives for to the analysis purpose, the 5 alternatives were merged in to 3 categories. i.e the student researcher first analyze the average of the questions and mean value were assigned. Thus the score "2" for the items under the dimensions

Implies respondents neutral answer (neither agree nor disagree) or respondents don't have knowledge about the questions in that dimension. The score below '2' for the items is interpreted as clients/users are disagreed or dissatisfied with that of the specific item and responses above "2" implies respondents agreement/ satisfaction towards an items/dimensions. To see the response of the subjects, the mean value of each questions and the total mean value of each dimension was computed. Besides the result, the analysis was conducted for all (8) dimensions.

Table 2: Quality and variety/nature of PSI Ethiopia's Products

Dimension	Items	Mean	St. Deviation
PRDUCT (PRO)		2.18	0.71
	PRO1	2.36	0.86
	PRO2	2.26	0.89
	PRO3	1.91	0.91

Source: Survey Data

As can be seen from table 2, the total mean value for the product dimension is (2.177). The response of clients to the items about clients familiarly with CS products/brands, like water guard, ORS, BREASE etc is (2.36), provision of high quality CS products (2.26),this shows as respondents were agreed on the quality /curing capacity of PSI CS products and they also expressed, their familiarity with the various CS products of PSI Ethiopia. However as it is depicted from the table, respondents assigned (1.91) mean value, which is the lowest point (below the average mean value 2). This showed us, respondents don't agree on questions "PSI Ethiopia delivers CS products as per the client's needs/requirement" i.e. PSI Ethiopia launches its products/service and distribute them to the users without considering /assessing the needs/ requirements of the users.

Table 3: PSI Ethiopia’s product/service prices

Dimension	Items	Mean	St. Deviation
PRICE (PR)		2.2233	0.64
	PR1	2.29	0.81
	PR2	2.15	0.87
	PR3	2.23	0.92

Source: Survey Data

As revealed from table 3, mean value for the dimension of price was (2.23). Because the result is greater (higher) than the mean value (2), this shows that respondents provided their agreement on the affordability of CS products. Regarding specific questions about the assign to CS products price of PSI Ethiopia, respondents assigned mean value (2.29), the influence of price on the buying decisions of customers, (2.23). In addition they also states, that price don’t influence/affect their buying decisions. From the above table we can infer that, PSI CS producers/service are targeted to those societies who are poor. Since social marketing is designed to improve the health of low income people by promoting health behavior, offering health products and services at an affordable, price and motivating people to use them. However, customers assign mean value (1.91) to the one item, waiting long time to get child care service/products. (Which is time cost/price), this implies that, although products are available with low price, customers don’t get CS service/products immediately.

Table 4: Convenient Product availability to clients

Dimension	Items	Mean	St. Deviation
PLACE (PL)		2.1367	0.68
	PL1	2.29	0.89
	PL2	2.14	0.92
	PL3	1.98	0.89

Source: Survey Data

With regard to availability of PSI Ethiopia products in different areas/locations, the mean value attached to this dimension is above average (2.137). for the specific items such as availability of CS products indifferent pharmacies, health care centers and venders (2.29), effort of CS programs/services at the convenient (time, location) (2.14), both the two items have a scored value more than mean, this means that CS products of PSI are available at a convenient place. But respondent put (1.98) results, for a single item, that is provision of CS products through its own health clinics, this implied that, clients don't get any kinds of CS products from PSI Ethiopia own sales outlets (pharmacies). This is due to the reason that, PSI Ethiopia uses different distributors, wholesalers' retailers, pharmacies and health centers for the distribution its products (Table 4).

Table 5 PSI Ethiopia's Promotional efforts for Brand/program Awareness

Dimensions	Items	Mean	Standard Deviation
PROMOTION (PROM)		2.26	0.47
	PROM1	2.40	0.81
	PROM2	2.16	0.89
	PROM3	2.38	0.79
	PROM4	2.16	0.86
	PROM5	2.19	0.79
	PROM6	2.30	0.85

Source: Survey Data

As it was discussed in literature review, promotion is the key component of social marketing, that helps social marketers to make their target audience/group aware of about different health related message and helps them to bring the needed behavioral change. Table 5 presents the mean scores for various promotional items associated with creating awareness and improving behavior towards child health. The total mean value for the above dimension (promotion) is (2.264). With respect to the facilitation of communication through various medias respondents assigned mean value

(2.40), the effectiveness of PSI Ethiopia communicating about various CS programs (2.16), usage of various printed and non printed medias (2.38), application of community-based promotion, and inter personal communication to bring social awareness (2.16), promotion of the organization towards improving knowledge, belief and attitude about child health (2.19)and influencing the society positively, to take active part in CS program (2.30). All the above individual items mean results indicate that, PSI Ethiopia applies various promotional tools to create better knowledge and awareness on the part of parents/care givers about its CS program.

Regarding the perception of respondents (Table 6) about the overall practice of PSI Ethiopia, respondents assigned a total mean value (2.338). with respect to individual items, the contribution of PSI CS products, on the reduction of children’s from illness (2.68), targeting poor people/societies to offer CS products (2.14), motivation equal participation of husband and wife (2.11), provision of special program, for underserved groups (2.11), making parents/care givers, while safe guarding the child from illness (2.265).

Table 6: Knowledge/perceptions about PSI Ethiopia’s CS Programs

Dimension	Items	Mean	St. Deviation
KNOWLEDGE		2.34	0.40
	KP1	2.75	0.64
	KP2	2.68	0.678
	KP3	1.85	0.88
	KP4	2.11	0.92
	KP5	2.14	0.92
	KP6	2.11	0.84
	KP7	2.42	0.77
	KP8	2.65	0.64

Source: Survey Data

All the above seven items have mean value more than 2, which is above the mean value, and indicates that customers have a positive/good perception

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

Table 7: PSI Ethiopia’s service providers’ performance

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

Source: Survey Data

Table 7 consists of responses about the service providers’ performance. The total mean value for this specific dimension is (2.183), while the specific mean value for individual questions is as follows. Response related to the provision of accurate information by service providers about the benefit of CS products was (2.21), consideration of clients requirement/need while offering/designing CS products, (2.19) and service providers knowledge about CS products/service was, (2.15). From the mean of each question and the total dimension we can infer that, PSI service providers are knowledgeable about CS products /service benefits.

Table 8: Cultural and religion effects on implementing CS programs

Dimension	Items	Mean	St. Deviation
Socio-cultural Profile (CSP)		1.95	0.58
	SCP1	1.93	0.83
	SCP2	1.97	0.83

Source: Survey Data

The total mean average value for this dimension is 1.95, which is below the mean value (Table 8). Furthermore, individual items also have a value which is less than mean regarding to the Ethiopia socio-cultural practices, weather it favors child care program or not respondents assigned a value (1.93) and for the second item, religion has a role accepting or rejecting CS programs respondents assign a mean value (1.97). So from the table, we can inter that respondents, believe that, socio-cultural practice of the society, don't favor, or motivate, CS program of PSI Ethiopia. Respondents also assigned a value which is bellows the mean, about the role of religion, in accepting, rejecting CS program of PSI Ethiopia i.e. socio- cultural practice of the society, have a negative influence on the practice of social marketing program, and religion don't have significant impact in influencing clients/users of CS products.

Table 9: Belief/attitudes towards PSI Ethiopia's CS program

Dimension	Items	Mean	St. Deviation
Belief/Attitude (BA)		2.22	0.51
	BA1	1.74	0.90
	BA2	2.66	0.65
	BA3	2.30	0.82
	BA4	2.19	0.81

Source: Survey Data

Concerning respondents preference (Table 9), in consulting peers and neighbors than getting advice from PSI Ethiopia service providers, respondents assigned (1.74), the importance of knowing more about CS products/services (2.66), customers knowledge about the existence of CS programs now than in the past (2.30) and CS program of PSI Ethiopia works

for making parents/care givers responsible (2.19). From the individual items mean value it can be inferred that the first item has value below mean i.e. respondents were not agree on the advantage of consulting peers and neighbors, than receiving advice, counseling from PSI Ethiopia. This shows that respondents have attending to receive messages transmitted (delivered) from the organization through various Medias than receiving advice from neighbors and peers. But for the rest of the questions respondents answer is more than mean value. This indicates that respondents were agreed on the importance of knowing more about CS products /service, knowledge of the existence of CS program of PSI Ethiopia now than in the past and according to the response, respondents also agreed on the effort of PSI Ethiopia in making parents more responsible about their child.

Correlation analysis

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

Table 10: Result of Correlation Analysis

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

** Significant at 0.001 level (2-tailed) * Significant at 0.05 level (2-tailed)

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

Table 10 shows the simple bivariate association between variables found in the dimensions. As it was presented in the table, the CS product of PSI Ethiopia found to be significantly associated ($P < 0.001$) with the rest of the variables/dimensions except price and behavior/attitude. To show the correlation, the values were described in descending order (from higher to lower). Performance of service providers (0.453), promotion/communication program of PSI Ethiopia (0.400), knowledge/perception of respondents (0.389), socio-cultural profile of respondents (0.314) and place /convince (0.302). However the price and belief/attitude dimensions were not have significant /strong relationship with that of the product.

On the other hand, the price attach to the product did not have a positive association with the rest of the dimensions. As it was depicted in the table promotion($r = -0.024$, $p < 0.001$), knowledge/perception ($r = -0.018$, $p < 0.001$), service providers performance ($r = -0.087$, $p < 0.001$), and socio-cultural ($r = -0.258$, $p < 0.001$) the reason for the negative association between the price and four other dimensions is due to the nature of the products (the products are health care products which are necessary to the survival of children). Furthermore as it is seen form table 13 respondents were agreed on the price of CS products do not influence their buying decision. Regarding association between place and socio-cultural practice ($r = 0.166$, $p < 0.001$) and attitude of respondents ($r = 0.138$, $p < 0.001$), there were no strong relationship i.e. the socio-cultural view of respondents and their belief/attitude towards PSI Ethiopia products was found to be weakly associated. Because the places where CS products are available, could not be affected by respondents socio-cultural profile and behavior/attitude. Even though respondents have diversified beliefs and socio-cultural make-ups, they may get CS products at their convenience.

SUMMARY, CONCLUSION AND RECOMMENDATIONS

Summary

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

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

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

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

The study showed that (56%) of respondents were belongs to the age categories 26-35, majority of respondents (53%) were females and (46%) of parents/care givers have children more than 3. (71%) of the respondents were completed their primary and grade 10/12 . (43%) of the sample size do not have any income generating means. This indicates that almost half of the respondents were dependant on the income of others. From the total number of the respondents (79%) them were Christiana's and (74%) of them were grouped from Amahra ethnic group. Results of the analysis shows that majority of the respondents (76%) receive CS information from TV and Radio than other communication media. This implies that TV and Radio are the major means of information acquiring mechanism for the study area, even if there are other media that was used by respondents. In the case of PSI Ethiopia CS products, significant number of respondents experienced diarrhea medicine (ORS) (74%) followed by water guard. This shows that, respondents are familiar with the above two products than other PSI Ethiopia CS products. The Chi-square statistical analysis shows that there is a strong association between attitude/behavior change and age, gender and monthly income of respondents ($p < 0.001$). Also, there found to be significant relationship between educational level and occupation ($p < 0.05$). Since the chi- square tables shows that the association/relation that is found between variables, the above factors have strong impact on the attitude/behavior change process of respondents. This implies that female respondents are more responsive to the information related to children than males and educated

respondents have a better access to acquire/gain additional information, which are important to result attitudinal change about CS.

The mean value of the Likert-scale questions result shows that PSI Ethiopia products are available in different locations/areas and respondents also indicated their agreement on the curability/ quality of CS products of PSI Ethiopia. However the result found from the analysis explained that respondents were not gave their agreement about the availability of CS products as per need/requirement (mean value 1.91). In the case of the impact of socio-cultural aspect and religion respondents assigned a mean value less than 2 (1.95, 1.97) respectively. This implies that socio cultural practice of the study area do not favor do not favor/motivate PSI Ethiopia CS program but, religion do not strong influence in affecting clients decisions of CS product. The correlation results depict that there exist significant relationship among the (8) dimensions responding to social marketing approach, however, the dimensions of price and belief/attitude were not found to be showing significant relationship with the CS product.

Conclusion

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

- From the data observed in the study large numbers of respondents were highly accessible to the message/ information delivered through electronic media (TV and Radio) than other communication channels.

- From variety of CS products offered by PSI Ethiopia respondents were more aware/ familiar to ORS and water guard than other health products.
- According to the finding of chi-square analysis females/mothers seemed to have initiation towards changing attitude about CS than males/ fathers because they were assigned large value for the contribution of PSI Ethiopia in bringing attitudinal change. Furthermore parent/ care givers who are literate are more expose to various Medias that help them to get information and to change their attitude about CS program than those of illiterate parents/care givers.
- To explore whether respondents were agreed on the quality of CS products and on the affordability of its price, subjects provided their agreement by assigning a value more than the mean.
- Despite the fact that respondents agreed on the quality and price of the product, they were not agreed up on the effort of PSI Ethiopia in offering products as the needs/requirements of them. This indicates that PSI Ethiopia launches /designs its products without the consideration of need of its customers.
- The study found that customer could not get any kinds of CS products from PSI Ethiopia own clinics this is due to the fact that PSI Ethiopia do not have any clinic, pharmacy or sales out lets for the provision of its products to the final customers.
- It is believed that socio-cultural practice of the study area do not motivate/ encouraged CS program. The result found from the present study also suggested that respondents do not believe religion has a role in accepting/ rejecting CS program of PSI Ethiopia (do not have a strong influence by the side of respondents to accept/reject CS concepts).

- As it was observed from the mean value analysis, respondents were not agreeing on the importance of getting advice/ consultation from their neighbors and peers. Rather they prefer receiving advice from various Medias.
- As it is observed from the correlation analysis price of the product was negatively correlated with other dimensions. This result shows that because the products are health care products other dimensions will not affect the price. i.e if children are ill parents/care givers are expected to purchase CS products.

Recommendations

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

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

customers. This may create conflict with the objective of PSI Ethiopia that i.e providing the product to the poor. To avoid such problem it is better to open its own clinics /health centers for serving poor societies.

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

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