

THE SOCIAL MARKETING MIX USED BY NON-GOVERNMENTAL  
ORGANIZATIONS IN THEIR HIV/AIDS  
CAMPAIGNS IN KENYA

BY

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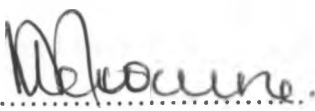

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## DECLARATION

I, the undersigned, declare that this project is my original work and has not been submitted at any college, institution or university other than the University of Nairobi for academic purposes.

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## DEDICATION

I would like to dedicate this paper to my beloved husband, Boniface Musembi, for the enormous support and encouragement offered throughout the program. I would also like to dedicate it to my brother, Johnson Ngarari, for teaching me the value of education and for having faith in my ability to reach the highest levels of academic achievement even when I don't feel like that's possible.

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## ABSTRACT

The HIV/AIDS epidemic is biggest obstacle to reducing poverty and to achieving the Millenium Development Goals (MDGs). 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. Social marketing offers a great potential in the fight against HIV/AIDS. While the contribution made by previous researchers in the subject area is appreciated, none of their studies focused exclusively on the use of social marketing mix used by NGOs fighting HIV/AIDS. As Kotler (2000) has pointed out, use of the right blend of marketing mixes can result in successful programs. This study therefore sought to determine the extent to which NGOs in Kenya use the various elements of the social marketing mix in their HIV/AIDS campaigns. It further sought to determine whether there exist any differences between the social marketing mixes used by international NGOs compared to those employed by local NGOs.

This was a descriptive survey. The population of the study comprised of NGOs with physical addresses in Nairobi that are involved in HIV/AIDS campaigns in Kenya. According to records made available to the researcher by the Kenya AIDS NGOs Consortium, there were 218 NGOs that fitted this criterion. A sample of 100 NGOs was selected randomly from the 218 that have a physical address. This sample was considered representative of the population. A structured self completion questionnaire was used to collect primary data from the respondents. The questionnaire was administered through a drop and pick method. Section A of the questionnaire was analyzed using frequency distributions and percentages. Data on Section B were analyzed using the mean scores and standard deviations. In order to determine whether there were differences in social marketing mixes used local vs international NGOs, mean scores and correlation matrices were used.

The findings indicate that the NGOs under study indeed practice many of the social marketing elements to a large extent. Product practices were mainly practiced to a very large extent with fighting stigma and communicating fatality being practiced to the greatest extent. However, issues to do with branding and use of brand names were practiced to a lesser extent. Price attributes were practiced to some extent with conducting research on affordability being the least practiced of all price attributes. Personnel attributes were practices to a large extent with most respondents agreeing on the extent of application. Process attributes on the other hand were only practiced to some extent according to the findings of this research. Promotion attributes are practiced to a large extent with some of the constituting variables being practiced to a very large extent. This was consistent for both locally and internationally owned NGOs.

Place attributes were being practiced to a large extent. This was consistent for both locally and internationally owned NGOs. Partnership attributes were practiced to a large extent which was consistent in both locally and foreign owned NGOs. Publics attributes were practiced to a large extent with keen focus on stakeholders across all NGOs studied.

The research recommended that locally owned NGOs need to learn from their internationally owned counterparts and use social marketing concepts to a greater extent than they are currently using in general. They also need to diversify their funding sources as they seem to mainly generate funds internally. The other recommendations are for the NGOs to increase the level of applications of the elements of social marketing that they are practicing to a small extent.



## CHAPTER ONE

### INTRODUCTION

#### I.I Background

Kenya gained independence from British colonial rule in December 1963. The new government identified several issues as requiring priority attention. Three problems were however top on the new government's agenda: to fight poverty, ignorance and disease. Several strategies were adopted by the government towards this end as seen through various sessional papers and development plans (Government of Kenya, 1999). The agricultural sector for instance was given priority and it was seen as having the potential to contribute to the national economy and rural development (Odiko, 2003). Apart from generating employment, agriculture also became a major revenue earner for the government through taxation (Odhiambo, 1986). According to Sessional paper No. 2 on poverty levels and eradication, 56% of Kenyans live below the poverty line, confirming that the goal of eradicating poverty has not been won (Olenja, 1999).

According to the Kenya Health and Demographic Survey of 2003, the performance of the Kenyan economy since the country gained independence has been mixed. In the first decade after the country's independence, the economy grew by about 7% per annum, attributed to expansion in the manufacturing sector and an increase in agricultural production. Since then there has been a consistent decline in the economy, reaching the lowest GDP growth level of about 2% between 1996 and 2002 (Central Bureau of Statistics, 2003). The consistent poor growth performance has failed to keep pace with population growth. The KDHS (2003) cites external shocks and internal structural problems, including the drought of the 1980s, low commodity prices, world recession, bad weather, and poor infrastructure as being the main contributing factors to the poor growth performance.

The poor growth of the economy has contributed to a deterioration in the overall welfare of the Kenyan population. Poverty has increased, such that about 56% of the population live in poverty and over half live below the absolute poverty level (Central Bureau of Statistics, 2003a). The worsening living standards are shown by rising child mortality rates, increasing rates of illiteracy, and rising unemployment levels. Against this background, the government of Kenya in 2003 launched the Economic Recovery Strategy for Wealth and Employment Creation, aimed at restoring economic growth, generating employment opportunities, and reducing poverty levels (Ministry of Planning and National Development, 2003).

With continued high levels of poverty among the vast majority of its citizens, the government was forced to liberalize the economy and started implementing the so called Structural Adjustment Programs (SAPS), mainly as a result of pressure from the Bretton Woods Institutions (Government of Kenya, 1999). However, statistics still show that SAPs did not yield the expected results and the ambitious targets set to alleviate the suffering of majority of the people in the population through poverty eradication measures were not met (Odiko, 2003).

Key stakeholders in the country's development have adopted various strategies to try and address these issues and achieve the goals that have hitherto remained elusive. The government, NGOs both local and foreign, religious organizations and the private sector have all played a role in trying to change the status quo of illiteracy, poverty and disease. Involvement of NGOs in improving the welfare of Kenyans has entailed provision of funding for the health sector reforms, setting up of health facilities, provision of drugs, voluntary counseling and testing for HIV among other health programs, condom social marketing and behavior change communication campaigns.

The government continues to look for ways and means to tackle the problem of an under performing economy, escalating levels of poverty and improving literacy levels among it's citizens. However, the problem of disease remains a major challenge, chief among them being HIV/AIDS. According to the Kenya Health and Demographic Survey (2003), other major problems afflicting the nation include rising fertility rates, near stagnation in adoption of modern contraceptive methods, declining access to ante natal care as well as child mortality rates that seem to have reached a plateau. The same survey shows national HIV prevalence of 7% with higher prevalence in urban areas compared to rural areas.

### **I.I.I Social Marketing Campaigns**

One approach to social change is Social Marketing. The term "social marketing" was first introduced in 1971 to describe the use of marketing principles and techniques to advance a social cause, idea or behavior (Kotler and Zaltman, 1971). Since then, the term has come to mean a social-change management technology involving the design, implementation, and control of programs aimed at increasing the acceptability of a social idea or practice in one or more groups of target adopters (Kotler and Roberto, 1989).

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). When thought of as influencing public behavior, it is clear that campaigning for voluntary behavior change is not a new phenomenon. Efforts to free slaves, abolish child labor, influence women's rights to vote, and recruit women into the work force are examples of social campaigns. Most often, social marketing is used to influence an audience to change their behavior for the sake of improving health, preventing injuries, protecting the environment, or contributing to the community.

Social marketing aims to target one or more groups of target adopters. There are numerous groups that are definable in various ways such as by age, socio-economic status, family size, or geographic location. Therefore, the social marketer must distinguish such segments of the market. Since each target adopter group has a particular set of beliefs, attitudes and values, social marketing programs are tailored and structured around the needs of each particular segment of a target population.

Unlike commercial sector marketers who sell goods and services, social marketers sell behavior change. Change agents typically want target audiences to do one of four things: accept a new behavior, reject a potential behavior, modify a current behavior, or abandon an old behavior. As has already been noted, social marketing has been used for decades as a way of influencing individuals or groups to change behavior voluntarily for the sake of improving health, preventing injuries, protecting the environment, or contributing to the community. According to Kotler et al (2002) one of the most challenging aspects of social marketing is the fact that it relies on voluntary compliance rather than legal, economic, or coercive forms of influence. In many cases social marketers cannot promise a direct benefit or immediate payback in return for a proposed behavior change e.g. social campaigns encouraging young people to vote.

As a way of overcoming some of the challenges mentioned above, NGOs have developed social marketing strategies including the design of products that would appeal to their target groups; pricing these products appropriately so as to make sure they are affordable to the target audience; distributing them in such a way that they are conveniently accessible to the target groups; as well as the use of various promotional campaigns to promote the use of such products by the target market. The most fundamental principle underlying marketing is to apply a customer orientation to understand what target audiences currently know, believe and do. Social marketing models, first articulated by Kotler (1971) and based on commercial

marketing practices, show that the consumer (target audience) should be the central focus for planning and conducting a program.

The formulation of price, product, promotion, and place evolves from research with consumers to determine what benefits and “costs” they would consider acceptable, and how they might be reached. Lessons learned from social marketing stress the importance of understanding the target audience and designing strategies based on their wants and needs rather than what good health practice directs that they should do (Shewchuck, 1994). Shewchuck (1994) proposes an easy way of thinking about social marketing in terms of 4 C’s rather than 4 P’s. In this case, the Product is the consumers needs and wants, the Price is the *cost* to satisfy these needs and wants, the Place is the convenience to obtain satisfaction and the Promotion is communication.

### **1.1.2 HIV/AIDS: The Kenyan Perspective**

The HIV/AIDS epidemic is becoming the single biggest obstacle to reducing poverty and to achieving the Millenium Development goals (MDGs). While HIV/AIDS is not strictly a disease of poverty – since it affects people at all income levels – HIV infections disproportionately affect the poor and illiterate. The impact of HIV/AIDS is unique, because the disease hits adults in the prime of their lives, thus depriving families, communities, and entire nations of their most productive citizens.

HIV and AIDS have spread to almost all countries in the world even though no cases of AIDS had been reported until the early 1980’s. Today, over 30 million people, including 1 million children have HIV (Granich and Mermin, 1999). In countries and communities where HIV/AIDS is most concentrated, companies have experienced increased production costs, reduced profits and greater difficulty delivering products and services. Employees experience long periods of absenteeism, extensive out of pocket expenses for medical care and the trauma of caring for family and friends who are ill with HIV/AIDS (Rau, 2002). According to UNAIDS estimates the total



number of AIDS deaths between 1981 and the end of 2003 was 20 million. UNAIDS further estimates the number of children orphaned by AIDS living in Sub-Saharan Africa at the end of 2003 to have been 12 million. Furthermore, an estimated five million people in low and middle-income countries do not have the AIDS drugs which could save their lives.

The HIV/AIDS pandemic became a reality in Kenya when the first case was identified in the country in 1984 (Forsythe et al, 1996). According to the Kenya Health and Demographic Survey (2003), Kenya already has more than its fair share of ill health to cope with, indeed, health indicators are now worse than they were 10 years ago. The additional burden caused by the HIV/AIDS epidemic is worsening and promoting the spread of poverty. It is reversing human development, exacerbating gender inequalities, eroding government capacity to provide essential services and reducing labor productivity. HIV/AIDS thus has far reaching ramifications for Millenium Development Goals attainment and related national poverty targets.

To meet the challenge of the HIV/AIDS epidemic in the country, the Government of Kenya approved, in 1997, Sessional Paper No. 4 on AIDS in Kenya (Ministry of Health, 1997). This was a clear intent of the government to support effective programs to control the spread of AIDS, to protect the human rights of those with HIV or AIDS, and to provide care for those infected and affected by HIV/AIDS (Kenya Demographic and Health Survey, 2003). The government further developed and launched a HIV/AIDS Strategic Plan, outlining the framework within which HIV/AIDS activities would be carried out by the various stakeholders in the country.

Other actions by the government include the creation of the National AIDS Control Council (NACC) in 1999 to coordinate all HIV/AIDS activities in the country and be a channel through which donor funds would be made available to community groups fighting the AIDS scourge. At the end of the same year the then president of

the republic of Kenya declared AIDS a national disaster. The government therefore provided the policy framework within which HIV/AIDS activities would be carried out.

### **1.1.3 NGOs involvement in combating HIV/AIDS in Kenya**

While the government provided the policy framework, many NGOs also came out in support of the work that the government was doing to reduce the spread of HIV/AIDS. Today, there are 814 NGOs who are registered members of the Kenya AIDS NGOs Consortium (KANCO). This is the body formed with support from donors to coordinate the activities of HIV/AIDS NGOs in Kenya.

NGOs have faced several challenges in their efforts towards HIV/AIDS prevention, care and support. One of the greatest challenges has to do with insufficient donor funding. Hundreds of NGOs have to seek funding from the major donors and many times these donor resources are neither predictable nor sufficient. NGOs have been known to do away with otherwise important programs when donors stopped funding them. Some have closed down altogether.

Another challenge that NGOs dealing with AIDS have had to deal with is suspicion from the communities they work in and sometimes even from the government. Although some of this suspicion may not be warranted, some of it is as a result of bad experiences from NGOs that got donor funding but never delivered as promised. Resistance from local communities is also sometimes caused by advocacy by NGOs against culturally sensitive practices such as wife inheritance, circumcision girls or even boys circumcision through traditional circumcisers who may lack equipment and means to sterilize their equipment. Some of the behaviors advocated for by NGOs through their social campaigns are also difficult to change as can be seen by the rising cases of cross-generational sex, having multiple partners and failure to use protection even when engaging in risky behavior with casual partners. In addition,

there exists a lot of suspicion among NGOs themselves coupled with mistrust. This results in lone ranger tactics leading to duplication of efforts and re-inventing the wheel and running more costly programs.

In order to address the above challenges, NGOs have resulted to development of social campaigns to educate the communities they serve as a way of helping such communities make informed decisions and choices about their behaviors or lifestyle. Social campaigns have been shown to be effective in changing public behavior for instance the Swedish Campaign to Change Rules of the Road from driving on the left to driving on the right and an anti smoking campaign by Stanford University to reduce heart disease (Kotler and Roberto, 1989).

## **1.2 Statement of the problem**

Non-governmental organizations have been playing a major role in supporting the government to fight the AIDS pandemic. This is evidenced by the amount of donor funds that are channeled through NGOs to help fight AIDS. The Strategic plan for the Kenya National HIV/AIDS/STDs Control Programme for 1999-2004 (Ministry of Health, Kenya) recognizes the role of social marketing in fighting AIDS. This is evident from the numbers of new infections that are reported everyday as well as the economic impact of AIDS on the economy. This is because most of those infected and dying are in their most productive years. The burden of orphans as a result of AIDS is exerting pressure on already over stretched public resources. A huge proportion of beds in public hospitals are occupied by patients with HIV/AIDS related illnesses.

One of the ways in which NGOs have played a role in controlling the scourge is by conducting social marketing campaigns to influence people to change their behavior. Such programs can only be effective if the NGOs design their HIV/AIDS programs using the right social marketing mixes. If well designed, such programs can go along way in reducing the problem of HIV/AIDS in the country.

Despite the active participation in the fight against the scourge, the social marketing strategies employed by NGOs have not been documented even among the international ones as one would expect. It is therefore not known what marketing mixes if any are employed by NGOs and to what extent. The use of inappropriate marketing mixes or the lack thereof could account for the persisting problem of HIV/AIDS in the country. The researcher expects to find differences in the social marketing mixes used by international NGOs and those used by the local NGOs. These differences might arise as a result of differences in levels of funding where international NGOs tend to be far better funded compared to their local counterparts and this has implications on the marketing mixes adopted. International NGOs might also borrow from or be influenced by their parent headquarters in their choice of social marketing mixes.

Studies in social marketing by Rarieya (1993), Warinda (2002), Mwaniki (2002), Mbugua (2003), and Odiko (2003) mainly focused on social responsiveness to HIV/AIDS by pharmaceutical firms, use of social marketing by non profit health care providers, promotional mix used by NGOs fighting HIV/ADS, social marketing strategies in agri-business and social marketing in the context of male condoms respectively. While the contribution made by these researchers to the field of social marketing is appreciated, none of their studies focused exclusively on the use of social marketing mix used by NGOs fighting HIV/AIDS. Perhaps if the right social marketing mixes were applied, the HIV/AIDS situation in the country would improve. As Kotler (2000) has pointed out, use of the right blend of marketing mixes can result in successful programs.

This study therefore sought to answer the following questions:

- i) To what extent do NGOs in Kenya use the various elements of the social marketing mix in their HIV/AIDS campaigns?
- ii) Are there differences between the social marketing mix that are used by international NGOs compared to those employed by local NGOs?

### **1.3 Study Objectives**

The objectives of this study were:

- a) To determine the extent to which NGOs in Kenya use the social marketing mix in their HIV/AIDS campaigns
- b) To establish whether there is a difference between the social marketing mix used by international NGOs compared to their local counter parts

### **1.4 Importance of the Study**

The findings of this survey might be useful to the following audiences:

- a) Social marketers: Documentation of the strategies that are used by NGOs in their social marketing campaigns will enable social marketers know what these strategies are.
- b) Stakeholders in the field of HIV/AIDS: They will get to know and appreciate the efforts of NGOs in the fight against HIV/AIDS. These include donors, the government, communities served by NGOs, the media as well as the general public.
- c) Policy makers: Social marketing of health products or services not only creates employment it also improves the health and quality of life of low-income people. The study is intended to led credence to the same.
- d) Academicians: The study will contribute to the existing body of knowledge in social marketing and open doors for further research

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.1 Introduction

This chapter describes the concept of social marketing as defined by various authors and also looks at relevant literature on the subject of social marketing. The various marketing mix elements are also described including those practiced by social marketers. The variables considered in the research are also explained.

#### 2.2 Meaning and Objectives of Social Marketing

Social Marketing as a strategy for changing behavior has been in use since time immemorial. The term Social Marketing was first introduced in 1971 to describe the use of marketing principles and techniques to advance a social cause, idea, or behavior, (Kotler and Zaltman,1971). The concept was introduced in the early 1970s in the field of family planning, and slowly migrated into related fields of public health in international and national settings, (Kotler et al 2002). Examples included the efforts of the Academy for Educational Development in promoting child survival in South America, Southeast Asia, and Africa and the work of Porta Novelli on the U.S. National High Blood Pressure Education Program, Kotler and Roberto (2002). By the late 1980s and early 1990s, there was a marked increase in the adoption of social marketing approaches by a growing array of international and domestic agencies and creation of organizations and institutions to support this growth. Work on family planning led to work on HIV/AIDS epidemic.

Social marketing has been defined as a strategy for changing behavior. It combines the best elements of the traditional approaches to social change in an integrated planning and action framework and utilizes advances in communication technology and marketing skills, (Kotler and Roberto, 1989). Genuine social marketing focuses on both external (access to resources, new services and lower barriers) as well as

internal (clever and persuasive messages) influences on behavior. Andreasen (1995) has defined social marketing as the application of commercial marketing technologies to the analysis, planning, execution and evaluation of programmes designed to influence the voluntary behavior of target audiences in order to improve their personal welfare and that of their society. Social marketing uses disciplines and methods developed by commercial marketers, sociologists, and behaviorists to motivate individuals to change behavior. Social marketers don't target consumers, but rather engage representatives of their populations in program design and execution thus improving chances of success (Starbird, 2004).

The World Bank recognized the power of social marketing in international contexts and began a continuing series of strategic interventions and distance learning programs on social marketing, Kotler and Roberto (2002). Since then the term has come to mean a social-change management technology involving the design, implementation, and control of programs aimed at increasing the acceptability of a social idea or practice in one or more groups of target adopters, Kotler and Roberto (1989). Change from an adverse idea or behavior or adoption of new ideas and behaviors is the goal of social marketing. Ideas and behaviors are the products to be marketed. The product can also be tangible. Social marketers promote ideas as well as social practices; their aim is to change behavior.

The social marketing strategy specifies the game plan for achieving the objectives of the social campaign. It defines the broad principles by which the social organization expects to attain its objectives in a target-adopter segment. According to Kotler and Roberto (1989), social marketers must first set specific, measurable and attainable social marketing objectives. Samuels (1977) suggested that social marketers do so by starting with broadly stated objectives but then identify the specific behavior and actions of target adopters that manifest the broadly stated objectives. A broad social marketing objective for instance can be the prevention of accidents and their related

social and economic costs. To meet this objective, the related adopter behavior or manifestation would be wearing of seat belts, maintaining safe following distance and reducing drinking before driving (Kotler and Roberto, 1989).

In most cases, social marketing principles and techniques are used by those on the front lines for improving public health, preventing injuries, protecting the environment, and engendering community involvement (Kotler et al, 2002). They include professionals working for government agencies and organizations, professionals working for nonprofit organizations, associations and foundations; professionals working in a for profit organizations in positions responsible for corporate philanthropy, marketing, or community relations, as well as marketing professionals who provide services to organizations engaged in social campaigns, such as advertising agencies, public relations firms, and marketing research firms.

Kotler et al (2002) have highlighted the various social issues that can benefit from the application of social marketing principles and techniques. These include the four major arenas already mentioned: health promotion, injury prevention, environmental protection, and community involvement. For instance after the terrorist attacks of September 11<sup>th</sup> in the United States, messages and efforts included: people near the site of the wreckage in New York City were encouraged to wear cloth facemasks, those who had walked in the debris from the collapsed buildings were warned to wash asbestos off their shoes, while postal workers began wearing protective gloves.

Social campaigns as has already been mentioned have been carried out with varying degrees of success. There is documentation to show that such campaigns can be successful if carried out properly. An example is the Florida Truth campaign against smoking, Weinreich (2000). The product was being cool by



attacking adults who want to manipulate teens to smoke. The campaign reduced the price of the behavior by selecting adults everyone agreed had been manipulating them to smoke. They used promotion by having kids directly confront the tobacco industry and publicize this teen terrorism in the popular media. In 2 years from 1998 – 2000, the percentage of Florida middle schoolers who smoked cigarettes in the past 30 days fell from 18.5% to 8.6% while the Percentage of high schoolers dropped from 27% to 21%.

### **2.3 The Social Marketing Mix**

With each social marketing program, the concept of a target population is constant. The variables are the product being promoted, the price, the promotion, and the place or channel whereby the information reaches the consumer.

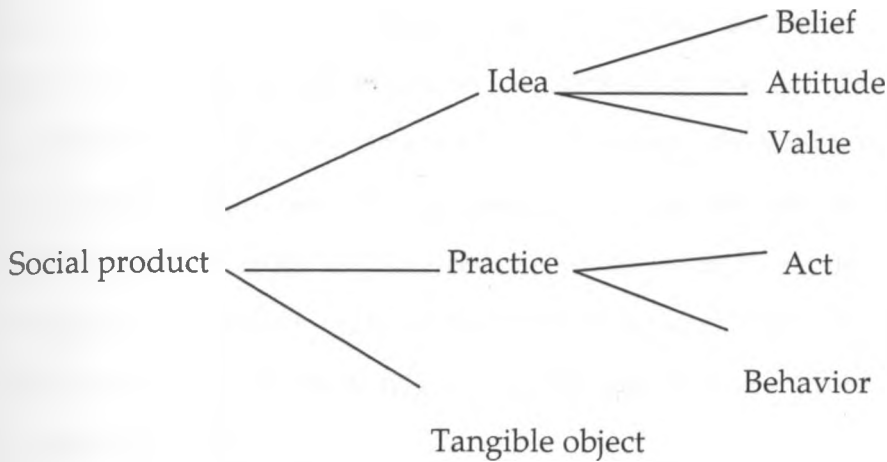
#### **2.3.1 The social marketing product**

According to Kotler and Roberto (1989), three types of social products can be marketed. One type is a social idea that may take the form of a belief, attitude, or value. The social idea to be marketed can also be an attitude, as exemplified in the expression used in family planning programs that planned babies are better cared for than babies from accidental pregnancies. The social idea may also be a value, such as human rights, as promoted by Amnesty International.

Kotler and Roberto (1989) speak of a second social product, which is a social practice. It may be the occurrence of a single act, such as showing up for a vaccination or turning out for a vote. It may also be the establishment of an altered pattern of behavior, such as quitting smoking.

The third type of social product according to Kotler and Roberto is a tangible object, such as a contraceptive pill or condom. They however argue that even in this case, the main product is not the condom or pill; these are tools to accomplish a social practice, which in this case is the practice of family planning.

Three types of social products are shown in the figure below:



Source: Kotler, Philip and Ned, Roberto (1987). Social Marketing: Strategies for Changing Public Behavior. Free Press, New York.

Kotler and Andreasen (1991) have indicated that traditional marketing theory identifies three levels of a product: core product, actual product, and augmented product. This platform is helpful to the social marketing planner in conceptualizing and designing the product strategy. The core product is the center of the product platform and answers questions to do with the benefits of the product from the consumers point of view. It is the benefit the social marketing audience will experience when they perform the behavior, benefits they say are most valuable to them. The actual product is the specific behavior the social marketer is promoting. It is what is required in order to achieve the benefits identified as the core product. The augmented product on the other hand includes any tangible objects and services the social marketer promotes along with the desired behavior. Although they may be

considered optional, they are sometimes exactly what was needed to provide encouragement, remove barriers, or sustain behavior. They may also provide opportunities to brand and to tangibilize the campaign, creating more attention, appeal, and memorability by target audiences (Kotler and Roberto, 1989).

Kotler et al (2002) have talked about the various decisions that need to be made at each of the three levels of the social marketing product. They say that at level one, decisions about the core product focus primarily on what potential benefits the social marketer should stress. This process would include review of audience perceptions of the benefits from the desired behavior as well as the perceived costs of the competing behaviors that the desired behavior can help the target audience avoid. The social marketer then makes a decision as to which of these he should emphasize in the campaign.

At the second level, decisions regarding the actual product are made. They include a name that will be associated with the behavior and identification of sponsors and endorsements to include in campaign communications. Sponsor and endorsement decisions are important because they can significantly affect the credibility as well as the appeal of a campaign. Research indicates that credibility is a function of expertise, trustworthiness, and likability, so perceptions of target audiences may need to be explored (Kotler and Roberto, 1981).

At the third level, many more decisions need to be made relative to the augmented product. Decisions regarding the accompanying services and tangible products that might support the behavior change. These might include education-related services, personal services, clinical services or even community services. These accompanying services and tangible products will also face branding and packaging decisions. Where the product being marketed is a certain behavior, Starbird (2004) have indicated there are various types of competition that the social marketer must have in

mind. Competition may be an opposing behavior, doing nothing or may be another thing such as a social norm. Social marketers must make the behavior more attractive than the competition.

Kotler et al (2002) have suggested that decisions regarding the product platform (core, actual, and augmented) be made with two guiding principles: making choices that are based on a clear understanding of the social marketers competition; and making choices that ensure that the target audience will see the social marketers product as offering more and greater benefits than the ones they associate with their current behavior. Kotler and Armstrong (2001) suggested that the product's positioning be thought of as the way the product is defined by consumers on important attributes, or the place the product occupies in the consumers' minds relative to competing products.

Decisions regarding the core product, the actual product, and the augmented product will determine the positioning. Smith (1999) advocated that the positioning should be such that the behavior is made to be fun, easy, and popular. He goes on to describe that he uses these three words to summarize three social science determinants: perceived consequences, self-efficacy, and social norms, making a bridge between theory and practice. Kotler et al (2002) suggest that positioning strategies be chosen on the basis of target audience input and a competitive analysis.

### **2.3.2 Price**

The price of a social marketing product is the cost that the target market associates with adopting a new behavior, Kotler et al (2002). Traditional marketing theory has a similar definition whereby price is defined as the amount of money charged for a product or service, or the sum of the values that consumers exchange for the benefits of having or using the product or service, Kotler and Armstrong (2001).

Kotler et al (2002) have indicated that adoption costs may be monetary or nonmonetary in nature. Monetary costs are most often related to tangible objects and services associated with adopting the behavior. Nonmonetary costs are more intangible but are just as real for the target audience. They are costs associated with time, effort, and energy to perform the behavior; psychological risks and losses that might be perceived or experienced; and any physical discomfort that may be related to the behavior.

The social marketer's pricing objective is best described by the exchange theory, which

States that what we offer the target market (benefits) has to be equal or greater than what they will have to give (costs), Kotler and Anderson (1991). A 2-step process is involved, first, identifying the monetary and nonmonetary costs associated with adopting the new behavior and second, developing strategies to decrease costs and increase benefits.

The first step in developing pricing tactics is to identify costs associated with adopting the new behavior (Kotler et al, 2002). There may be exit costs associated with abandoning the old behavior as well as entry costs associated with adopting the new behavior (Porter, 1998). Many of these costs are identified when analyzing the perceived benefits and costs of the proposed behavior relative to competition. Potential monetary costs are also identified, especially for any tangible objects and services that will be promoted in the campaign.

Monetary costs are the prices charged for purchasing tangible objects and services that accompany the social marketing campaign. It may also be the actual cost of the product or service, and in other campaigns it may be any increase in price relative to current products or services being used. Target audiences also face nonmonetary costs that are associated with adopting the new behavior.

These are the strategies to balance the scale, ensuring that the target audience believes the social marketers offer is equal or greater than the costs they perceive. Kotler et al (2002) have proposed two strategies: decreasing the costs of adopting the new behavior, those associated with exiting the current behavior as well as entering the new one, as well as increasing the benefits of adopting the new behavior. They advocate the use of pricing tactics as tools to accomplish this and propose five pricing tactics: decreasing monetary costs, decreasing nonmonetary costs, decreasing costs relative to competition, increasing monetary benefits and increasing nonmonetary benefits. The behavioral exchange must be such that the perceived advantages of doing the new behavior must be made to outweigh the perceived costs or the perceived costs of doing the behavior must be greater than the costs of not doing the behavior (Starbird, 2004).

Prices for tangible products and services involved in social marketing are typically set by manufacturers, retailers and service providers. The social marketer primarily promotes the use of the products or distributes discount coupons and related incentives. When social marketers are involved in setting prices, Kotler et al (2002) have proposed some principles to guide decision making. They suggest that the social marketer first establish his pricing objective before specific prices are set. Kotler and Roberto (1989) have outlined potential pricing objectives as being: maximization of profits, recovering costs, maximizing the number of target adopters, social equity and demarketing where pricing strategies are used to discourage people from adopting a particular social product.

### **2.3.3 Place**

Place is where and when the target market will perform the desired behavior, acquire any related tangible objects, and receive any associated services, Kotler et al (2002). In the times that we are living in, convenience is valued highly by the consumer of any

product. The consumers of social marketed products will evaluate the convenience of the social marketers offering relative to other exchanges in their lives. Due to competition, the convenience bar has been raised higher and higher. Commercial marketers define place as the marketing or distribution channel. Kotler and Armstrong (2001) define place as a set of interdependent organizations involved in the process of making a product or service available for use or consumption by the consumer or business user.

Social marketers have to develop strategies that will make the place as convenient and pleasant as possible for the target audience to perform the behavior, acquire any tangible objects, and receive any services (Kotler et al, 2002). They also have to do whatever is possible to make the competing behavior appear less convenient to the target audience. There are many access strategies that can be utilized. Kotler et al (2002) proposes increasing the number and location of outlets, moving outlets closer to target audiences, providing mobile units that come to neighborhoods and work sites, offering the option of purchasing on-line, over the phone, or through the mail; providing pick up and delivery services to homes or offices; extending hours and days of the week; improving the ambience of a location; reducing waiting time; improving parking; and increasing prominence of products displayed on aisles and shelves.

Kotler et al (2002) suggested that formal distribution networks be set up when tangible objects and services are included in a campaign in order to reach the target audiences. Kotler & Roberto (1989) describe four types of distribution levels to be considered. In a zero-level channel, there is direct distribution from the social marketer to the target audience. Tangible products and services are distributed by mail, over the internet, door-to-door, or through outlets managed by the social marketing organization. In a one-level channel, there is one distribution intermediary, most commonly a retailer. In a two-level channel, the social marketer

may need to deal with the local distributor as well as the retailer. In a three-level channel, a national distributor finds local distributors.

Choices regarding distribution channels and levels are made on the basis of variables such as the number of potential target adopters, storage facilities, retail outlet opportunities, and transportation costs, with a focus on choosing the most efficient and cost-effective option for achieving program goals and reaching target audiences (Kotler et al, 2002). Coughlan and Stern (2001) have offered principles for guiding the process of selecting and managing distribution channels. They say that channel marketing should satisfy end users hence selecting channels on the basis of the unique characteristics of each market segment. Marketing channels also play a role of strategic importance in the overall presence and success a company enjoys in the market place. They contribute to the products positioning and the organizations image, along with the products features, pricing, and promotional strategies. Coughlan and Stern (2001) further suggest that marketing channels are more than just a way to deliver the product to the customer. They can also be an effective means to add value to the core product. Issues currently challenging channel managers include increasingly demanding consumers, management of multiple channels, and the globalization of markets.

#### **2.3.4 Promotion**

Once the product has been developed, prices established and distribution channels are in place, the next thing is for the social marketing organization to create persuasive communications designed and delivered to highlight product benefits, features, and associated tangible objects and services, pricing strategies, including an emphasis on value relative to the competition, as well as any incentives, recognition, and rewards and place components that offer convenient access.



Kotler et al (2002) have said that the communicator's job is to ensure that the target audience knows about the offer, believes they will experience the stated benefits, and are inspired to act. This is the marketing mix tool relied on most to move target adopters to the next stage of behavior change. Kotler et al (2002) state that developing a communication strategy consists of two major elements: creating messages and selecting media. According to Kotler and Armstrong (2001), messages are further defined as both what we are trying to communicate (message strategy) and how we will communicate (execution strategy). Media decisions include selection of where communications will be delivered, when and by whom.

Siegel and Doner (1998) have described message creation as a complex art. The final message the target audience receives is a combination of the communication strategy, how the message is executed in the materials, and how it is processed by the sender. Kotler and Armstrong (2001) suggest that the goal of the social marketer should be to develop communications that will capture the attention of the target audience and persuade them to adopt the desired behavior. The social marketers task is to consider and choose from a variety of potential communication elements, styles, tones, words and formats. Kotler and Armstrong (2001) advise that a creative brief be developed to help ensure that communications will be meaningful, believable, and distinctive. Kotler and Andreasen (1991) suggest different ways to generate potential messages. Target markets can be interviewed, and ideas can be generated from their comments. Creative brainstorming sessions can also be held and thirdly formal deductive frameworks can be used to tease out possible advertising messages.

Social marketers have suggested adding three additional Ps to the 4-P classification, especially in connection with the delivery of services, Kotler and Roberto (1989).

### **2.3.5 Personnel**

These are the people who sell and deliver the social product to the target adopters, (Kotler and Roberto, 1989). The role of employees in enhancing service delivery cannot be underestimated (Zeithaml and Bitner, 1996) even as organizations strive to please the external customers. Even when a company has excellent products, and may have developed a well conceived positioning of their brand and devised a good communication strategy, its products can still fail in the market place because of inadequate attention being given to the role of employees in producing and delivering the service (Cernatony and Mc Donald, 1992).

### **2.3.6 Process**

According to Kotler and Roberto (1989), process refers to the steps through which target adopters go to acquire the social product. Social marketers have identified four different models of how target adopters can be moved to the final decision to adopt an idea, behavior or tangible product. These models are Learn-feel-do adoption, do-feel-learn adoption, learn-do-feel adoption and multipath adoption (Ray, 1982). In learn-do-feel process, adoption will not take place unless the target adopters first learn about and then develop an attitude toward the social product. In the do-feel-learn process, the target adopters first adopt an idea or practice on a tentative basis, then change their attitude as a result of the trial-adoption experience, and then push their attitude toward a final step of better learning. In the learn-do-feel process the target adopters select an idea or practice only on the basis of familiarity with it, usually from heavy repetitive media communications. The multipath process synthesizes the other models.

Each element of the marketing mix should be taken into consideration as the program is developed, for they are the core of the marketing effort. Research is used to elucidate and shape the final product, price, place, promotion and related decisions. According to Kotler and Roberto (1989), the social agency must formulate

a social-marketing mix not only for the target adopters but for the distribution outlets.

Lefebure and Flora (1988) suggest that there are eight components in the social marketing process. They are consumer orientation, voluntary exchange, audience analysis and segmentation, formative research, channel analysis, marketing mix, process tracking and management.

### **2.3.7 Publics**

Social marketers often have many different audiences that their program has to address in order to be successful. Publics refer to both the external and internal groups involved in the program. External publics include the target audience, secondary audiences, policy makers, and gatekeepers, while the internal publics are those who are involved in some way with either approval or implementation of the program (Weinreich, 2002).

### **2.3.8 Partnerships**

Social and health issues are often so complex that one agency can't make a dent by itself. They need to team up with other organizations in the community to really be effective. They need to figure out which organizations have similar goals as them and identify ways they can work together. Partnerships could be cultivated with local women's groups, corporate sponsors or medical organizations (Weinreich, 2002).

### **2.3.9 Purse Strings**

Most organizations that develop social marketing programs operate through funds provided by sources such as foundations, governmental grants or donations. This adds another dimension to the strategy development, namely, where will they get the money to create their programs e.g. foundation grants (Weinreich, 2002).

## CHAPTER THREE

### RESEARCH METHODOLOGY

#### 3.1 Research Design

This was a descriptive survey aimed at determining the extent to which NGOs use the social marketing mix in their HIV/AIDS campaigns. This qualifies as a descriptive study because it fits the definition given by Cooper and Schindler (1998) which states that a study that concerns itself with the who, what, when and where of a phenomenon is a descriptive study. Furthermore, other researchers e.g. Mwaniki (2002) and Nganga (2004) used the same research design in related studies.

#### 3.2 Population

The population of interest were the registered NGOs with physical addresses in Nairobi. According to the Kenya AIDS NGOs Consortium (KANCO) there were 814 HIV/AIDS NGOs that were registered with them as at June 2005. Out of these, 414 have offices in Nairobi and 218 have a physical address that is known to KANCO. The 218 NGOs are the ones that constituted the population of interest in this study (See Appendix II). Those with a physical address were selected because they can be located.

#### 3.3 Sample and Sampling Design

A sample of 100 NGOs were selected randomly from the 218 that have a physical address. This sample is considered representative of the population.

#### 3.4 Data collection

Primary data was collected using a structured questionnaire. The respondents those persons responsible for developing HIV/AIDS campaigns in the respective NGOs. The questionnaires were dropped at the respondents offices and picked later. Follow up was done by phone to enhance respondents response rate. The questionnaire was

divided in to two sections. Section I consisted of questions intended to provide general information about the organizations being studied. Section II consisted of likert type questions intended to obtain information about the extent to which the organizations use the social marketing mix in their HIV/AIDS campaigns.

### **3.5 Operationalizing the Social Marketing Mix Dimensions**

The questionnaire used the 5-point Likert scale to determine the extent to which the social marketing mix elements were present within the organizations under study. The operationalization of the social marketing mix variables is attached as Appendix II.

#### **3.5.1 Data analysis**

Section A of the questionnaire was analyzed using frequency distributions and percentages. Data on Section B were analyzed using the mean scores and standard deviations in order to determine the extent of the use of social marketing mixes. Tables and charts have been prepared to present the data after analysis. In order to determine whether there are differences in social marketing mixes used local vs international NGOs, mean scores and correlation matrices were used.

## CHAPTER FOUR

### DATA ANALYSIS

#### 4.1 Introduction

Out of the 100 respondents selected randomly to participate in the study, 62 completed and returned the questionnaires. This is a response rate of 62%. It is comparable to other response rates of between 30% (Matseshe, 1999) and 85% (Njoroge, 2003) that several researchers have reported in their work. This chapter covers research findings and general information on respondents. A brief explanation and discussion follows each table.

#### 4.2 General Information on Respondents

In this section, data on general information on respondents i.e. age and ownership of NGOs is analyzed. Table 1 below shows the respondents profile by age of the NGO and ownership.

**Table 1: NGO Profile by Age & Ownership**

<b>Age of NGO</b>	<b>Count</b>	<b>%</b>
<10yrs	24	39%
10 to 20 yrs	21	34%
over 20 yrs	17	27%
<b>Total</b>	<b>62</b>	<b>100</b>
<b>Ownership of NGO</b>		
Locally owned	28	45%
Partly foreign and partly local	30	48%
Foreign owned	4	7%
<b>Total</b>	<b>62</b>	<b>100</b>

*Source: Research Data*

The table above shows that 39% and 34% of the sample was drawn from NGOs which had been in existence for a period of less than ten years and between ten and twenty years respectively. A further 27% of the sample consisted of NGOs that have

been in existence for a period of more than twenty years. There is therefore a balanced representation of NGOs which are different as far as the age profile is concerned. This is not only considered a good representation of the population but it is also reasonable to expect that they have a good appreciation of the country's dynamics and can make a fair judgment of the issues related to HIV/AIDS and social marketing.

In terms of ownership, 45% were locally owned, 48% were partly local and foreign owned and a further 7% were foreign owned. The findings are therefore representative of both local and foreign perspectives.

### **4.3 Extent to which NGOs practice social marketing mix elements**

In this section, the extent to which NGOs practice the social marketing mix; product, price, place, promotion, partnerships, publics, personnel, process and purse strings is analyzed.

Respondents were asked to indicate the extent to which they practice each of the social marketing mix elements, based on specific attributes using a likert attitude scale. Data has been analyzed using mean scores and standard deviation whereby a mean score of 4.1-5.0 is taken to mean the variable is practiced to a very large extent, 3.1-4.0 is taken to mean the variable is practiced to a large extent, 2.1-3.0 is taken to mean the variable is practiced to some extent, 1.1-2.0 means the variable is practiced to a small extent and 1 is taken to mean that the variable is not being practiced at all. Standard Deviation (SD) has been used to determine if there are significant variations in responses. If SD is  $<1$ , there are no significant variations in responses but if it's  $>1$  then there are significant variations in responses.

#### **4.3.1 Product Attributes**

Product attributes included ideas, practice and tangible objects. They were further expanded into further dimensions where ideas composed of beliefs, values and attitude. Practice was broken down to abstinence, safer sexual practices and faithfulness to one partner. Tangible objects were broken down to condoms, Voluntary Testing & Counseling (VCT) services, home based care for HIV+ people, training of care-givers -community/group support networks and nutritious foods. Table 2 below summarizes the findings.

**Table 2: Extent of use of product attributes**

Product Attributes	Total		Locally owned		Partly foreign and partly local		Foreign owned	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Conducts research to establish barriers to adoption marketed behavior/product/service e.g. not using condoms due to trust in ones partner, conflicting cultural beliefs etc	3.56	1.29	3.21	1.32	3.83	1.23	4	1.16
Conducts research to determine whether target audiences think they are at risk of HIV infection	3.94	1.28	3.54	1.48	4.23	1.04	4.5	0.58
Conducts research to establish perception of organizations products/services by target audience	3.47	1.33	3.14	1.43	3.7	1.21	4	1.16
Fights stigma associated with HIV/AIDS	4.63	0.79	4.68	0.86	4.53	0.78	5	0.00
Communicates fatality/severity of HIV/AIDS to target audience	4.39	0.98	4.57	0.96	4.33	0.84	3.5	1.73
<b>Overall mean score and standard deviation</b>	<b>4.00</b>	<b>1.13</b>	<b>3.83</b>	<b>1.21</b>	<b>4.12</b>	<b>1.02</b>	<b>4.20</b>	<b>0.92</b>

Overall, research findings show that barriers to adoption of marketed behavior, product or service had a mean score of 3.56 meaning it is practiced to a large extent. It had standard deviations of 1.29 which means there were significant variations in responses. Research findings on exposure risk perception had a mean score of 3.94 meaning it is practiced to a large extent and standard deviations of 1.28 which means there were significant variations in responses. Research into product/service



perception had a mean score of 3.47 meaning it is practiced to some extent, while the standard deviations was 1.33 which means there were significant variations in responses. Findings on fighting stigma associated with HIV/AIDS had a mean score of 4.63 meaning it is practiced to a very large extent while the standard deviations was 0.69 which means there were no significant variations in responses. The issue of communications on fatality/severity of HIV/AIDS had a mean score of 4.39 meaning it is practiced to a very large extent and a standard deviations of 0.98 which means there were no significant variations in responses. Most product attributes were practices to a greater extent by the foreign owned organizations compared to the locally owned ones. However, locally owned NGOs communicated fatality of HIV/AIDS to a greater extent than the foreign owned ones.

#### **4.3.2 Price attributes**

Cost associated with product/service/behavior socially marketed had a mean score of 3.4 meaning it is practiced to some while it had a standard deviation of 1.18 meaning there were significant variations in responses. Research on affordability had a mean score of 2.92 meaning it is practiced to a large extent and a standard deviation that is 1.219 which means there were significant variations in responses. Perceived benefits exceeding perceived costs had a mean score of 3.29 meaning it is practiced to some extent and a standard deviation of 1.285 which means there were significant variations in responses.

In total price variables were used to some extent with significant variations in responses. Most pricing attributes were used to a greater extent by the foreign owned organizations than the locally owned ones. Price attributes were summarized as indicated below in Table 3 below.

**Table 3: Extent of use of price attributes**

PRICE ATTRIBUTES	TOTAL		LOCALLY OWNED		PARTLY FOREIGN AND PARTLY LOCAL		FOREIGN OWNED	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Has some kind of cost associated with product/service/behavior it socially markets	3.4	1.18	3.5	1.07	3.23	1.28	4	1.16
Conducts research to ascertain affordability of products/services	2.92	1.22	2.89	1.32	2.93	1.14	3	1.41
Ensures perceived benefits of adopting new product/service/behavior outweigh perceived costs	3.29	1.29	3.29	1.38	3.3	1.12	3.25	2.06
<b>Overall mean score and standard deviation</b>	<b>3.20</b>	<b>1.23</b>	<b>3.23</b>	<b>1.26</b>	<b>3.15</b>	<b>1.18</b>	<b>3.42</b>	<b>1.54</b>

#### 4.3.3 Place attributes

Accessibility objectives had a mean score of 4.11 meaning it is practiced to a large extent it and standard deviations of 1.026 which means there were significant variations in responses. Research on convenient availability had a mean score of 3.94 meaning it is practiced to a large extent with standard deviations that is 1.279 which means there were significant variations in responses.

All place attributes were practiced to a greater extent by the foreign owned organizations than the locally owned ones. Place attributes were summarized in Table 4 below.

**Table 4: Extent of use of place attributes**

Place attributes	Total		Locally owned		Partly foreign and partly local		Foreign owned	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Has accessibility objectives for its HIV/AIDS related products/services	4.11	1.03	3.96	1.17	4.13	0.90	5	0.00
Conducts surveys to determine whether products/services are conveniently available to target customers	3.06	1.28	2.64	1.19	3.47	1.20	3	1.83
<b>Overall mean score and SD</b>	<b>3.59</b>	<b>1.15</b>	<b>3.30</b>	<b>1.18</b>	<b>3.80</b>	<b>1.05</b>	<b>4.00</b>	<b>0.91</b>

**4.3.4 Promotion attributes**

Setting promotion objectives had a mean score of 4.02 meaning it is practiced to a very large extent and a standard deviation that is 1.048 which means there were significant variations in responses. Use of electronic media in communication had a mean score of 3.63 meaning it is practiced to a large extent. It had a standard deviation that is 1.428 which means there were significant variations in responses. Use of print media had a mean score of 3.89 meaning it is practiced to a large extent and a standard deviation that is 1.294 which means there were significant variations in responses.

Use of outdoor advertising in communication had a mean score of 3.55 meaning it is practiced to a large extent while the standard deviation was 1.422 which means there were significant variations in responses. Use of internal communication had a mean score of 4.05 meaning it is practiced to a very large extent and a standard deviation of 1.047 which means there were significant variations in responses. Use of endorsers had a mean of 3.63 meaning it is practiced to a large extent while it had a standard deviation of 1.37 which means there were significant variations in responses. All promotion attributes were addressed to a greater extent by the foreign

owned organizations than the locally owned ones. Promotion attributes were summarized in Table 5 below.

**Table 5: Extent of use of promotion attributes**

Promotion attributes	Total		Locally owned		Partly foreign and partly local		Foreign owned	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Sets promotions objectives for its HIV/AIDS campaigns	4.02	1.05	4.11	0.99	3.87	1.14	4.5	0.58
Uses electronic media to communicate HIV/AIDS messages to target audience	3.63	1.43	3.64	1.50	3.43	1.38	5	0.00
Uses print media to communicate HIV/AIDS messages to target audience	3.89	1.29	3.82	1.52	3.83	1.12	4.75	0.50
Uses outdoor advertising in its HIV/AIDS campaigns	3.55	1.42	3.5	1.58	3.47	1.33	4.5	0.58
Uses interpersonal communications in its HIV/AIDS campaigns	4.05	1.05	4	1.16	4.07	1.02	4.25	0.50
Uses endorsers/sponsors in its HIV/AIDS campaigns	3.63	1.37	3.57	1.40	3.63	1.30	4	2.00
<b>Overall mean score and SD</b>	<b>3.80</b>	<b>1.27</b>	<b>3.77</b>	<b>1.36</b>	<b>3.72</b>	<b>1.21</b>	<b>4.50</b>	<b>0.69</b>

#### 4.3.5 Partnerships attributes

Collaboration with other organizations working in the same community had a mean score of 3.81 meaning it is practiced to a large extent and a standard deviation of 1.265 which means there were significant variations in responses. Sharing similar goals with other NGOs or groups working in the same organization had a mean score of 3.71 meaning it is practiced to a large extent and a standard deviation that is 1.22 which means there were significant variations in responses. Foreign owned NGOs addressed partnership issues to a larger extent than the locally owned ones. Partnership attributes were summarized in Table 6 below.

**Table 6: Extent of use of partnership attributes**

Partnership attributes	Total		Locally owned		Partly foreign and partly local		Foreign owned	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Collaborates with other organizations working in the same communities	3.81	1.27	3.71	1.27	3.87	1.33	4	0.82
Shares similar goals with other NGOs/CBOs/groups working in the same organization	3.71	1.22	3.46	1.26	3.9	1.21	4	0.82
<b>Overall mean score and SD</b>	<b>3.76</b>	<b>1.24</b>	<b>3.59</b>	<b>1.27</b>	<b>3.89</b>	<b>1.27</b>	<b>4.00</b>	<b>0.82</b>

#### 4.3.6 Publics Attributes

Identification of important stakeholders had a mean score of 3.87 meaning it is practiced to a large extent while it had a standard deviation that is 1.349 which means there were significant variations in responses. Working in liaison with other stakeholders had a mean score of 3.82 meaning it is practiced to a large extent while it had standard deviations that is 1.261 which means there were significant variations in responses. Locally owned NGOs addressed public issues to a larger extent than the foreign owned ones. Those with a hybrid of local and foreign ownership addressed the partnership issues to the greatest extent. Public issues were summarized in Table 7 below.

**Table 7: Extent of use of Publics attributes**

Publics attributes	Total		Locally owned		Partly foreign and partly local		Foreign owned	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Identifies important stakeholders	3.87	1.35	3.46	1.58	4.37	0.89	3	1.41
Works in liaison with key stakeholders	3.82	1.26	3.54	1.45	4.13	1.04	3.5	1.00
<b>Overall mean score and SD</b>	<b>3.85</b>	<b>1.31</b>	<b>3.50</b>	<b>1.51</b>	<b>4.25</b>	<b>0.97</b>	<b>3.25</b>	<b>1.21</b>

#### 4.3.7 Personnel Attributes

Having adequate number of competent staff had a mean score of 3.89 meaning it is practiced to a large extent and a standard deviation of 0.977 which means there were no significant variations in responses. Providing on-going training had a mean score of 3.98 meaning it is practiced to a large extent and a standard deviation that is 0.967 which means there were no significant variations in responses. Personnel attributes were more likely to be practiced by the foreign owned NGOs than the locally owned ones. Personnel attributes were summarized in Table 8 below.

**Table 8: Extent of use of Personnel attributes**

PERSONNEL ATTRIBUTES	TOTAL		LOCALLY OWNED		PARTLY FOREIGN AND PARTLY LOCAL		FOREIGN OWNED	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Has adequate number of competent staff for its programs	3.89	0.98	3.75	1.01	3.97	1.00	4.25	0.50
Provides on going training of staff for skills and career development	3.98	0.97	3.75	1.14	4.2	0.76	4	0.82
Overall mean score and SD	3.94	0.97	3.75	1.07	4.09	0.88	4.13	0.66

#### 4.3.8 Process Attributes

Identification of adoption steps that target groups go through had a mean score of 3.08 meaning it is practiced to some extent while it had a standard deviation of 1.191 which means there were significant variations in responses. Process attributes were more commonly practiced by local NGOs than in foreign owned ones. Process issues were summarized in Table 9 below.

**Table 9: Extent of use of Process attributes**

Process Attributes	Total		Locally owned		Partly foreign and partly local		Foreign owned	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Identifies the steps target adopters go through to adopt the product/service/behavior marketed by the organization	3.08	1.19	2.89	1.32	3.37	1.00	2.25	1.26

**4.3.9 Purse strings**

Reliance on internal funds had a mean score of 3.27 meaning it is practiced to some extent and a standard deviation of 1.257 which means there were significant variations in responses. Reliance on external funds had a mean score of 3.05 meaning it is practiced to some extent and a standard deviation of 1.552 which means there were significant variations in responses. Having programs to ensure sustainability had a mean score of 3.56 meaning it is practiced to a large extent and a standard deviation that is 1.034 which means there were significant variations in responses. Purse string attributes were practiced slightly more among foreign owned NGOs than among the locally owned NGOs. Purse string issues were summarized in Table 10 below.

**Table 10: Extent of use of Purse strings attributes**

Purse Strings Attributes	Total		Locally owned		Partly foreign and partly local		Foreign owned	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Relies on internal funding sources for running of programs e.g. government, private businesses, income generating activities	3.27	1.26	3.5	1.23	3.27	1.23	1.75	0.50
Relies on external funding for running of programs e.g. donors, foundations	3.05	1.55	2.75	1.43	3.07	1.60	5	0.00
Has programs to ensure sustainability of program beyond donor funding	3.56	1.03	3.5	1.07	3.63	1.03	3.5	1.00
<b>Overall mean score and SD</b>	<b>3.29</b>	<b>1.28</b>	<b>3.25</b>	<b>1.24</b>	<b>3.32</b>	<b>1.29</b>	<b>3.42</b>	<b>0.50</b>

#### 4.3.10 Summary of all Social Marketing Concepts

The table above shows that the concepts that are used to a large extent include product, personnel, place, promotion, partnerships and publics. Those that are used to a lesser extent include price and process concepts. There were notable variations in responses in almost all concepts apart from personnel where the standard deviation was around 1. In general, most social marketing mix elements were practiced more by the foreign owned NGOs than the locally owned ones. Table 11 below shows the extent of use of the social marketing concepts in general.

**Table 11: Extent of use of Social Marketing Mix Attributes**

Social Marketing Mix Attributes	Total		Locally owned		Partly foreign and partly local		Foreign owned	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Product	4.00	1.13	3.83	1.21	4.12	1.02	4.20	0.92
Price	3.20	1.23	3.23	1.26	3.15	1.18	3.42	1.54
Place	3.59	1.15	3.30	1.18	3.80	1.05	4.00	0.91
Promotion	3.80	1.27	3.77	1.36	3.72	1.21	4.50	0.69
Partnership	3.76	1.24	3.59	1.27	3.89	1.27	4.00	0.82
Publics	3.85	3.61	1.20	3.46	3.75	1.20	3.68	0.95
Personnel	3.94	0.97	3.75	1.07	4.09	0.88	4.13	0.66
Process	3.08	1.19	2.89	1.32	3.37	1.00	2.25	1.26
Purse string	3.29	1.28	3.25	1.24	3.32	1.29	3.42	0.50
<b>Overall mean score and SD</b>	<b>3.61</b>	<b>1.45</b>	<b>3.20</b>	<b>1.48</b>	<b>3.41</b>	<b>1.41</b>	<b>3.44</b>	<b>1.22</b>

#### 4.4 Correlation Analysis

Correlation is used to reveal the magnitude and direction of relationships. Magnitude reveals the degree to which a variable moves in the same or opposite direction while direction is indicated by whether a variable has a +ve or -ve relationship (some variables may be inversely related). Absence of a relationship is expressed by a coefficient that approximates zero. For example, the Pearson's correlation coefficient ranges from -1 through 0 to +1. In this study, correlation was



investigated on respondent's perception of their organization's practice of social marketing concepts. The confidence level was set at 95% (0.05 significant level) using the 2-tailed test.

### **Extent of practice by organization of the test concepts and ownership of organization**

Based on the correlation matrix, most of the test concepts were not significantly correlated to ownership of organization. Of the thirty concepts under study twenty four were positively correlated to foreign ownership while six were negatively correlated. Out of all variables under study only four were significantly correlated to ownership whereby three had positive correlations and one had negative correlation. Those that had positive correlations were doing market segmentation, conducting research on risk exposure perception and relying on external funding. This means that NGO with more foreign ownership were practicing more of these social marketing elements than those with local ownership only. The variable that had negative correlation at a significant level was reliance on internal funding which means that this is more of a practice in locally owned NGOs.

In general, it appears that NGOs with foreign ownership practice the social marketing elements that are practiced to a greater extent.

## CHAPTER FIVE

### DISCUSSION, CONCLUSION AND RECOMMENDATIONS

#### 5.1 Introduction

The objectives of this study were two fold: to determine the extent to which NGOs in Kenya use the social marketing mix in their HIV/AIDS campaigns and, to establish whether there is a difference between the social marketing mix used by international NGOs compared to their local counter parts. Having analyzed the data, this chapter discusses the research findings, conclusions and recommendations. It also highlights the limitations of the work and suggestions for further research.

#### 5.2 Discussion

One of the study objectives was to determine the extent to which NGOs in Kenya use the social marketing mix in their HIV/AIDS campaigns. The findings indicate that the NGOs under study do practice many of the social marketing concepts to a large extent.

Product attributes were practiced to a very large extent with fighting stigma and communicating fatality being practiced to the greatest extent. However, issues to deal with branding and use of brand names were practiced to a lesser extent. According to Kotler and Roberto (1989), the actual product is the specific behavior the social marketer is promoting. It is what is required in order to achieve the benefits identified as the core product. The augmented product on the other hand includes any tangible objects and services the social marketer promotes along with the desired behavior. Although they may be considered optional, they are sometimes exactly what was needed to provide encouragement, remove barriers, or sustain behavior. They may also provide opportunities to brand and to tangibilize the campaign, creating more attention, appeal, and memorability by target audiences (Kotler and Roberto, 1989). The findings indicate that current practice is more geared to the core product while the augmented product is addressed to a lesser extent.

Price attributes were addressed only to some extent with conducting research on affordability being the least practiced of all price attributes. This is contrary to what is suggested in the literature which indicates that the social marketer's pricing objective is best described by the exchange theory, which States that what we offer the target market (benefits) has to be equal or greater than what they will have to give (costs), Kotler and Anderson (1991). A 2-step process is involved, first, identifying the monetary and non monetary costs associated with adopting the new behavior and second, developing strategies to decrease costs and increase benefits. According to this research these steps are largely ignored.

Personnel attributes were practiced to a large extent with most agreeing on the extent of application. According to Cernatony and Mc Donald (1992), even excellent products can still fail in the market place because of inadequate attention being given to the role of employees in producing and delivering the service. This means that the extent of practice of personnel attributes in the fight against HIV/AIDS are closely in line with what is recommended in the available literature.

Process attributes were only practiced to some extent according to the findings of this research. According to Kotler and Roberto (1989), process involves the steps through which target adopters go to acquire the social product. By practicing this aspect of social marketing mix to some extent the NGOs may fail to get to the heart of the problem and keep fighting ineffective battles.

Promotion attributes are addressed to a large extent with some of the constituting variables being practiced to a very large extent. Setting promotion objectives and use of internal communication were particularly practiced to a very large extent. Kotler and Armstrong (2001) suggest that the goal of the social marketer should be to develop communications that will capture the attention of the target audience and

persuade them to adopt the desired behavior. In this case the Kotler's specific reference to the 'goal' is well captured by objectives being set to a very large extent. This practice is consistent with what the literature suggests. This was consistent for both locally and internationally owned NGOs.

Place attributes were being practiced to a large extent. This was consistent for both locally and internationally owned NGOs with internationally owned NGOs practicing to a slightly greater extent than the local ones. This is consistent with the literature which indicates that social marketers have to develop strategies that will make the place as convenient and pleasant as possible for the target audience to perform the behavior, acquire any tangible objects, and receive any services (Kotler et al, 2002).

Partnership attributes were being practiced to a large extent which was consistent in both locally and foreign owned NGOs. This is in agreement with the literature which suggests that social and health issues are often so complex that one agency can't make a dent by itself. And those partnerships could be cultivated with local women's groups, corporate sponsors or medical organizations (Weinreich, 2002).

Publics' attributes were being practiced to a large extent with keen focus on stakeholders across all NGOs studied. This is consistent with the literature which suggests that publics enhance adoption or lack of adoption of a practice or behavior. External publics include the target audience, secondary audiences, policy makers, and gatekeepers, while the internal publics are those who are involved in some way with either approval or implementation of the program (Weinreich, 2002).

### **5.3 Conclusion**

It is clear from the analysis that product attributes are the only ones that were practiced to a very large extent. Place, promotion, partnerships, publics and

personnel were all practiced to a large extent while price and process attributes were only practiced to some extent.

#### **5.4 Recommendations**

Locally owned NGOs need to learn from their internationally owned counterparts and use social marketing concepts to a greater extent than they are currently using in general. They also need to diversify their funding sources as they seem to mainly generate funds internally which means that though this may be a sustainable approach it may have limited growth potential in terms of reaching the masses.

The other recommendations are for the NGOs that are already in existence. They need to increase the level of applications of the elements of social marketing that they are practicing to a small extent. These include: market segmentation, use of private sector outlets for distribution of their products/services, use of commercial sector outlets for products/services and marketing tangible products that are branded.

The research also recommends that donors who fund these NGOs could set some key performance indicators for the NGOs along some various aspects recommended by this study. This way the funds will be more optimally utilized and the society will benefit more from the funding.

#### **Limitations of the study**

The target audiences were often very busy individuals and it took a lot of convincing to get the responses on which the study findings are based. All the same the study findings are reliable and they are adequate to arrive at the conclusions.

#### **Suggestion for Further Research**

Research of qualitative nature could help to get the deeper motivations for the application of social marketing in the fight against HIV/AIDS. Research is also

needed that is focusing on the consumers of the social marketing concepts. How do they respond to different social marketing concepts? What is more effective?

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**APPENDIX I: Introduction Letter**

Veronica W. Musembi  
University of Nairobi  
P.O. Box 30197 – 00100  
Nairobi

June, 2005

Dear Sir/Madam:

**RE: REQUEST FOR RESEARCH DATA**

I am a post graduate student at the University of Nairobi, Faculty of Commerce. I am conducting a management research project on “the social marketing mix used by NGOs in their HIV/AIDS campaigns”. This is in partial fulfillment of the requirements of the Masters Degree in Business Administration (MBA).

In order to get the data required for the research, your organization has been selected to form part of the population of the study. The purpose of this letter is to request you to kindly fill out the attached questionnaire as truthfully as you can. The information you provide will be treated with strict confidence and will be used solely for academic purposes. Neither your name nor that of your organization will appear anywhere in the final report. A copy of the final report will be made available to you upon request.

Your assistance in this regard will be highly appreciated.

Yours sincerely,

.....  
Veronica W. Musembi  
(Student)

.....  
Margaret Ombok  
Lecturer, Dept. of Business Administration  
(Supervisor)

## Appendix II: List of NGOs

Organisation Name
1. ADRA-Adventist Development and Relief Agency Kenya
2. AIDS Orphans Support Centre
3. Actionaid Kenya
4. Handicap International
5. African Growth Ministries
6. African Medical Research Foundation - AMREF
7. Aga Khan Hospital
8. Arch- Diocese of Nairobi, Eastern Deanery, C.B.H.C & Relief Programme
9. AID Africa Concern
10. ANPPCAN Kenya Chapter
11. Anglican Church of Kenya-HIV/ AIDS Department
12. Africa Focus Programme (AFP)
13. AIDS Awareness Agency
14. AIDS Orphans Support Organisation of Kenya (AOSOK)
15. Association for Participation in Development (APS)
16. Ananda Marga Universal Relief Team (AMURT)
17. African Development Emergency and Organisation (ADEO)
18. Action Now Kenya (ANK)
19. Beacon of Hope
20. Bread for Children- Kenya
21. Christian Reformed World Relief Committee (CRWRC)
22. CARE International-Kenya
23. Catholic Relief Services- Kenya Program
24. Christian Health Association of Kenya. - AIDS Prevention and Care Programme.- CHAK
25. Coalition on Violence Against Women
26. Community Initiatives Support Services International (CISS)
27. Crescent Medical Aid Kenya
28. Centre for African Family Studies
29. Christian Mission Aid
30. Children Health Implementation For Life Development
31. Catholic Organization For Relief And Development Aid (CORDAID)
32. Africa Nazarene University
33. Church-link AIDS Intervention Network (Restoration Counselling Centre)
34. Compassion International Kenya
35. Christian Police Association Mission Team
36. Campaigners for an AIDS Free Society (CAFS)
37. Centre for Adolescent and Geriatric Outreach services
38. Comitato Collaboration Medica (CCM)
39. Concern Worldwide

40. Community Action for Health and Development (CAHED)-formely (MAWA)
41. Consolation for Orphans and Vulnerable Children
42. Department For International Development
43. Development Support Programme Organisation ( DESPO )
44. Department of Defence CAU - VCT Centre
45. Delta Self-Help Programme
46. Daughters of Zion Women Development Group
47. Effective Relief and Development Services (ERADS )
48. Family Life Promotion and Services (FLPS)
49. Family Planning Association of Kenya
50. Food for the Hungry International
51. Ford Foundation
52. Foundation for Gender and Equality (FGE)
53. Family Life Community Basic Education
54. Family Relief and Rehabilitation Organization - FRRO
55. Goal Kenya
56. Goodwill Aftercare Services Projects (GASP)
57. Gallamoro Network (GN)
58. GTZ-Multisectoral Initiative on HIV/ AIDS (GTZ)
59. Hazina Youth Group
60. Health Unlimited
61. Hope Africa Women Organisation
62. Highlands Community Assistance Program (HICAP)
63. Home Zion Tabernacle Centre
64. Institute of Cultural Affairs Kenya - ICAK
65. IntraHealth International Inc.
66. International Committee of the Red Cross (ICRC)
67. Insurance company of East Africa Ltd
68. International Transport Workers Federation ( ITF )
69. Integrated Relief & Rural Development (IRRDO)
70. International Medical Corps (IMC)
71. International Cooperationn for an Integrated Rural Development (CIDRI)
72. Institute for Development and Welfare Services
73. Johns Hopkins University
74. Jamii Medical AID
75. Jitahidi Community Self Help Group (JICOSHEP)
76. Julikei International Women and Youth Affairs
77. JHPIEGO- Johns Hopkins University
78. Kenya Association of Professional Counsellors
79. Kenya Broadcasting Corporation (KBC)
80. Kenya Alliance for Advancement of Children (KAACR)

81. Kenya Evangelical Lutheran Church
82. Kenya Entrepreneur Development Organisation (KEDO)
83. Kenyatta Universtity AIDS Control Unit (KU ACU)
84. Kariobangi Community Health Programme - AIDS Relief Programme
85. Kenya Scouts Association
86. Kenya Women Fellowship Association-KEWFA
87. Kibera Community Self Help Programme-(KICOSHEP)
88. Kenya National Library Services
89. Kenya Organization of Clients and Civil Accident Cases Society
90. Kenya Medical Women's Association (KMWA)
91. Kabiro Health Care Trust
92. Kenya Bus Service Limited (KBS)
93. KENAIID
94. Kenya AIDS and Drugs Alliance (KADA)
95. Kenya Youth Education and Community Development Programme
96. Kenya Orphan Support Organisation (KOSO)
97. Kenya Rifles Langata Barracks Resource Centre
98. Kenya Micro Enterprise Promotion Program (K-MEPP)
99. Kenya AIDS Orphans Rescue Organization
100. Kenya Ports Authority- Nairobi Branch
101. KIKAN Consultancy and Training Services
102. Kenya Children Fund Trust
103. Kenya National Deaf HIV / AIDS Education Programme (KNDAEP)
104. LWICHI Women Group
105. Life Ministry - Head Office
106. Local Churches Nairobi
107. Lutheran World Relief
108. Living well Network (LWN)
109. Lesako Development Foundation
110. MAP International
111. Maendeleo ya Wanawake- CBD (MYWO)
112. Department of Social Services
113. Medecins Sans Frontieres - France (MSF)
114. MSF Belgium
115. MS Kenya( Danish Association for International Cooperation)
116. Monsoon Youth Programme (MOYOP)
117. Mothers Delight Moments
118. Mission Moving Mountain
119. Mkunga Maternity & Nursing Home
120. Mukhuyu Friends Church
121. Ministry of Transport and Communication- ACU (MOTC)

122.Mwana Mwendu Child Development Centre (MMCDC)
123.Muungano Women's Group
124.Mission for Peace and Development- Africa
125.Movement of men against AIDS in Kenya (MMAAK)
126.Medical Emergency Relief International (MERLIN)
127.Nairobi Hospice
128.Ndere Health Care and Research Project
129.New Era Association (NEA)
130.National AIPCA Health and Welfare Organisation (NAHWO)
131.Nyumbani-Children of God Relief Institute (COGRI)
132.Nyisango Health Management and Community Development Project
133.OXFAM
134.Organization for Health, Education and Research Services
135.Pathfinder International
136.Peace Corps Kenya AIDS Resource Committee
137.Partners in Human Survival (PIMS)
138.Plan International Kiambu . AIDS Education Prevention and Community Support
139.Population Education Promotion Project - PEPP/JICA
140.Population Services International (PSI)/Kenya
141.Population and Health Services (PHS)
142.Pendekezo Letu Street Girls Rehabilitation Programme
143.Programme for Appropriate Technology in Health (PATH)
144.Provide International
145.P.C.E.A Ndeiya HIV / AIDS / AIDS Control Committee
146.Positive Living Promotion
147.PSRI . University of Nairobi
148.Precious Supplies and Services
149.Prophetic Community Development Centre
150.Pentechrist Revival Ministries
151.Riara Health Project (Medical Missionaries of Mary Kibera)
152.Radio France Internationale
153.Rural Extension for Africa's Poor - REAP
154.Regional Training Centre
155.Research International East Africa Limited
156.Rural health care-RUHECA
157.Remla medical centre
158.Riruta Environmental Group
159.Regional AIDS Training Network- RATN
160.Reproductive Health Services
161.Rural-Urban HIV / AIDS Intervention Organisation
162.Rachels Development Programme
163.SDA Rural Health Services
164.Save the Children Fund

165. Special Treatment Clinic - Nairobi City Commission
166. St. John's Community Centre
167. Skills and Management Consultant & Training Centre
168. Straight Talk Clinic (Consultant)
169. Single Mothers' Association of Kenya
170. Social Development Network (SODNET)
171. Smile and learn
172. Slums Information Development & Resource Centre
173. Sunami Marketing Services
174. Street Children Programme
175. Sisi kwa Sisi Community Services
176. Students AIDS Awareness (Nyanza) - S. A. A (N)
177. Seventh Day Adventist Church - Health Services
178. St. Lazarus Salama Kibera Development Group
179. Sema Wazi Kenya- Operation HIV / AIDS Out
180. Stara Peace Women Organisation
181. Strengthening STD / HIV Control Project (University of Nairobi)
182. Skillnet Self Help Group (SSHG)
183. Supporters for the needy- Kenya (SFN- Kenya)
184. Save the Children- Canada
185. Soweto Urban Development Association (SUDA)
186. Strategic Community Development Network (SACODEN)
187. Sirgon Community Initiative Programme (SCIP)
188. The Association of People With AIDS in Kenya [TAPWAK]
189. Tool, International Law Organization , FIT Programme
190. Trans World Radio (TWR)
191. The Youth with a Vision
192. Undugu Society of Kenya (USK)
193. Uzima Foundation
194. United Gospel Evangelistic Music Industry
195. University of Nairobi Nyandarua Students Welfare Association (UNNSWA)
196. Vision Plan Africa
197. World Neighbours Kenya
198. World Vision - Kenya
199. Wakibe/ Huruma HIV / AIDS Community Support Project
200. World Council of Churches - The Ecumenical HIV / AIDS Initiative in Africa (EHAIA)
201. Young Men Christian Association of Kenya (YMCA) - HQ
202. Tobacco Alcohol Substance Abuse HIV / AIDS / AIDS Counselling Centre (TASAHACC)
203. Kenya Long Distance Truck Drivers Association ( K.L.D.T.D.W.A)
204. Fountain of Life Children's Centre
205. Integrated Development Facility (IDF)
206. Mission Support Kenya



207. Regional Communication and Development Organization
208. TACT 2002 Self Help Organisation
209. Talent Empire
210. GrapesYard Self Help Group
211. St. Faustina Counselling and Training Institute
212. Mt. Kenya Central Association of the Deaf
213. Mothers Concern
214. Cherish Others Organisation- Kenya
215. Kibera- Mashimoni Youth Group
216. Association of African Women for Research and Development- Kenya Chapter (AAWORD-K)
217. Community AID Frontiers - Action

### Appendix III: Operationalization of Social Marketing Mix Variables

Social Marketing Mix Variables	Expanded Definitions	Relevant Issues	Relevant questions
<b>A) Product</b>			
Ideas	<ul style="list-style-type: none"> <li>- Beliefs</li> <li>- Values</li> <li>- Attitude</li> </ul>	<ul style="list-style-type: none"> <li>- Fatality and severity of AIDS</li> <li>- Family ties</li> <li>- Trust in ones partner</li> </ul>	8, 12
Practice	<ul style="list-style-type: none"> <li>- Abstinence</li> <li>- Safer sexual practices</li> <li>- Faithfulness to one partner</li> </ul>	<ul style="list-style-type: none"> <li>- Self risk perception</li> <li>- Self efficacy</li> <li>- Peer pressure</li> <li>- Cultural practices that increase risk of infection</li> </ul>	9, 10
Tangible Objects	<ul style="list-style-type: none"> <li>- Condoms</li> <li>- Voluntary Testing &amp; Counseling (VCT) services</li> <li>- Home based care for HIV+ people</li> <li>- Training of care-givers - community/group support networks</li> <li>- nutritious foods</li> </ul>	<ul style="list-style-type: none"> <li>- self efficacy</li> <li>- self risk perception</li> <li>- stigma associated with HIV/AIDS</li> <li>- partner suspicion/willingness to adopt new behavior</li> </ul>	10,12

## B) PRICE

Monetary costs	<ul style="list-style-type: none"><li>- money charged for a product or service</li><li>- associated with tangible objects or services</li></ul>	<ul style="list-style-type: none"><li>- Affordability by target audience</li></ul>	13, 14
Non-monetary costs	<ul style="list-style-type: none"><li>- Cost associated with adopting a new behavior (intangible products) e.g. Time, effort, to perform behavior, embarrassment</li><li>- the values consumers exchange for the benefits of having or using a product or service</li></ul>	<ul style="list-style-type: none"><li>- perceived benefits vs perceived costs of adopting new behavior</li></ul>	14, 15

## C) PLACE

Distribution channels	Where service is provided or products obtained	<ul style="list-style-type: none"><li>- Accessibility by target audience</li><li>- Convenience</li></ul>	16, 19
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## D) PROMOTION

Promotion mix elements	Advertising, sales promotions, direct selling, interpersonal communications	<ul style="list-style-type: none"><li>- message content, reach</li><li>- choice of delivery channel</li></ul>	20, 21, 22, 23, 24, 25
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## E) PARTNERSHIPS

	Those who can help the NGO achieve its mission e.g. private businesses, local administration, community gatekeepers/influential community members or opinion leaders	<ul style="list-style-type: none"><li>- willingness to collaborate</li><li>- commonality of goals/objectives for community</li><li>- Trust among partners</li></ul>	26, 27
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## F) PUBLICS

	<ul style="list-style-type: none"><li>- Organisations stakeholders e.g. other NGOs serving the community</li><li>- Community gatekeepers</li><li>- Members of the community being serviced</li><li>- Staff of the NGO</li><li>- Board of Directors of the NGO</li><li>- Others affected by the NGOs programs</li></ul>	<ul style="list-style-type: none"><li>- Identification and involvement of key stakeholders in organizations programs</li><li>- Suspicion of motives of NGO</li></ul>	28, 29
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## G) PERSONNEL

	Employees of the NGO	<ul style="list-style-type: none"><li>- Training, skills development</li><li>- Sense of ownership of program</li><li>- Commitment to NGOs mission</li></ul>	30, 31
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## H) PROCESS

	Steps target adopters go through to acquire the social product	<ul style="list-style-type: none"><li>- learn-do-feel</li><li>- do-feel-learn</li><li>- learn-do-feel</li><li>- multi-path process</li></ul>	32
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## I) PURSE STRINGS

	- Sources of funding e.g. government, foundations, donors	<ul style="list-style-type: none"><li>- security of funding</li><li>- changing donor priorities</li><li>- sustainability of programs</li></ul>	33, 34, 35
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## Appendix IV: Questionnaire

### PART A: General Information

1. Name of your organization .....
2. Year of establishment .....
3. Please indicate your job title .....
4. For how many years have you worked in this organization?
  - a) <1 year ( )
  - b) 1 to 4 years ( )
  - c) 5 to 10 years ( )
  - d) >10 years ( )
5. Using the categories listed below, please indicate the ownership of your organization. (please tick one)
  - a) Locally owned ( )
  - b) Foreign owned ( )
  - c) Partly foreign and partly local ( )
  - d) Don't know ( )
  - e) Other (please specify) ( )

### PART B:

Please indicate the extent to which your organization practices the following on a scale of 1-5 where:

5 is – to a very large extent

4 is – to a large extent

3 is – to some extent

2 is – to a small extent

1 is – to no extent

No.	Issue	(5) Very large extent	(4) Large extent	(3) Some extent	(2) Small extent	(1) No extent
3	Practices social marketing					
4	Does market segmentation					
5	Has designated staff for its marketing activities					
6	Has a budget allocation for marketing activities related to HIV / AIDS					
7	Markets tangible products that are branded					
8	Markets tangible products that are not branded					
9	Communicates fatality/severity of HIV / AIDS to target audience					
10	Conducts research to establish barriers to adoption marketed behavior/product/service e.g. not using condoms due to trust in ones partner, conflicting cultural beliefs etc					
11	Conducts research to determine whether target audiences think they are at risk of HIV infection					
12	Conducts research to establish perception of organizations products/services by target audience					
13	Fights stigma associated with HIV / AIDS					
14	Has some kind of cost associated with product/service/behavior it socially markets					
15	Conducts research to ascertain affordability of products/services					
16	Ensures perceived benefits of adopting new product/service/behavior outweigh perceived costs					

17	Has accessibility objectives for its HIV/AIDS related products/services					
18	Uses commercial sector outlets for its products/services					
19	Uses private sector outlets for its products/services					
20	Conducts surveys to determine whether products/services are conveniently available to target customers					
21	Sets promotions objectives for its HIV/AIDS campaigns					
22	Uses electronic media to communicate HIV/AIDS messages to target audience					
23	Uses print media to communicate HIV/AIDS messages to target audience					
24	Uses outdoor advertising in its HIV/AIDS campaigns					
25	Uses interpersonal communications in its HIV/AIDS campaigns					
26	Uses endorsers/sponsors in its HIV/AIDS campaigns					
27	Collaborates with other organizations working in the same communities					
28	Shares similar goals with other NGOs/CBOs/groups working in the same organization					
29	Identifies important stakeholders					
30	Works in liaison with key stakeholders					
31	Has adequate number of competent staff for its programs					
32	Provides on going training of staff for skills and career development					



33	Identifies the steps target adopters go through to adopt the product/service/behavior marketed by the organization					
34	Relies on internal funding sources for running of programs e.g. government, private businesses, income generating activities					
35	Relies on external funding for running of programs e.g. donors, foundations					
36	Has programs to ensure sustainability of program beyond donor funding					

Thank you for taking some of your time to complete this questionnaire.