

**SOCIAL MARKETING STRATEGIES ADOPTED BY POPULATION
SERVICES INTERNATIONAL (KENYA) AND MARKET PENETRATION
OF LONG LASTING INSECTICIDE TREATED NET (LLIN) IN SAMIA SUB
COUNTY, BUSIA COUNTY, KENYA**

BY

WANJIRU MATHENGE

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DECLARATION

I declare that this is my original work and has not been presented for a degree in any other university or institution.

Sign:

Date:

Wanjiru Mathenge

D61/71825/2008

This project has been submitted for examination with my approval as university supervisor

Sign:

Date:

Dr Mary Kinoti

Senior Lecturer, Department of Business Administration

School of Business, University of Nairobi

DEDICATION

I dedicate this project to my family, and marketing fraternity.

ACKNOWLEDGEMENT

I would like to give special thanks to my supervisor, Dr Mary Kinoti, for her moral support and academic guidance, critique and concern towards this project despite her busy schedule.

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ABSTRACT

Social marketing has been proven to be effective in different contexts to advance different social goods. The current study sought to establish which social marketing strategies have been applied by PSI Kenya in promoting use of LLINs in Samia sub county, Busia County, Kenya and also establish the influence of social marketing strategies on market penetration of LLINs in Samia Sub County, Busia County, Kenya. The study was based on the health belief model. This study was carried out using a cross-sectional survey approach. The population of this study was the implementers of the LLIN programme in Samia sub-county, Busia County, including PSI Kenya staff and other stakeholders (community volunteers and MOH staff in distributing health centres). The target respondents were all 44 of the implementing staff who were involved in the LLIN distribution programme in Samia Sub-county. This study utilized primary data collected using semi structured questionnaires to the employees in the LLIN distribution programme in Samia Sub-county. Descriptive statistics was applied on the closed questions (quantitative data) while content analysis was used to analyze data from open questions (qualitative data). Study findings indicate that PSI Kenya adopted several social marketing strategies in its LLIN distribution campaign in Samia Sub County of Busia County. These included branding of the LLINs, adopting innovative and targeted distribution strategies, selecting the popular local media (Mulembe FM) to communicate its message and targeted free distribution. The study findings also indicate that the strategies increased market penetration of LLINs. The strategies that were instrumental in enhancing market penetration included using targeted media campaigns, training of community health volunteers, conducting free distribution of LLINs in the Sub County, innovative distribution through health centres during antenatal and immunization visits and creating partnerships with Division of malaria control, USAID, DFID and local partners. The study makes the following recommendations. First, public or any not for profit organization engaging in social marketing should first study its target market to enable it devise innovative marketing practices that will enable it penetrate the target market and institute the desired behaviour change. Secondly, success in social marketing depends on the ability to develop partnerships, train project implementers, communicate effectively to the target market and ensure that the product is of high quality, price is affordable, distribution is innovative and targeted and the message attracts action. Lastly, it is recommended that any social marketing program should put the target individual at the centre of all adopted strategies.

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ABBREVIATIONS AND ACRONYMS

| | |
|-----------------|--|
| AIDS | Acquired Immune Deficiency Syndrome |
| CBO | Community Based Organization |
| CDC | Centers for Disease Control and Prevention |
| CHV | Community Health Volunteer |
| FMCG | Fast Moving Consumer Goods |
| FMI | Full Market Impact |
| GDP | Gross Domestic Product |
| GMP | Global Malaria Program |
| HBM | Health Belief Model |
| HIV | Hetero Immunodeficiency Virus |
| ITN | Insecticidal Treated Net |
| KSM | Key Social Marketing Project |
| LLIN | Long Lasting Insecticidal Net |
| MOH | Ministry of Health |
| NGO | Non-Governmental Organization |
| N-MARC | Nepal Social Marketing and Franchise Project |
| ORS | Oral Rehydration Salts |
| PSI | Population Services International |
| PS KENYA | Population Services Kenya |
| SMP | Social Marketing Programme |
| SPSS | Statistical Package for Social Sciences |
| STI | Sexually Transmitted Infection |
| TV | Television |
| UNICEF | United Nations Children's Fund |
| WHO | World Health Organization |

CHAPTER ONE: INTRODUCTION

1.1 Background of the Study

Social marketing has been proven to be effective in different contexts to advance different social goods: In Honduras, deaths due to diarrhoea decreased almost 50% following a programme to educate mothers about the use of (Oral Rehydration Salts) ORS. In Bangladesh, 44% of men discussed family planning with their wives within 12 months of campaign launch which led to a 10% increase in contraceptive prevalence. Social Marketing involves the application of commercial marketing techniques to behavioural change and the provision of public health goods and services. The social marketing of LLINs started in 2001 and has been in place ever since, implemented by Population services Kenya (PS Kenya) previously Population Services International, Kenya (PSI/ Kenya) and other partners in an effort to increase the use of LLINs among pregnant women and children under 5 in a goal to reduce morbidity and mortality from malaria.

The World Health Organization Global malaria program (WHO/GMP) recommends the distribution of Insecticide treated Nets, especially long lasting insecticidal nets (LLINs) to achieve full coverage of populations at risk of malaria by 2015. Evidence demonstrates LLINs as the preferred vector control intervention due to the efficacy and cost effectiveness in reducing malaria related morbidity and mortality.

Malaria is one of the leading causes of mortality and morbidity in Kenya (CoreGroup, 2009) and over 20 million Kenyans are routinely exposed to malaria in endemic areas. It accounts for 30% of all outpatient visits and annually kills 34,000 children under five years old every year. The Ministry of Health in Kenya has prioritized the distribution of LLINS and employs four mechanisms for net distribution; 1) routine distribution through maternal and child health units to under ones and pregnant

women, 2) periodic mass nets distribution targeting all population living at risk in malaria endemic regions, 3) social marketing and 4) distribution through the commercial sector. It is estimated that Kenya has achieved 67% universal coverage, however the challenge remains in sustaining high coverage yet mechanism to reach and replace the worn out nets is not in place.

1.1.1 Social Marketing

The term social marketing describes the use of marketing principles and techniques to advance a social good or behaviour (Kotler and Zaltman, 2008). This can be applied across public health, safety, the environment and communities (Kotler and Rothschild, 2006). Though there are different definitions of social marketing, common themes run across; Social marketing is about influencing behaviour, it is a systematic process and commonly done by non-governmental organizations or the public sector (French and Stevens, 2005; Andreasen, 1995; Smith, 2006).

The main difference between commercial marketing and social marketing is the objective. Commercial marketing's main goal is financial gain while social marketing goal is social good through positive behaviour. Manifestations of these objectives are noted in positioning the brand in the minds of the consumer as well in the application of marketing strategies along the 4Ps, specifically in product and price. Product in commercial marketing refers to a tangible product, while in social marketing, product refers to products, services or behaviours being promoted for a social good. Pricing strategies mostly differ in commercial marketing where various strategies can be used from penetration pricing for new products, premium pricing for high end products to price skimming whose objective is for the manufacturer to recover their costs as quickly as possible before competitors flood the market. From the social marketing

perspective, pricing is very passive and deliberately priced very low to allow for access of these products and services to those they are targeted to. Another difference are the practitioners: where commercial marketing is done by blue chip, international, Fast Moving Consumer goods (FMCG) companies while social marketing will be done by those in the front line of public health, safety and environment at an international and local level for example UNICEF, WHO, CDC, Ministries of health.

The basic similarity of commercial marketing and social marketing is that they both use marketing principles and techniques for example market / consumer research to gain psychological insights into their needs and wants and position the product or behaviour to appeal to them. Both establish clear goals and objectives and they both use the marketing mix, results are monitored and evaluated.

1.1.2 Market Penetration

Market Penetration is a measure of the amount of sales or adoption of a product or service compared to the total theoretical market or estimate of total potential consumers for that product or service (Wilkie, Johnson and White, 2012). Market penetration can be the best measure of what the performance of the organization in the market is in relation to other performers in the market.

Market penetration occurs when a company infiltrates a market in which current or similar products already exist. Farris et al. (2010) observe that market penetration is both a measure and a strategy. As a strategy, a business will utilize a market penetration strategy to attempt to enter a new market and can be done using various effective tactics that are used to penetrate the market for example using penetrating pricing, which is setting the price of its product or services lower than that of its competitors. The goal is to quickly diffuse a market and capture a large share of the

market. As a measure, Market penetration can be achieved through aggressive marketing campaigns and distribution strategies. For example, it may saturate the market with an aggressive advertising campaign consisting of TV, radio, sales as well as trade promotional activities. In the current study involving social products and behaviour, this means increasing the coverage and therefore the usage of LLINs in an effort to decreasing malaria incidences.

1.1.3 Non Governmental Organizations

NGOs activities are now spread in every corner of Kenya and cover almost every aspect of the economy. There are currently over 6500 registered NGOs employing 150,000 people. It was estimated at the end of 2011 that the wider not for profit sector (including NGOs, self-help groups, women and youth groups) encompassed over 220,000 organizations (NGOs Coordination Board, 2012). It is estimated that the annual income of NGOs was \$2.5 billion, approximately 3% GDP (NGOs Coordination Board). The Government now regards NGOs as true partners in development. The NGO Council provides overall leadership to existing NGOs in Kenya and gathers its membership from regional and international NGOs operating in Kenya, who further work with a host of CBOs and groups. These NGOs are active in a cross section of sectors including: agriculture, water, education, environment, health, and many others.

As a Government priority, health activities and projects are directed and regulated by the ministry of health. However, many NGOs have engaged with the government and other partners to promote health outcomes in various parts of the country including in malaria control. In 2002, Kenyan NGOs engaged and advocated with MOH in the development of a technical working group that could map and coordinate civil society

resources, skills and programmes as well as translate government policies into actionable interventions for community based organizations to participate in the fight against malaria. Kenya-based members of CORE Group's Malaria Working Group established a steering committee to form such a network, including a broad mix of international and local NGOs. The network's original founders included PSI.

1.1.4 Population Services International

PSI, an international NGO founded in 1970, harnesses the vitality of the private sector to address the health problems of low-income and vulnerable populations in 65 developing countries (PSI website). PSI has programmes in diarrhoea prevention, malaria, nutrition/micronutrients, family planning and HIV/AIDS. They use commercial marketing techniques to promote health products, services and healthy behaviour that enable low-income and vulnerable people to lead healthier lives. Products and services are sold at subsidized prices rather than given away in order to enhance their perceived value, increasing the likelihood of use, and to motivate commercial sector involvement. PSI is now the leading nonprofit social marketing organization in the world. PSI/Kenya was founded in 1990 and in 2014, PSI/Kenya transitioned to Population Services Kenya (PS Kenya) a locally registered and operated nongovernmental organization (NGO) that continues in the mission of improving the health of Kenyans through the use of social marketing techniques to increase demand for, access to and use of essential health products. The combination of PSI activities in Kenya has made the NGO to be a major contributor to the Government of Kenya's public health objectives related to malaria, HIV/AIDS, family planning and safe water.

1.1.5 Samia Sub County, Busia County, Kenya

Samia is one of the sub counties in Busia County. Most of the people in the sub county earn a living through small-scale agriculture, business, and fishing. Most of them live in absolute poverty. Poor health status due to malaria, HIV/AIDS, and maternal and childhood illness are the main contributing factors to the high poverty level in the sub county. Poverty, gender inequality, and cultural factors prevent women from adopting health practices that are essential for their survival and that of their children.

Samia sub county, part of Busia county – lake Victoria basin was selected because it has one of the highest malaria prevalence (38%) against a national prevalence of 5% and most recently participated in a mass net distribution and has well established community health volunteers (CHVs) who are front line public health workers who serve as a link between health services and the community. CHWs facilitate access to services at the community level and improve the quality and cultural competence of service delivery.

1.2 Research Problem

Social marketing seeks to develop and integrate marketing concepts with other approaches to influence behaviours that benefit individuals and communities for the greater social good. Social marketing practice is guided by ethical principles. It seeks to integrate research, best practice, theory, audience and partnership insight, to inform the delivery of competition sensitive and segmented social change programmes that are effective, efficient, equitable and sustainable. Common features in these interventions include awareness raising, training of health care workers and external subsidy of healthcare implements and materials.

Use of long lasting insecticidal net (LLIN) is now the central focus for the control of malaria campaign, and disease-endemic countries have embarked on large-scale LLINs distribution programmes. Social marketing has emerged as a promising way of combining public and private resources to expand the use of insecticide treated nets. It involves the application of commercial marketing techniques to behavioural change and the provision of the nets to those who live at risk of malaria. public health goods
The current study seeks to establish the social marketing strategies that have been applied to increase penetration of LLINs in malaria prone area of Busia in Kenya.

Social marketing has been proven to be effective in promoting positive behaviour change. Hanson et al (2008) established that despite the substantial investment in the branding and promotion of insecticide-treated net products, the costs of this social marketing project are considerably lower than those of many other distribution models that have been used for such nets. Sexton (2011) established that social marketing was one of the best methods of net distribution in sub Saharan Africa. Nair and Nair (2012) established that behaviour change communication is an effective strategy for increasing immunization coverage in immunization social marketing campaigns. Saini and Mukul (2012) in a study in South Asia established that for any social marketing programme to succeed effective planning and strategies are required which are specific to the community.

In Kenya, various studies have been done on use of social marketing. Tilson (2007) did a study on the Social Marketing of ITNs in Kenya and established that PS Kenya have been in the frontline of using social marketing to distribute these nets since 2000. Gichane (2011) studied adoption of social marketing concept by private hospitals in Nairobi. The study established that private hospitals in Nairobi have adopted social marketing widely in changing people's behaviour for better health

outcomes. This includes change in eating habits, encouraging medical checkups and exercises. Owino (2011) further studied the application of social marketing strategies by PSI in promoting behaviour change and family planning. The study established that PSI have applied condom advertisement and targeted messages aimed at changing behaviour for good health outcomes in family planning and controlling sexually transmitted infections. Kinyua-Njuguna (2011) studied the effect of social marketing strategy on performance of community based organizations (CBOs) working in HIV and AIDS sector in Nairobi County. This study established that CBOs that used social marketing were more successful in meeting their objectives.

Past studies reviewed indicate that social marketing is an area which has not been studied comprehensively. This is because the various studies have focused on application of social marketing but have not focused on effectiveness of the programmes in promoting behaviour change or in influencing market penetration. This study therefore sought to fill this research gap by establishing how social marketing strategies relate to market penetration of LLINs in Samia sub county, Busia. The study sought to answer the following research questions; i) which social marketing strategies have PS Kenya applied in promoting use of LLINs in Samia Sub county, Busia, ii) What is the influence of the applied social marketing strategies in market penetration of LLINs in Samia Sub county, Busia.

1.3 Research Objective

- i. To establish which social marketing strategies have been applied by PS Kenya in promoting use of LLINs in Samia sub county, Busia County, Kenya
- ii. To establish the influence of social marketing strategies on market penetration of LLINs in Samia Sub county, Busia County, Kenya

1.4 Value of the Study

These study findings will not only be applied in practice by policy makers and practitioners in health but will also be useful for theory. The findings can be used by students and professionals in marketing and public health to establish how social marketing can be used to influence health outcomes. Further, the study can be used by future researchers as a basis for further research. The limitations encountered in this research can be used as a learning point by future researchers

Further, this study will be of value to Government / Ministry of Health in refining strategies and inform policy in combating malaria in the county and within the country as a whole. Further, it will also contribute to strengthening the importance of behavior change communications as a key strategy in prevention and management of all other health interventions within the government.

Lastly, this study will inform NGOs and other stakeholders supporting the fight against malaria, specifically to understand what key elements are important to increasing access and use to nets within a community, in an effort to reduce malaria incidences.

1.5 Summary

This chapter has provided the introduction to the study. Presented in the chapter is the background of the study, statement of the problem, objectives of the study and the value of the study. In the background to the study, the chapter has presented a discussion on social marketing concept, market penetration,, Nongovernmental organizations and introduced the Population Services International. Moreover, the chapter has presented a background of Samia Sub County in Busia County, Kenya. In the statements of the problem, the chapter has presented the conceptual, theoretical and contextual gap that the study sought to fill. The chapter has also presented the purpose of the study and the objectives that the study attained. Lastly, the chapter has presented the value of the study to PS Kenya, NGOs, and social marketing scholars and academicians. In the following chapter, the study presents the review of literature.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents a review of literature on social marketing concept, social marketing strategies and market penetration. The very first formal definition of social marketing offered by Kotler and Zaltman in 1971 that social marketing is the design, implementation and control of programmes calculated to influence the acceptability of social ideas and involving considerations of product planning, pricing, communication, distribution, and marketing research (Cheng, Kotler and Lee, 2011). The current study sought to establish how social marketing strategies are applied by PS Kenya in Samia Sub-county, Busia County of Kenya to enable market penetration for LLINs.

2.2 Theoretical Foundation

This study will be based on the Health Belief Model (HBM) (Bloom and Gundlach, 2007). This is a theory which has been mostly used in numerous social marketing projects. HBM was originally designed to explain why people did not participate in programmes to prevent or detect diseases. The core components of HBM include perceived susceptibility, perceived severity, perceived benefits, perceived barriers and cues to action. Perceived susceptibility is the subjective perception of risk of developing a particular health condition. Perceived severity is feelings about the seriousness of the consequences of developing a specific health problem. Perceived benefits are beliefs about the effectiveness of various actions that might reduce susceptibility and severity. Perceived barriers are potential negative aspects of taking specific actions. Cues to action are bodily or environmental events that trigger action.

In establishing adoption of LLINs in malaria prone areas, the HBM theory is seen as particularly applicable since the decision by members in the community to use LLINs is seen as a decision made after considering perceived susceptibility, perceived severity, perceived benefits, perceived barriers and cues to action.

2.3 Social Marketing

Since its inception, social marketing, as a discipline, has made enormous strides and has had a profound positive impact on social issues in the areas of public health, injury prevention, the environment, community involvement, and more recently, financial well-being (Lee et al., 2011). Fundamental principles at the core of this practice have been used to help reduce tobacco use, decrease infant mortality, stop the spread of HIV/AIDS, prevent malaria, help eradicate guinea worm disease, make wearing a motorbike helmet a social norm, decrease littering, stop bullying, increase recycling, encourage the homeless to participate in job training programmes, and persuade pet owners to license their pets.

Similar to commercial sector marketers whose objective is to sell goods and services, social marketers' objective is to successfully influence desired behaviours. Social marketing is applied to influence target audiences to do one of four things: (a) accept a new behaviour; (b) reject a potentially undesirable behaviour; (c) modify a current behaviour; or (d) abandon an old undesirable behaviour. It may be the encouragement of a one-time behaviour or the establishment of a habit and the prompting of a repeated behaviour. More recently, Lee, Rothschild and Smith (2011) suggested a fifth arena, in which social marketing wants to influence people to continue a desired behaviour and a sixth, in which it seeks to motivate people to switch a behaviour.

In the commercial sector, the primary aim is selling goods and services that will produce a financial gain for the corporation. Given their focus on financial gain, commercial marketers often favor choosing primary target audience segments that will provide the greatest volume of profitable sales (Cheng et al., 2011). In social marketing, segments are selected based on a different set of criteria, including prevalence of the social problem, ability to reach the audience and readiness for change. In both cases, however, marketers seek to gain the greatest returns on their investment of resources.

Although both social and commercial marketers recognize the need to identify and position their offering relative to the competition, their competitors are very different in nature. Because, as stated earlier, the commercial marketer most often focuses on selling goods and services, the competition is often identified as other organizations offering similar goods and services. In social marketing, the competition is most often the current or preferred behaviour of our target audience and the perceived benefits associated with that behaviour, including the status quo. This also includes any organizations selling or promoting competing behaviours (for example the tobacco industry) (Andreasen, 2006).

Despite the differences between commercial and social marketing, there are many similarities between the social and commercial marketing models. First, a customer orientation is critical. The marketer knows that the offer (product, price and place) will need to appeal to the target audience, solving a problem they have or satisfying a want or need. Secondly, exchange theory is fundamental. The target audience must perceive benefits that equal or exceed the perceived costs they associate with performing the behaviour. As indicated by Kinyua (2011), social marketing paradigm is often thought as a deal making process. Further, marketing research is used

throughout the process. Only by researching and understanding the specific needs, desires, beliefs, and attitudes of target adopters can the marketer build effective strategies. Moreover, audiences are segmented. Strategies must be tailored to the unique wants, needs, resources, and current behaviour of differing market segments. In both types of marketing, all 4Ps are considered. A winning strategy requires an integrated approach, one utilizing all relevant tools, not just relying on advertising and other persuasive communications. Lastly, results are measured and used for improvement (Andreasen and Herzberg, 2005). Feedback is valued and seen as free advice on how to do better next time.

Social marketing principles and techniques have been used with success to improve public health, prevent injuries, protect the environment, increase involvement in the community (Saini and Mukul, 2012), improve use of ITNs (Sexton, 2011), reduce spread of HIV and Aids (Kinyua, 2011) and enhance financial well-being. Those engaged in social marketing activities include professionals in public sector agencies, nonprofit organizations, corporate marketing departments and advertising, public relations, and market research firms. A social marketing title is rare, and social marketing is most likely to fall within the responsibility of a programme manager or community relations or communications professional.

2.4 Social Marketing Strategies

For social marketing programme (SMP) to be effective, there are a number of strategies that can be applied to make the process fit and focused to the target group. Various strategies have been used by NGOs and government agencies to induce the required behaviour.

2.4.1 Using the Marketing Mix

The first strategy is using all the Ps of marketing in the SMP. Marketing techniques play an important role in the implementation of social programmes. The mapping of SMPs reveals that organizations have used the six Ps of marketing techniques in implementing SMPs. For example, positioning was observed to be a very key factor in the modified marketing sanitation programme by N-MARC (N-MARC Brochure, 2012). It is also observed that programmes executed with little or no application of marketing techniques are relatively ineffective, which led to the increased use of marketing techniques later on. In 2007–2008, WaterAid-India had stimulated the demand for sanitation through social marketing and hygiene promotion. Later, an increase in demand for latrines can largely be attributed to marketing techniques used in it (Saini and Mukul, 2012).

2.4.2 Partnerships

Partnership is one of the major elements in all the SMPs. In various SMPs in Asia, there was a partnership with different agencies for several purposes such as supplies, distribution and promotion. Specifically, successful franchise service models were mainly based on the partnership model. Partnership is vital in communicating a social message, and distributing products and services to the target audience. For example, without partnership it would have been very difficult, if not impossible, for the Eliminate Leprosy programmes to reach the inaccessible poor; and to distribute family planning products in remote/rural areas of Bangladesh and Nepal. In social franchises GreenStar and N-MARC, partnership with manufacturers was instrumental in providing good quality products to the low-income population at a cheaper rate. In the case of Key Social Marketing Project (KSM), was partnership with leading

international and local pharmaceutical manufacturers in Pakistan (for instance Pharmacia and Upjohn, Wyeth, and Zafa), which played a critical role in improving the availability of high-quality hormonal contraceptives at an affordable rate. To make the collaboration with manufacturers a win-win situation, KSM helped them with marketing support, and they in turn offered commercial distribution and medical detailing of affordable hormonal methods.

2.4.3 Branding

Branding is an important and powerful element of SMP. Branding plays a variety of roles in the success of SMP (Basu and Wang, 2009). Identifying the market, simplifying product handling, signifying quality and providing competitive advantage are some of the major functions of a brand (Kotler and Lee, 2008). Brands also play a critical role in building relationships, considering fundamental values linked to behaviour, segmentation, differentiation, simplification and organization, and bringing different partners and collaborators together. In Kenya, branding of condoms on Kenya has been applied when they branded 'Trust' condoms (PSI Kenya, 2012).

Branding plays the following roles in a product focused SMPs: First, brand advertising conveys better quality. Individuals tend to believe that an advertised brand is of higher quality than unbranded condoms. Second, heavily advertised brands become generic, especially in less-developed economies, leading to less embarrassment at point of purchase. It is less embarrassing to ask for a 'brand' (such as Trust) than for 'condoms'. Third, branding facilitates market segmentation. In Kenya, Trust condom was well established as a mainstream condom brand and then PSI Kenya introduced Trust Studded at a higher price to appeal to a higher income market segment (PSI Kenya, 2012).

Overall, branding not only helps in selling the product but also communicating programme objectives in a more effective manner. The messages associated with a strong product brand have been more impactful than those without a brand because the brand-associated messages make it easier for the audience to identify who the messenger is, and what their motivations are. However, it should be noted here that the effectiveness of branding in social marketing depends on how well the brand fits with the cultural morals of the target group. To achieve a cultural fit, there must be an emphasis on deep consumer insight and placing the consumer at the heart of all activities (Andreasen, 2006). In Kenya, PS Kenya has used brand names such as Trust, Powertab and Supanet to market its various products to the various target groups. These brands signify good values like trust, quality and power in combating risks to health.

2.4.4 Communication Strategy

This involves the use of society-focused, innovative, and integrated behaviour changes communication strategy. Across all SMPs, society-focused promotion dominates individual-focused promotion. This may be due to the nature of the social issues that these programmes are expected to address. Saathiya, a campaign targeted to young couples to help young married couples in India make informed choices about when to start childbearing and how many children to have, used effective and universal communication with various target groups such as young married couples, local chemists, doctors and other groups of society. The programme was promoted to all relevant sections such as multipurpose public health assistants, supervisors and medical officers. Focusing marketing efforts towards behaviour change communication rather than merely pushing sales have a positive impact on the

outcome of a particular SMP. Integrated behaviour changes communication increases the effectiveness of communication messages (Nair and Nair, 2012).

Friendly media towards the target group should be used for the promotional campaigns to ensure that these messages are delivered in such creative ways that the target group could relate to them and develop some comfort level with the issue (O'Sullivan, 2010). These people-friendly communication channels not only makes it easier for hitherto reserved people to open up and demand such products and services but also paves the way for long-term positive behavioural changes. The creative convergence of various methods of communication, appropriate content and a people-friendly communication strategy contributes towards a greater acceptance of the product by a larger population.

2.4.5 Human Resources

Quality of human resources (including training and programme delivery skills) are considered critical for SMP implementation. Two important aspects of quality are observed. First, the quality of the products being supplied and second, the quality of the services associated with the use of products. Both of these are found to be critical in the implementation of an SMP. It is the quality of interaction (especially the 'humane element' in it) between care providers and receivers that becomes important in SMP implementation however become more complicated and difficult to deliver when they need a high level of technical skills. Unfortunately, many providers have generally been found wanting in this regard (O'Sullivan, 2010). To ensure quality services, some NGOs adopt three main strategies for improving the quality of care, that is, training to the providers, standardizing the information given (by promoting the use of audio cassette), and organizing monitoring as well as motivational visits (to

keep their providers enthused, engaged and on track). GreenStar established the system of organizing customized training programmes, which the providers were required to go through, and in these programmes, person-specific training was given to all trainee providers to improve the level of care they were able to deliver to customers.

2.4.6. Innovative and Targeted Distribution

Distribution strategies adopted by the SMPs should be quite innovative and targeted and complement the very nature of social issues touched by these SMPs and the context in which they are located often necessitates that the right target groups are approached in the correct way. For example, it was the demand of the situation that made N-MARC come up with innovative distribution strategies to increase access to health-related products in Nepal's remotest areas such as using rickshaws as mobile condom-selling units, rural sales representatives in mountain areas, and celebrating 'market days' for promotion and selling, touched the right chord with people.

Unlike western countries, social marketing in developing countries faces a distinct set of challenges because of a lack of reliable public infrastructure, unreliable funding and political priorities of donors (Smith, 2009); Moreover, in western countries, social marketing has been typically applied to issues such as energy consumption, antismoking, prevention of alcohol and drug abuse and safer driving (Kotler and Lee, 2008; Smith, 2009) whereas in less developed or developing regions (such as South Asia and sub Saharan Africa), it has been applied to areas such as family planning, maternal and child health, HIV/STI prevention.

2.5 Market Penetration

Market Penetration is a measure of the adoption of a product or service compared to the total theoretical market for that product or service (Wilkie, Johnson and White, 2012). It is defined as the number of people who buy a specific brand or a category of goods at least once in a given period, divided by the size of the relevant market population. Market penetration occurs when a company penetrates a market in which current or similar products already exist. The best way to achieve this is by gaining competitors' customers, attracting non-users of your product or convincing current clients to use more of your product/service (for example by advertising).

Penetration metrics help indicate which of these strategies would be most appropriate and help managers to monitor their success (Farris, Bendle, Pfeifer and Reibstein, 2010). Market penetration is often the best measure of what the performance of the organization in the market is in relation to other performers in the market and is a business strategy that concentrates an organization's efforts toward the expansion of an existing market share in a current product market. Using this strategy, a company relies on heavy advertising to influence the customer's choice of brands and to create a brand name reputation for its product.

2.6 Social Marketing Strategies and Market Penetration

PS Kenya has implemented social marketing for more than 20 years and has significantly contributed to improving health outcomes across different health areas with products and services. Trust condoms have dominated the condom market, reporting a market share of 72% against other commercial condoms such as Salama who has a market share of 22% (PS Kenya 2014). In regards the number of condoms sold, a snap shot of the sales reports indicate that sales has grown from 15million in 2001 to 40 million in 2013. While this gives a good picture of market penetration,

the essence of social marketing is to change behavior and that too, has seen major improvements. Consistent condom use has significantly improved from 22% in 2001 to 46% in Men and 32% in women, among casual partners between the ages of 15 – 64. This increased penetration of product has grown over the years as a result of trade promotional activities including targeted distribution and consumer promotion. Distribution channels utilized include traditional trade, bars, commercial street workers and other community based distribution mechanisms, complemented by heavy consumer advertising on radio, TV, relevant youth forums, including social media (PSI Kenya, 2012).

2.7 Summary

This chapter has presented a review of literature on social marketing concept, social marketing strategies and market penetration. The Health Belief Model (HBM) has been discussed which is the theory that guided the study. Moreover, the chapter has discussed theoretical and empirical literature that relates to social marketing strategies which has included using the marketing mix, partnerships, branding, communication strategy, human resources and innovative and targeted distribution. Additionally, the chapter has presented literature on market penetration and how social marketing strategies relate to market penetration. The following chapter presents the methodology that was used in the study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the methodology that was used to carry out the study. The chapter considers in detail the methods that were used to collect the primary data required to satisfy the study objectives. In this chapter, the research design, population size and sample size are discussed. Data collection methods and data analysis techniques are also presented in this chapter.

3.2 Research Design

This study was carried out using a cross-sectional survey approach. This enabled the researcher to analyze how social marketing strategies have been applied by PS Kenya and how these have influenced market penetration of LLINs in Samia Sub-county, Busia County.

A cross-sectional study is a type of descriptive study where information about a phenomenon is carried out at a particular short period of time from a part of the study population. This means that researchers record information about their subjects without manipulating the study environment. The benefit of a cross-sectional study design in this study is that it allowed the researcher to compare many different responses at the same time. This therefore provided a correct indication on the influence of social marketing in market penetration of LLINs at that particular point without any interference from the researcher.

3.3 Population of The Study

The population of this study was the implementers of the LLIN programme in Samia sub-county, Busia County, including PS Kenya staff and other stakeholders including

Ministry of Health employees in the health centres that participated in LLINs distribution. The population included 22 PS Kenya staff who participated in the programme, 12 volunteer community members and 10 staff from the ministry of health who worked in the health centres that participated in the LLIN distribution. The target respondents were all 44 of the implementing staff who were involved in the LLIN distribution programme in Samia Sub-county.

There was no sampling in this study as all implementing staff participated in the survey. This therefore was a census of all the programme staff in Samia sub-county.

3.4. Data Collection

This study utilized primary data. Primary data was collected using semi structured questionnaires administered to the employees in the LLIN distribution programme in Samia Sub-county. The questionnaire was designed to address the research questions. It had questions that sought to establish the social marketing strategies that were applied by PS Kenya in LLIN distribution programme in the sub-county. The effect of these strategies on market penetration of the LLIN in the sub-county was also sought. The questionnaire consisted of both open and close-ended questions. Close-ended questions included likert type questions that were intended at weighing perceptions of respondents on the factors under study. Open questions were aimed at getting deeper information from the respondents about social marketing strategies applied and how these had influenced market penetration. The questionnaire was self-administered. The questionnaire was distributed to the implementing staff at their duty stations in the Samia sub-county.

3.5. Data Analysis

Analysis of data started with sorting out the questionnaires and establishing that they were correctly filled. Only correctly filled questionnaires were considered for analysis. After sorting and editing, data from the questionnaires was coded into statistical package for social sciences (SPSS) which aided in analysis. The data and information obtained through the questionnaires was analyzed either through descriptive statistics or content analysis depending on the type of data collected.

Descriptive statistics was applied on the closed questions (quantitative data) while content analysis was used to analyze data from open questions (qualitative data). Descriptive statistics used were percentages, mean scores and frequency distributions. The results from the analysis were presented using tables, pie charts and bar graphs.

Inferential statistics specifically correlation analysis regression analysis was used to determine the relationship and the influence of social marketing strategies on market penetration of long lasting insecticide treated nets.

3.6 Summary

This chapter has presented the research methodology that was applied in the study. Specifically, the chapter has presented in detail the research design, population of the study, data collection instruments and methods and data analysis techniques applied. The following chapter presents the data analysis, findings and discussion of the findings.

CHAPTER FOUR

DATA ANALYSIS, FINDINGS AND DISCUSSION

4.1 Introduction

This chapter presents the analysis of data, research findings, and discussion of the findings. The study sought to investigate social marketing strategies and how they relate to market penetration of LLINs in Samia Sub County of Busia County. The findings presented in this chapter entail results on social marketing strategies adopted by PS Kenya and its effect on market penetration of LLIN in Samia Sub County, Busia County. The findings, interpretation and presentation are provided as per research objectives.

4.2 Response Rate

To attain the objectives of the study, data was collected using a questionnaire to the 44 implementers of the LLIN programme in Samia Sub County, Busia County. Of the 44 programme personnel who were issued with the questionnaire, 37 responded which was a response rate of 84%. This was adequate considering that Babbie (2011) indicates that a response rate of more than 60% is considered adequate in research.

4.3 General Information

The study sought to find out the role or responsibility of the respondents in the programme. Findings contained in Table 4.1 revealed that 60% of the respondents were project field staff who included community volunteers and health centre workers, 24% were in project support while 16% were in project management. Further, all the respondents indicated to be aware of the social marketing practices adopted by PS Kenya in the LLIN net distribution in Samia Sub County, Busia County.

Table 4.1: Role of the Respondent

| Role | Frequency | Percent |
|--|------------------|----------------|
| Project management | 6 | 16 |
| Project Support | 9 | 24 |
| Project field staff (including health centre staff and community volunteers) | 22 | 60 |
| Total | 37 | 100 |

4.4 Application of Social marketing Strategies

The study inquired about the social marketing strategies applied by PS Kenya in the LLIN distribution in Samia. Several strategies were listed and respondents were requested to indicate their level of agreement or disagreement to the statements. Rating was on a scale of 1 – 5 (1- Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 - Strongly agree). Mean scores (MS) and standard deviations (SD) were used to analyze the responses with results being as presented in the Table 4.2.

Table 4.2: Strategies applied to enhance market penetration

| Strategy | MS | SD |
|--|-----------|-----------|
| Conducting free distribution of LLINs in the sub county | 4.14 | 1.067 |
| Selling of LLINs in the sub county | 2.14 | 0.946 |
| The implementation of communication activities | 3.90 | 0.928 |
| Creating partnerships with governmental, NGOs and other entities | 3.87 | 1.556 |
| Branding | 4.79 | 1.152 |
| Training human resources (including training in programme delivery skills) | 4.17 | 1.291 |
| Innovative and targeted distribution strategies | 4.37 | 0.917 |
| Using targeted media campaigns | 4.17 | 1.102 |

| | | |
|--|------|-------|
| Selecting media that is friendly to target group | 4.22 | 1.015 |
|--|------|-------|

The study findings indicate that strategies mostly used included branding (MS = 4.79; SD = 1.152), innovative and targeted distribution strategies (MS = 4.37; SD = 0.917), selecting media that is friendly to target group (MS = 4.22; SD = 1.015), using targeted media campaigns (MS = 4.17; SD = 1.102), training human resources (including training in programme delivery skills) (MS = 4.17; 1.291) and conducting free distribution of LLINs in the sub county (MS = 4.14; SD = 1.067). The standard deviations indicate that respondents were much in agreement (not dispersed) in relation to application of innovative and targeted distribution strategies (SD = 0.917) and in the strategy involving selecting media that is friendly to target group (1.067). However, responses in relation to the strategy of using targeted media campaigns (SD = 1.102) and training human resources including training in programme delivery skills (SD = 1.291) seemed to be much dispersed.

Respondents were further asked an open question regarding the mostly applied strategies by PS Kenya in distribution of LLINs in Samia County. The respondents indicated that aggressive commercial sector distribution was adopted to widen the availability of nets in urban and rural shops and stores. Moreover subsidizing the prices was also a strategy that was being applied to a great extent aimed at increasing affordability of nets through a two-tier subsidy, with a total subsidy in very interior and rural areas. Moreover, respondents indicated that there was increasing demand for nets through an intensive regional communication campaign using the media that were popular in the area. In addition, respondents indicated that PS Kenya worked closely with the public and private clinics (Tunza clinics) to develop ways to increase the total net market in Samia Sub County.

Moreover, the study established that routine health services, retailers and community-based agents were used to deliver LLINs on a continuous basis. Time limited strategies either integrated the distribution of LLINs with a public health campaign or delivered LLINs through a stand alone campaign. Most continuous strategies partially subsidized the delivery of LLINs, whereas all time limited strategies fully subsidized delivery of LLINs. Most strategies that used routine health services targeted pregnant women or women with children less than five years. Additionally, respondents indicated that all strategies involving time limited integrated campaigns and stand alone campaigns targeted children under 5, whereas strategies using retailers and community based delivery provided LLINs to the general population.

Additionally, the study established from the respondents that a baseline survey was conducted in the area to establish the need for an LLIN at the household level using community health volunteers. Once the need was established, the head of the household liaised with the community health volunteer who then verified the need by visiting the household and upon verification on need for a net, the community health volunteer would then give the household head a coupon which they used to redeem the LLIN at the nearest health facility for free. However, households which appeared to be well off economically were given subsidized coupons at a small fee. The study further established that the selected community health volunteer were trained on how to establish need for nets at the household levels which was the basis of referral to a public health facility. Another strategy that PS Kenya applied in the LLIN distribution was partnerships. PS Kenya develop training tools, and job aids with partnership with the Division of Malaria control (DoMC) and the vector control technical working group among other local partners.

4.5 Effectiveness of Social marketing Strategies on market penetration

The study sought to establish the effectiveness of the strategies that PS Kenya applied in LLIN distribution in Samia Sub County. Respondents were required to indicate the effectiveness of the applied strategies in enabling market penetration of LLINs in Samia sub-county. The rating applied was on a scale Of 1 to 5 (1 = Not effective; 2 = moderately effective; 3 = Effective; 4 = Very effective). Data was analyzed using mean scores and standard deviation with results presented in the Table 4.3.

Table 4.3: Effectiveness of Strategies in enhancing penetration

| Strategy | MS | SD |
|--|------|-------|
| Conducting free distribution of LLINs in the sub county | 4.73 | 1.139 |
| Selling of LLINs in the sub county | 1.65 | 1.061 |
| The implementation of communication activities | 4.33 | 1.095 |
| Creating partnerships with governmental, NGOs and other entities | 4.29 | 1.213 |
| Branding | 4.32 | 0.945 |
| Training human resources (including training in programme delivery skills) | 4.11 | 1.192 |
| Innovative and targeted distribution strategies | 4.27 | 0.827 |
| Using targeted media campaigns | 4.12 | 1.291 |

The study established that most effective strategies applied included conducting free distribution of LLINs in the sub county (MS = 4.73; SD = 1.139), implementation of communication activities (MS = 4.33; SD = 1.095), branding (MS = 4.32; SD = 0.945), creating partnerships with governmental, NGOs and other entities (MS = 4.29; SD = 1.213), using targeted media campaigns (MS = 4.12; SD = 1.291) and training

human resources (MS = 4.11; SD = 1.192). The standard deviations indicate that respondents were much in agreement in relation to the effectiveness of innovative and targeted distribution strategies (SD = 0.827) and branding (SD = 0.945) as they had low standard deviation (low dispersion). However, ratings in the effectiveness of the other strategies seemed to be much varied among the respondents as per the higher standard deviations.

Respondents were also requested to indicate the particular strategies or activities that were overly effective in increasing usage of LLINs in Samia sub-county. The study established that among the most effective strategies was the fully subsidized net distribution that to the 15 public and private (Tunza) health facilities targeting children under one year and pregnant women. Further the study also established that social marketing of LLINs through CBOs and rural retail outlets based in urban centres of Samia Sub County were also effective. Moreover, the study also established that the Continuous Community LLIN Distribution in Samia sub-county sought to sustain universal coverage levels through community distribution channels through partnerships with groups and mass media in the area.

Moreover, PS Kenya applied Behavior Change Communication (BCC) strategies in the various areas of the beneficiary sub county. The practices utilized included interpersonal communication in small group sessions especially in net distribution sites and individual door to door barrier analysis and counselling by trained community health volunteers.

Additionally, the study established that mass media campaigns were harnessed through local radio station (Mulembe FM) with targeted listeners through interactive activation campaigns. To complement mass media (radio), USAID and DFID funding

had been leveraged to undertake outdoor advertising in shopping centres, bill boards and branding of public clinics and private (Tunza clinics).

The study established that the strategies applied were effective as the programme managed to distribute over 15,000 nets in the sub county which was the largest distribution as yet in the sub county. Further, the study established that usage of LLIN nets improved. Distribution points focused at the public and private health facilities offering Antenatal clinics and child welfare clinics) in priority regions. The distributors targeted pregnant women (identified through ANC visits) and children under the age of one (through immunization visits). This distribution strategy was effective as it reached most of the population at risk.

4.4 Discussion of Findings

The project sought to establish the social marketing strategies applied by PS Kenya in LLIN distribution in Samia Sub County and determine how these strategies had contributed to market penetration in net utilization. First, the study sought to establish the marketing strategies applied by PS Kenya in LLIN distribution. The study results indicated that branding (MS = 4.79) was one of the mostly applied strategies. This finding agrees with Kotler and Lee'(2008) observation that identifying the market, simplifying product handling, signifying quality and providing competitive advantage are some of the major functions of branding in social marketing. They therefore indicated that social marketing campaigns should involve branding to ensure that the product is well identified by the target market.

Further, the study established that application of innovative and targeted distribution strategies (MS = 4.37) was another approach applied in LLIN distribution in Samia

Sub County. Smith (2009) had indicated that for SMPs should have innovative and targeted distribution strategies to ensure that they relate with the intricacies of the social issues in the community context. This can increase the possibility of being effective in achieving the social marketing objectives.

Other strategies that were reported to be highly applied by PS Kenya were selecting media that is friendly to target group (MS = 4.22) and using targeted media campaigns (MS = 4.17). The study applied mostly *Mulembe FM*, to ensure that the message on importance of LLINs reached the target population. This was done through having interactive programmes where listeners would ask questions about malaria and LLINs. This related to the findings by Nair and Nair (2012) that the objectives of the communications strategy in social marketing are to increase demand and consumer willingness to pay for the product or service in question. Moreover, communications strategy is applied to increasing awareness among the target population about the issue at hand. In the case of the LLINs distribution programme at Samia Sub County, the communication strategy was targeted at increasing knowledge of parents with young children and pregnant women that LLINs are the most effective protection from malaria, increasing knowledge about the importance of treating nets with insecticide and increasing consumer awareness of which household members are most vulnerable to malaria (pregnant women and children under five years) so that they receive preferential access to nets.

Similarly, the study established that training human resources (including training in programme delivery skills) (MS = 4.17) was another major strategy applied by PS Kenya. The findings concur with results by O'Sullivan (2010) that quality of human resources participating in the social marketing program is considered critical for SMP implementation success. It is the quality of interaction, especially the human element,

between care providers and receivers that becomes important in SMP implementation. In the current study, training of field project staff was seen as instrumental and this was the first project activity that was carried out.

PS Kenya also highly utilized free distribution of LLINs in the sub county (MS = 4.14). This was informed by the baseline survey and survey of need that indicated that most of the residents in Samia Sub County could not afford the LLINs at market rates. This made PS Kenya to partner with USAID and DFID for funding to enable free distribution of nets in the sub county. This is a part of the targeted distribution where the need for the nets is first determined and then distribution to the needy is effected. This was indicated in a study by Smith (2009) to be an applicable strategy where the social marketing program targets the vulnerable and disadvantaged segment of the population.

The study established that some of the adopted social marketing strategies were effective in enhancing market penetration of LLINs in Samia Sub County. Among the most effective strategies was conducting free distribution of LLINs in the sub county (MS = 4.73). This was a strategy that ensured that even those who could not afford the cost of the nets could make use of them. The study by Smith (2009) had similar findings indicating that N-MARC came up with innovative distribution strategies to increase access to health-related products in Nepal's remotest areas such as using rickshaws as mobile condom-selling units, rural sales representatives in mountain areas, and celebrating 'market days' for promotion and selling, touched the right chord with people. The current study indicated that PS Kenya targeted mothers and pregnant women as they went for antenatal clinics or as they took their children for immunization. These were effective distribution channels as young children and pregnant women have been indicated to be at high risk of death from malaria.

Implementation of communication activities (MS = 4.33) and use of targeted media campaigns (MS = 4.12) were effective strategies that enhanced market penetration of LLINs in Samia County. This concurs with the findings by Nair and Nair (2012) who noted that in the Saathiya campaign (targeted to young couples to help young married couples in India make informed choices about when to start childbearing and how many children to have), use of effective and universal communication with various target groups such as young married couples, local chemists, doctors and other groups of society was applied and made that program to be effective. This program applied various communication strategies including focused marketing efforts towards behaviour change communication. In the current study, interactive programs in mass media were utilized to communicate the need for LLINs in combating malaria.

Branding (MS = 4.32) was effective in increasing market penetration of LLINs. This agrees with findings by Basu and Wang (2009) that branding plays the following roles in a product focused SMPs; increased perception of the advertised brand being high quality, helps in selling the product and also communicating programme objectives in a more effective manner. In the current study, the LLIN messages associated with the nets communicated quality and protection to the target population. This made more people in Samia to use the LLINs supplied.

Creating partnerships with governmental, NGOs and other entities was considered to be highly effective in enhancing marketing penetration (MS = 4.29) for the LLINs in Samia. This agrees with the observation by N-MARC (2012) that partnership is one of the major elements in all the SMPs. N-MARC had noted that in various SMPs in Asia, partnership with different agencies was the overriding factor that determined the effectiveness in ensuring market penetration of the products or services being marketed. For instance, Key Social Marketing Project (KSM) achieved high market

penetration due to partnership with leading international and local pharmaceutical manufacturers in Pakistan such as Pharmacia, Upjohn, Wyeth and Zafa. In LLINs distribution in Samia sub county, PS Kenya engaged in partnerships with USAID, DFID, Division of Malaria control, Mulembe FM, net manufacturers and health centres to enhance market penetration of LLINs in Samia Sub County.

Training of community health volunteers (MS = 4.11) was another effective strategy applied by PS Kenya. Respondents indicated that this strategy was able to enhance market penetration of LLINs. This concurs with a study by O'Sullivan (2010) which had established that some NGOs adopt three main strategies for improving the quality of care, that is, training to the providers, standardizing the information given (by promoting the use of audio cassette or job aid), and organizing support supervision visits (to keep their providers enthused, engaged and on track). The study gave an example of GreenStar project which had established the system of organizing customized training programmes, which the providers were required to go through, and in these programmes, person-specific training was given to all trainee providers to improve the level of care they were able to deliver to customers. In the current study, PS Kenya engaged in training the community health volunteers on how to establish need, train and advice households on malaria and LLINs.

4.5 Summary

This chapter has presented the data analysis, findings and discussion of the findings. In the chapter, the response rate and the general information of the respondents and the study area have been presented. Moreover, the chapter has presented findings on application of social marketing strategies by PS Kenya in Samia Sub County, and the effectiveness of social marketing strategies on market penetration in the sub county.

Moreover, the chapter has presented the discussion of findings which has compared and contrasted the findings with previous findings in the same subject area. The following chapter presents the summary, conclusions and recommendations from the study.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This section provides the summary of findings. In section 5.2, summary of findings are presented while in section 5.3 conclusions are provided. Section 5.4 presents recommendations that are made in the study after considering the study findings.

5.2 Summary of Findings

The study established that strategies mostly applied by PS Kenya included branding, innovative and targeted distribution strategies, selecting media that is friendly to target group, using targeted media campaigns and training project implementing personnel. Other strategies utilized included free distribution of LLINs in the sub county and engaging in partnerships with both local and international organizations.

Moreover, aggressive commercial sector distribution was adopted to widen the availability of nets in urban and rural shops and stores. PS Kenya worked closely with the public and private clinics (Tunza clinics) to develop ways to increase the total net market in Samia Sub County. Routine health services, retailers and community-based agents were used to deliver LLINs on a continuous basis. Time limited strategies either integrated the distribution of LLINs with a public health campaign or delivered LLINs through a standalone campaign.

Furthermore, a baseline survey was conducted in the area to establish the need for an LLIN at the household level using community health volunteer. Once the need was established, the head of the household liaised with the community health volunteer who then verified the need by visiting the household and upon verification on need for

a net, the community health volunteer would then give the household head access to the LLIN.

The study also established that most effective social marketing strategies included free distribution of LLINs in the sub county, implementation of communication activities, branding, creating partnerships with governmental, NGOs and other entities, using targeted media campaigns and training human resources. These were effective in increasing use and reach of LLINs in the sub county.

Further, the study revealed that fully subsidized net distribution to the 15 public and private health facilities targeting children under one year and pregnant women was effective in increasing usage of LLINs. Moreover, continuous community LLIN distribution in Samia sub-county sought to sustain universal coverage levels through community distribution channels through partnerships with groups and mass media in the area. PS Kenya, further, applied behavior change communication strategies in the various areas of the beneficiary sub county. The practices utilized included interpersonal communication in small group sessions especially in net distribution sites and individual door to door barrier analysis and counselling by trained community health volunteers. Mass media campaigns were harnessed through local Mulembe FM which targeted listeners through interactive activation campaigns. Further partnership with USAID and DFID ensured outdoor advertising in shopping centres, bill boards and branding of public clinics and private was also effected. This combination of strategies resulted to increased market penetration where more than 15,000 LLINs were distributed in the sub county.

5.3 Conclusion

The study concludes that PS Kenya adopted several social marketing strategies in its LLIN distribution campaign in Samia Sub County of Busia County. The study concludes that the major strategies applied included branding of the LLINs, adopting innovative and targeted distribution strategies such as distributing in health centres, community meetings and in door to door campaigns and selecting the popular local media (Mulembe FM) to communicate its message. The study also concludes use of bill boards and outdoor marketing also complemented the media messages. Further, targeted free distribution was also largely applied due to the low economic status of most of the target population in the sub county.

The study also concludes that the applied strategies were able to increase market penetration of LLINs in the sub county up to 15,000 LLINs which was the biggest number of distributed nets at the time of the project completion. The strategies that were instrumental in enhancing market penetration included using targeted media campaigns, training of community health volunteers, conducting free distribution of LLINs in the Sub County and innovative distribution through health centres during antenatal and immunization visits. Further, creating partnerships Division of malaria control, USAID, DFID and local partners was also instrumental in enhancing market penetration.

5.4 Recommendations for Policy and Practice

First, public or any not for profit organization engaging in social marketing should first study its target market to enable it devise innovative marketing practices that will enable it penetrate the target market and institute the desired behaviour change. Moreover, devising of innovative social marketing principles require the

organizations to create partnerships with the local community and also other outside partners to implement the programs.

Secondly, success in social marketing depends on the ability to develop partnerships, train project implementers, communicate effectively to the target population and ensure that the product is of high quality, price is affordable, distribution is innovative and targeted and the message attracts action. This may require partners who provide funding to ensure that prices are subsidized.

Moreover, it is recommended that any social marketing program should put the target individual at the centre of all adopted strategies. Social marketing should put the behavioural changing individual at the centre of the process and orchestrate a society wide network of relationships and partnerships to achieve such goals, using extensive research, evidence based information and evaluation in decision making. Further, social marketing strategies should depend on the understanding of networks, of relationships, of complex economic and social exchanges, conflict, communication, and of the link between performance and behaviour change.

Lastly, social marketing should deliver innovative insights into the communal, relational and economic exchange process that underlies marketing. These insights suggest that, marketing practitioners and academics alike, need to give serious attention to the marketplace context and social environment of the exchange, regardless of whether it is a profit or non-profit organization engaging in the exchange.

5.5 Recommendations for Future Studies

This study aimed at establishing social marketing strategies adopted by PS Kenya in market penetration of LLINs in Samia Sub County. The study focused on the LLINs

distribution program. For future studies on social marketing strategies, it is recommended that studies that focus on effect of social marketing on behaviour change in practices such as drunk driving, alcoholism, drug abuse and premarital sex should be conducted. Future studies also should do a comparative analysis of the differences in adopted strategies in various social marketing programs and how they effectively lead to behaviour change.

5.6 Limitations of The Study

As in the development of any social construct, methodology, or theory, certain aspects may be emphasized regarding relationships while unintentionally ignoring others. The mixed research approach that was applied in this study assumes a degree of limitations and constraints due to the subjective and interpretive variability of dynamic, open, human, active systems. This research is no exception as it becomes subjective in numerous respects. However, the mixture of qualitative and quantitative data in the study minimizes bias or subjectivity and makes the data collected more objective by getting information from many respondents. Consequently, repeatability and consistency may become challenges for future researchers who may wish to derive similar interpretations.

Another limitation was in distribution and collection of the questionnaires. This was a challenge since it took much time to convince the respondents of the importance of their participation. However, after much persistence from the researcher, there was a high response rate that made the study possible.

Another limitation is in generalizability of the findings to other areas and social marketing programs. This is due to the fact that the study was conducted in Samia Sub County and provided in-depth information about the social marketing strategies in the

area and how they have contributed to market penetration. This makes the study findings to be limited in generalizing the findings to other areas.

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APPENDIX

Appendix I: Questionnaire to implementing staff of the LLIN project.

This research is designed to seek information about social marketing strategies applied by PS Kenya in enabling market penetration of long lasting insecticide treated net (LLIN) in Samia Sub-county. Please be informed that your completion of this questionnaire confirms your consent to participate in this research.

Please respond to the questions as directed:

1. Please Indicate the name of this programme
.....
2. What is your position in this programme?
.....
3. Are you aware of the social marketing strategies / activities applied by PS Kenya?
Yes []
No []

If your answer is ‘Yes’, go to question 4. If ‘No’, go to question 11.

4. Indicate the level of agreement in relation to how PS Kenya applies the following strategies in enabling market penetration of LLINs in Samia County. Use the following rating (1 = 1- Strongly disagree; 2 – Disagree; 3 – Neutral; 4 – Agree; 5 - Strongly agree).

| Strategy | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|
| Conducting free distribution of LLINs in the sub county | | | | | |
| Selling of LLINs in the sub county | | | | | |
| The implementation of communication activities | | | | | |
| Creating partnerships with governmental, NGOs and other entities | | | | | |
| Branding | | | | | |

| | | | | | |
|--|--|--|--|--|--|
| Training human resources (including training in programme delivery skills) | | | | | |
| Innovative and targeted distribution strategies | | | | | |
| Using targeted media campaigns | | | | | |
| Selecting media that is friendly to target group | | | | | |
| Any Other: | | | | | |
| | | | | | |
| | | | | | |

5. Which are the mostly used strategies or practices to motivate the use of LLINs in Samia sub-county?

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.....

6. Indicate the effectiveness of the applied strategies in enabling market penetration on LLINs in Samia sub-county. Use the following rating (1 = Not effective; 2 = moderately effective; 3 = Effective; 4 = Very effective)

| Strategy | 1 | 2 | 3 | 4 |
|--|---|---|---|---|
| Conducting free distribution of LLINs in the sub county | | | | |
| Selling of LLINs in the sub county | | | | |
| The implementation of communication activities | | | | |
| Creating partnerships with governmental, NGOs and other entities | | | | |
| Branding | | | | |

| | | | | |
|--|--|--|--|--|
| Training human resources (including training in programme delivery skills) | | | | |
| Innovative and targeted distribution strategies | | | | |
| Using targeted media campaigns | | | | |
| Any Other: | | | | |
| | | | | |
| | | | | |

7. Which particular strategies or activities are overly effective in increasing usage of LLINs in Samia sub-county?

.....
.....
.....
.....
.....

8. How many nets did you distribute before the start of this project?.....

a. Of these nets, how many nets were being used?.....

9. How many nets are distributed now?.....

a. Of the nets that have been distributed, how many are being used?.....

10. What improvements would you recommend to increase the market penetration / number of LLINs being used in Samia sub-county?

.....
.....
.....
.....

11. Thank you for completing this questionnaire. If you would like a summary of the findings from this survey, please indicate your name and address in the space provided below or attach your business card

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