TO INVESTIGATE SOCIAL MARKETING STRATEGIES USED BY ORGANISATIONS INVOLVED IN FIGHTING HIV/AIDS AMONGST THE YOUTH IN KENYA.

BY

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To investigate social marketing strategies
DECLARATION

This research project is my work and has not been presented for examination in any study program or any degree in any other university. No part of this project may be reproduced without the prior permission of the author and/or Kenyatta University.

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Supervisor’s approval

This research project has been submitted for examination with my approval as a University supervisor.

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This research project has been submitted for examination with my approval as the chairman.

Signature Date

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DEDICATION

To my children Munene and Kathomi, my parents Mr. and Mrs. Kiogora Mbogori for their love and support.
ACKNOWLEDGEMENT
My gratitude and sincere appreciation to my university supervisor, Mrs. Esther Gitonga for her great guidance and in depth knowledge in research which she was able to share to help complete this project. I learnt much and will always be indebted to her insights.

Am grateful to my parents Mr. and Mrs. Kiogora Mbugori for their financial and moral support up to this far. Their prayers and encouragement towards my success are deeply acknowledged.

To Arthur for the support and time dedicated throughout the project. Am also grateful to my children for their patience and sacrifice until completion of this project.

To Gatari and his family, Mutea Iringo, Margaret Kabera, Mbaabu, Rosebella and all friends who supported me in different ways, may God bless you all.
ABSTRACT

Social marketing is a fairly new discipline in marketing used to promote behaviour change and was introduced in Kenya by Population Services International (PSI) for family planning campaigns in 1990 (PSI, 2010). Though new, it has brought tremendous changes in water sanitation, fighting malaria and drug abuse among other social ills. This paper investigates social marketing strategies used by organizations involved in fighting HIV/AIDS amongst the youth in Kenya.

The study was guided by the following objectives; to find out the strategies employed by social marketing organizations fighting HIV/AIDS, to identify other related areas targeted by social marketers in fighting HIV/AIDS, to establish how effective social marketing is in fighting HIV/AIDS amongst the youth in Kenya and to identify the challenges encountered by social marketers in fighting HIV/AIDS through promoting behaviour change. The study adopted a descriptive design which helped to explain the strategies used by the social marketing organizations involved in fighting HIV/AIDS and the challenges they face.

The research was carried out in 20 social marketing organizations dealing with HIV/AIDS, situated in Nairobi province. Nairobi is where most social marketers are situated. The expected number of respondents was 60 but only 54 responded, the other six did not return the questionnaires. Questionnaire was issued to 60 respondents, 3 from every organization.
Data was collected through questionnaire that was administered both by the researcher and a research assistant. Data collected was coded, summarized, organized and analyzed using the statistical package for social sciences. This study identified contributions, challenges and strategies of social marketing organizations fighting HIV/AIDS amongst the youth.

The study found out that the organizations fighting HIV/AIDS had employed social marketing strategies based on product positioning, promotion, pricing and distribution. Though these marketing strategies had been used, they were not fully exploited. This is because the study revealed that branding and good packaging was least used by the social marketing organizations as a way of positioning the product with a mean of 0.7000 and 3.1700 respectively. Technology as a tool of distribution was also not fully exploited as shown by the low usage of internet at 30 percent, live call-ins at 5 percent and text on cell phone at 10 percent. This shows that the youth cannot access much information social networks like twitter and facebook and yet the youth are great users of social networks.

The study revealed that social marketing organizations had various objectives, some of which are not HIV/AIDS related. These range from economic to social objectives which at times stretch these organizations’ resources thus inability to achieve the main goal of fighting HIV/AIDS. The study found out challenges faced by the organizations fighting HIV/AIDS include product unavailability, competition from the operating environment, financial constraints, lack of technical knowhow on behavior communication and lack of government support.
From the foregoing, it is evident that a lot is needed to make social marketing organizations' objectives fully achievable. These organizations need to improve on usage of social marketing strategies, have specific objective and goals. There is also a need for the government to create an enabling environment to support social marketing organization to achieve their goals through friendly policies and infrastructure.

The researcher has given several recommendations to help social marketing organizations strategize and meet some of the challenges they face. Some of the recommendations given include branding their products, use of language that is more appealing to the youth and use of influential persons that the youth identify with who could be HIV positive or negative. There is also a need for the organizations to have specific goals and need for the government to set up an HIV/AIDS fund where the social marketing organizations can draw funds from. The social marketing organisations should carry out a consumer research to know the needs of their target market instead of relying on donor specifications and the government can also help in conducting this research. There is need to have the social marketing products available on the internet especially social networks like Facebook and Twitter.

From the recommendations given by the researcher it is anticipated that that the findings will be important to the government, religious bodies, donors, social marketing organizations and academicians in understanding strategies used and challenges faced while fighting HIV/AIDS amongst the youth in Kenya.
# TABLE OF CONTENTS

Declaration ..................................................................................................................ii  
Dedication ..................................................................................................................iii  
Acknowledgement ......................................................................................................iv  
Abstract .....................................................................................................................v  
Table of Contents ......................................................................................................viii  
List of Figures ............................................................................................................xii  
Definition of terms ..................................................................................................xiv  

## CHAPTER ONE: INTRODUCTION ....................................................................1  
1.0: Overview ........................................................................................................1  
1.1: Background of the study .............................................................................1  
1.2: Statement of the problem ..........................................................................5  
1.3: Objectives of the study .............................................................................6  
1.4: Research questions ....................................................................................7  
1.5: Importance of the study ..........................................................................7  
1.6: Justification .................................................................................................8  
1.7: Scope of the study ......................................................................................8  

## CHAPTER TWO: LITERATURE REVIEW ......................................................9  
2.0: Introduction ...................................................................................................9  
2.1: Theoretical framework ............................................................................9  
2.2: Elements of Social Marketing ................................................................10  
2.3: Theories of Behavior Change in Social Marketing ....................................11  
2.3.1: Diffusion of Innovations Theory ........................................................11  
2.3.2: Social Cognitive (Learning) Theory ....................................................12  
2.4: Strategies of social marketing ..................................................................13  
2.4.1: Product Strategy ................................................................................13  
2.4.2: Positioning strategy .............................................................................15  
2.4.3: Place strategy .....................................................................................15  
2.4.4: Price strategy .....................................................................................17  
2.4.5: Promotion strategy .............................................................................18  
2.5: Other Strategies to Influence Public Behavior ..........................................19
LIST OF TABLES

Table 4.1: Target age group.................................................................32
Table 4.2: How the organization arrive at target audience......................34
Table 4.3: Promotional elements..........................................................35
Table 4.4: Frequency of the organization to use various media in marketing........36
Table 4.5: Ensuring product are well positioned to potential consumers..........37
Table 4.6: Places where the organization’s products can be found................39
LIST OF FIGURES

Figure I: The conceptual framework..............................................................27
Figure II: Whether organisation has a marketing department......................33
Figure III: Funding of the organisation........................................................33
Figure IV: Employment of competitive pricing..........................................38
Figure V: Method used to employ competitive pricing.................................38
Figure VI: Technological distribution.........................................................40
Figure VII: Effectiveness of social marketing............................................41
### LIST OF ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune-Deficiency Syndrome</td>
</tr>
<tr>
<td>CDC</td>
<td>Centre for Disease Control</td>
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<tr>
<td>CSM</td>
<td>Condom Social Marketing</td>
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<tr>
<td>EE</td>
<td>Entertainment Education</td>
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<tr>
<td>GOK</td>
<td>Government of Kenya</td>
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<td>JAE</td>
<td>Just About Education</td>
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<tr>
<td>KAP</td>
<td>Knowledge, Attitude and Practices</td>
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<tr>
<td>KZN</td>
<td>Kwa Zulu Natal</td>
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<tr>
<td>NACC</td>
<td>National Aids Control Council</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
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<tr>
<td>PSI</td>
<td>Population Services International</td>
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<tr>
<td>SPSS</td>
<td>Statistical Package for Social Sciences</td>
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<tr>
<td>STDs</td>
<td>Sexually Transmitted Diseases</td>
</tr>
<tr>
<td>TOWA</td>
<td>Total War on AIDS</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNAIDS</td>
<td>United Nations for Aids</td>
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<td>USAID</td>
<td>United States Agency for International Development.</td>
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<tr>
<td>VAT</td>
<td>Value Added Tax</td>
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<td>VCT</td>
<td>Voluntary Counseling and Testing</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>4Ps</td>
<td>Price, Product, Promotion and Place</td>
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DEFINITION OF TERMS

AIDS- This is a disease of the human immune system caused by the human immunodeficiency virus (HIV). This condition progressively reduces the effectiveness of the immune system and leaves individuals susceptible to opportunistic infections and tumors (MOH, 2001).

Behaviour - The way a person functions in a particular situation or towards other people.

Blogs – Personal records that somebody puts on their websites giving an account of their activities and their opinions.

Edutainment - Refers to use of traditional entertainment media like soap operas, songs and theater for educational purposes (Singhal et al., 1999).

Health communication – Passing information on public health.

Health marketing - Promotion programs that are developed to satisfy consumer needs, strategized to reach as broad an audience as is in need of the program and thereby enhance the organization’s ability to effect population wide changes in targeted risk behaviour. It involves creating, communicating, and delivering health information and interventions using customer-centered and science-based strategies to protect and promote the health of diverse populations (CDC, 2005).

HIV - Human immunodeficiency virus is a virus that causes acquired immunodeficiency syndrome (AIDS), a condition in humans in which the immune system begins to fail, leading to life-threatening opportunistic infections (MOH 2001).
Management – It refers to the planning, organizing, staffing, leading or directing, and controlling an organization (a group of one or more people or entities) or effort for the purpose of accomplishing a goal (Kotler et al., 2000).

Marketing – Marketing is defined by the American Marketing Association (AMA) as "the activity, set of institutions, and processes for creating, communicating, delivering, and exchanging offerings that have value for customers, clients, partners, and society at large" (Kotler et al., 2000).

Media advocacy - The strategic use of mass media for advancing a social or public policies initiative.

Social marketing - The design, implementation and control of programs seeking to increase the acceptability of a social idea or practice in a target group. (Kotler et al., 2000).

Strategy - Refers to an elaborate systematic plan of action designed to achieve a Particular goal.

Youth - Persons between 15-24 years as defined by the World Health Organization (WHO, 2005).
CHAPTER ONE

INTRODUCTION

1.0: Overview

This chapter examines background of the study, statement of the problem, objectives of the study, research questions, significance and scope of the study.

1.1: Background of the study

Marketing revolves primarily around selling of goods and services. It basically involves creating awareness and influencing the target market with an objective of making sales for a financial gain (Kotler et al., 2000). Marketing has taken different dimension whereby marketing principles have been adopted in solving social problems in the society by the government and non-profit making organizations. The non-profit and the health sector has therefore adopted marketing strategies and carried them out aggressively as is the case with the for-profit sector to fight HIV/AIDS and other health related issues.

The health communications field has been rapidly changing over the past two decades. It has evolved from one dimensional reliance on public service announcements to a more sophisticated approach which draws from successful techniques used by commercial marketers termed as “social marketing” (Baker et al., 1998). Rather than dictate the way that information is to be conveyed from top-down, public health professionals and other practitioners are learning to listen to the needs and desires of the target audience and building a marketing program from there (Kotler, 1989).
Some social and health problems have behavioral causes: the spread of AIDS, traffic accidents and unwanted pregnancies are all the result of everyday, voluntary human activity (Andreasen, 2004). Kotler et al., (2002) records that numerous solutions have been proposed for the myriad social problems as diverse as illiteracy, HIV/AIDS, drugs, teenage pregnancy and spread of STDs and one of the solutions brings call for launching a social campaign to change public attitude and behaviour. This campaign incorporates social marketing principles to influence behavior change by adopting an objective based strategy through selling ideas, attitudes and behavior to promote the desired health outcomes.

Social marketing is a tool of marketing that focuses on sale of behaviour or attitude rather than just selling goods or services to make profits. This concept of social marketing was established in 1971 and the term has developed into a strategy for changing behaviour (Kotler et al., 1989). Social marketing combines traditional marketing approaches, technology, integrated action and planning for social change.

Andreasen (1994), argues that in order to be categorized as a form of social marketing, a campaign must; apply commercial marketing technique, have as its bottom line the influencing of voluntary behavior and primarily seek to benefit broader society and not the marketing organization itself. Research conducted by Crane et al., (2002) implies that social marketing theory, and to some extent practice, has created limited views of how the public interest can be evaluated by marketers, and how marketing action can be exercised in order to achieve social outcomes.
Kenya is among countries with the greatest number of adults and children with HIV/AIDS with an estimate of 2.5 million people infected (Ross et al., 1999). On average, 200,000 new HIV cases are reported annually, and the country loses about 223 people per day due to AIDS (GOK, 2009). HIV/AIDS was declared a national disaster in November 1999 and all aspects of development have experienced the severe impacts of HIV/AIDS at household, community and national levels (GOK, 2006). It has created loss in manpower in all economic sectors and also over stretched social services, especially the health services and the social security system (GOK, 2009). These problems therefore, necessitate a study to help find out the marketing strategies adopted by organizations to fight HIV/AIDS.

According to Bwayo et al., (1992), social marketing has become increasingly popular in Kenya in addressing social health issues and other non health problems facing the society in general. In Kenya, the social marketing campaign can help create an environment in which there is a greater recognition of personal risks for acquiring HIV, a stronger belief in the efficacy of condoms and higher level of personal self efficacy.

Population Services International (PSI) came up with few social marketing programs to promote behaviour change through use of branded condoms, change messages for abstinence and delay of sexual relations (PSI, 2001). Change messages used include; “Tumechill” (we have abstained) to encourage abstinence, “wacha mpango wa kado; epuka ukimwi” (stop relationships on the side; avoid HIV) to promote faithfulness in
marriage and "chanukeni pamoja" (take precaution together) to encourage HIV testing.

Social marketing in Kenya can be incorporated by the government agencies like National Aids Control Council (NACC) and other non-government organizations as part of their strategies to fight HIV/AIDS.

South Africa, which is the country with the highest HIV infection rates in the world introduced a social marketing program dubbed Just About Education (JAE) to fight AIDS (Finlay, 2004). JAE involved use of music, drama and live entertainment in conveying knowledge and attitude change. A popular musician in South Africa by the name Jae, captured the youth through messages about HIV/AIDS, positive lifestyle at schools in Cape Town, Johannesburg and Durban. Just About Education (JAE) program which used messages like "HIV/AIDS is real! HIV/AIDS kills! HIV/AIDS can be avoided!" adopted social marketing to refute myths, increase norms, influence attitudes, raise awareness and show benefits of behavior change through Jae the musician (Finlay, 2004).

According to the Kenya Bureau of Statistics (2010), youth constitute 64% of the country's population. About one third of those currently infected by HIV/AIDS in Kenya are aged between 15-24 years (UNAIDS, 2001). The focus on the fight against the HIV/AIDS epidemic is shifting to the youth as statistics indicate the youth between the ages of 15 to 29 are most prone to the disease (GOK, 2009). In Kisumu, a centre specifically for the youth sponsored by United States Centre for Disease Control was opened to educate the youth on reproductive health and HIV/AIDS.
For social marketing organizations' to be effective in their service there is need to focus on the four Ps of marketing not as perceived by the organizations but as perceived by the youth. Studies addressing behavioral change due to social marketing are partial, thus it becomes necessary and useful to critically review social marketing strategies and problems encountered in such programs.

1.2: Statement of the problem

In Kenya, studies by Bwayo et al., (1992) have shown powerful social norms prevent people from using condoms and discussing safe sexual practices even when they know the risks they are exposed to. Most people in the society especially in developing countries like Kenya would rather not talk about them. For example, parents, teachers and administrators would rather ignore the topic of HIV/AIDS and let the young people find information in books, magazines, movies, discos and peer groups.

The increasing sexual activities amongst young people is responsible for many unwanted pregnancies, STDs, abortions, high rates of school dropouts, maternal morbidity and immorality (Baker et al., 1998). The youth already know the risks associated with irresponsible sexual activities and yet shun messages that seem to tell them to “stop” certain behaviors. Marketers in this field are faced with a great challenge of finding innovative ways of promoting change in sexual behavior of the youth. Targeting the youth with social marketing programs and strategies against such behavior is therefore essential.
Black (1993) explores social demographic impact of social marketing approach. There is need to compliment the clinical approach to sexual behavior and diseases prevention through aggressive marketing and involves changing consumer perception against the seemingly impossible behavior.

This study therefore sought to investigate social marketing strategies employed by organizations involved in fighting HIV/AIDS amongst the youth in Kenya.

1.3: Objectives of the study

The general purpose of this study was to identify the social marketing strategies used by organizations involved in fighting HIV/AIDS in Kenya, focusing on youth.

Specific objectives:

i. To find out the strategies employed by social marketing organizations fighting HIV/AIDS.

ii. To investigate other areas targeted by social marketing organizations while fighting HIV/AIDS.

iii. To establish how effective social marketing is in fighting HIV/AIDS amongst the youth in Kenya.

iv. To identify the challenges encountered by social marketers in fighting HIV/AIDS through promoting behavior change.
1.4: Research questions

The following research questions were formulated to guide the study:

i. What social marketing strategies do the organizations apply in fighting HIV/AIDS?

ii. What are other target areas by social marketing organizations while fighting HIV/AIDS?

iii. How effective is social marketing in fighting HIV/AIDS amongst the youth in Kenya?

iv. What challenges do social marketers fighting HIV/AIDS face in the effort to bring behavior change?

1.5: Importance of the study

Social marketing has many benefits not just in health but various sectors stand to gain from research in this area. Since most social marketing campaigns are government or donor agency sponsored, there is a chance of saving the government of Kenya in its expenditure through proper and effective messages thus saving money in the Ministry of Health and other ministries borrowing the idea.

Social marketing organizations like PSI, PSK, radio stations, NACC and advertising agencies, will gain new insights into improving their work. The research will also benefit academia in adding new knowledge in a fairly new area of study and provide grounds for further research. The young people in Kenya being the biggest age group, and most hit by
sexually transmitted diseases will benefit by understanding better promotional messages aimed at urging them to change or to stop a certain behavior.

The religious bodies have been criticized for giving a deaf ear to the escalating immorality among the youth and are at pressure to devise ways of educating the youth in order to curb immoral behavior to save lives. This research will help in changing perception of religious leaders towards social marketing techniques used to change behaviour of the youth.

1.6: Justification

Social marketing is powerful set of concepts and tools that can accomplish much to relieve the pain and costs to population and to address social problems that have their root in undesirable behaviour. This study will therefore bring new insights into public health at a time that Kenya is facing difficulties in accessing funds from donors and escalating health problems to show how marketing strategies can be incorporated into social issues like health.

1.7: Scope of the study

The study was carried out in Nairobi province where most of the social marketing organizations are headquartered. There are 20 registered social marketing organizations in Kenya dealing with behavior change to combat HIV/AIDS and all were used in this study.
CHAPTER TWO

LITERATURE REVIEW

2.0: Introduction

This chapter examines the theories pertaining to social marketing, related studies and the conceptual framework.

2.1: Theoretical framework

According to Kotler et al., (2002), 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. Most often social marketing is used to influence an audience to change their behavior for the sake of improving their health, preventing injuries, protecting the environment or contributing to the community. This technique has been used extensively in international and local programs like “say yes for the children” (UN special session on children, 2002) and “pink ribbon” which seeks to create awareness on breast cancer in the month of October every year.

According to Kotler et al., (1989), social marketing is one of major change strategies that aims at changing public behavior. They explain that other major change bases are technological, economical, political, legal, educational and coercive. Social marketing strategies can popularize ideas and attitudes and enhance favorable changes in social behavior (Zimmerman, 1997). These strategies if employed in Kenya by all the organizations fighting HIV/AIDS in the country, significant gains can be achieved against the spread of the disease.
2.2: Elements of Social Marketing

The following are the elements of social marketing which should be taken into consideration when developing a social marketing program. Behavior sale is one of the elements of social marketing dealing with behavior change. According to Kotler et al., (2002) by selling behavior, change agents typically want target audiences to do one of the following four things: accept a new behavior, reject a potential behavior, modify current behavior or abandon an old behavior. Another element of social marketing is that behavior change is voluntary, which relies on voluntary compliance rather than legal, economic or coercive forms of influence (Siegel et al., 2004). Lefebvre et al., (1998) argues that suppose that during development of a program to reduced prevalence of sexually transmitted diseases (STDs) in teenagers, research shows that teenagers are more concerned with pregnancy than infections. The social marketer should therefore highlight the contraceptive benefits rather than or at least as well as the disease prevention benefits of the contraceptives to enable voluntary change in behavior. The beneficiary of social marketing is also a major element to be considered in any social change campaign. Unlike commercial marketing which a primary intended beneficiary is the corporate shareholder, the primary beneficiary of the social marketing program is the individual, group or society as a whole (Siegel et al., 2004). The aim of organizations fighting HIV/AIDS should be a healthy society that is able to make informed decisions as pertaining their health and sexual behavior.
2.3: Theories of Behavior Change in Social Marketing

Since the objective of social marketing is behavior change, theories of behavior are very useful to the social marketer. They offer social marketers ways to explore and understand the consumer. They inform decisions concerning the focus of social marketing and offer ways to interpret existing data on consumers. Some of the theories in social marketing include the following:

2.3.1: Diffusion of Innovations Theory

The diffusion of innovation is "the process by which an innovation is communicated through certain channels over time among members of a social system." (Rogers, 1998). According to Baker et al., (1998), the theory describes the elements that affect people’s mind and thoughts as they go through the process of adopting a new idea or technology. The successful diffusion of ideas or information, whether produced spontaneously or as a result of planned actions, changes an audience’s beliefs (Rogers, 1998). This then can be belief in the risks associated with HIV/AIDS, the efficacy of condoms or information on importance to go for HIV testing. The diffusion of innovations theory arises from the observation that a new idea is not accepted immediately, but rather in a relatively slow process. Through a continuous process these beliefs could affect actions thus creating a social change (Rogers, 1998). If the rewards are seen by others to be beneficial then the idea becomes more popular. This popularity may last for quite some time but eventually dwindles when other new technologies or behaviors are proposed (Baker et al., 1998).
2.3.2: Social Cognitive (Learning) Theory

According to Rogers, (1998) the social cognitive theory is used to frame the role of learning through communication. Social cognitive learning theory is at the core of understanding communication through the process of entertainment-education. Bandura (1986) proposes that audiences identify with characters that are attractive, celebrities, use colloquial language, and are similar to them in age, status and race. In targeting the Kenyan youth, a social marketing program can adopt a language like “sheng” (a mixture of English and Swahili words) or a popular musician to pass information on HIV/AIDS prevention.

Audience members relate to characters that express their emotions, and allow the audience insight into the characters’ lives and actions (Piotrow et al., 1997). Individuals learn by watching the behavior of others (both positive and negative role models) in real life or on television (Bouman, 1999). Audiences can then choose to copy the desired behavior or discard it. Thus, Bandura (1986) holds that the “behavior of role models in the mass media also offers vicarious reinforcement to motivate audience members’ adoptions of the behavior”. This vicarious learning is usually more effective and efficient than direct experiential learning (Singhal and Rogers, 1999).

Behavior of individuals is determined as a result of expectancies, which are the belief about the results of an action according to rewards and punishments, and incentives, which encourages positive behavior (Piotrow et al., 1997). There are also negative reinforcements that discourage harmful behavior. Thus, the process of people watching and copying the behavior of role models, and using self-efficacy activities, can result in
behavior change (Bandura, 1986). This can be used to encourage the population to discard risky behavior like having multiple sexual partners or sharing of syringes by drug abusers. Lastly, environmental influences, for example economic conditions and socio-economic status, which affects behavior influence people’s aspirations, self-efficacy, beliefs, personal standards, emotional states and other self-regulatory influences have a great role to play in adoption of a new behavior. (Pjares, 2002).

2.4: Strategies of social marketing

Strategies in social marketing are planned using the 4Ps of marketing. Under social marketing the 4Ps are adopted to influence behaviour change rather than improving sales as used by commercial marketing (Parker et al, 1998).

2.4.1: Product Strategy

Novella et al., (1984) states, “in social marketing, the product is what the social marketer is selling, the desired behavior and the associated benefits of that behavior”. It also includes “any tangible objects and services developed to support and facilitate the target audience’s behavior change”. It is therefore described by commercial sector marketers, a “complex bundle of benefits” that is offered to the market to satisfy some needs (Kotler et al., 2000). It can be a desired behavior like abstinence or use of condoms. It can also be associated benefits which include less pregnancy among youth, and better knowledge on HIV/AIDS and other STDs.

Traditional marketing theory identifies three levels of a product; core product, actual and augmented product (Kotler et al., 1996). This platform is helpful in conceptualizing and
designing the product strategy. There are those that are alone in addressing a need, others which satisfy a need better than other social products and those that do not address a perceived need but nevertheless address an underlying need. Kotler (2002) further explains that the three levels of social products represent increasing levels of difficulty in adoption by the target adopters, where the core product is least difficult in adopting.

The core product is the centre of the product platform and answers questions like what benefits will the customer receive, and the needs that the desired behavior will satisfy. This could be freedom from addiction, STDs or unintended pregnancy.

The actual product is the specific behavior that is being promoted (don’t share an injection, abstain). It is what is required in order to achieve the benefits identified as the core product (Kotler, 2002). Additional components at this level may include any brand names developed for the behaviors for example “Tumechill” for abstinence. According to Zimmerman (1997), the level of augmented product includes any tangible objects and services the social marketer promotes along with the desired behavior. Although the tangible objects and services may be considered optional, they are sometimes what is needed to provide encouragement. Such may include different types of condoms by flavors, colors, patterns and a good name, instead of condoms one can buy “Trust”.

Decisions about the core products focus primarily on what potential benefits should be stressed. Decisions are then made on which of the benefits should be emphasized in a campaign.
2.4.2: Positioning strategy

Kotler et al., (2000), defines product positioning as “the way the product is defined by consumers on important attributes—the place the product occupies in the consumer’s mind relative to competing products”. Social marketers make choices that ensure that the target audience will see their products as offering more and greater benefits than the ones they associate with their current behavior. This could be making knowing ones HIV status more superior than not knowing.

According to Smith (1999), positioning is considered in the following ways; make the behavior fun, easy and popular for the audience. Fun in this context means to provide one’s audience with some perceived benefits they care about. Easy means to remove all possible barriers to action and make the behavior as simple and accessible as possible. Popular means to help the audience feel that this is something others are doing, particularly others who the audience believes are important to them. Branding is also part of positioning. Kotler et al., (1989), gives four desired characteristics of a brand name. It should be easy to remember, recognize and pronounce. It should capture or define the product’s benefits, define a product’s qualities or appeal and it should be distinctive.

2.4.3: Place strategy

Place is where and when the target market will perform the desired behavior, acquire any related tangible objects and receive any associated services (Manoff, 1985). In commercial marketing, place is often referred to as the marketing or distribution channel and is defined by Kotler and Armstrong (2000) 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". In the current lifestyle, people live in a convenience-oriented world in which many place an extremely high value on time, trying to save it for family, friends and favorite leisure activities. This is depicted by a need to have HIV screening services accessible to more people, especially in rural areas where there are neither modern laboratories nor electricity to run standard HIV tests.

According to Kotler et al., (2002) the objective with the place marketing tool is to develop strategies that will make it as convenient and pleasant as possible for the target audience to perform the behavior, acquire any tangible objects and receive any services. One should also want to do anything possible and within reason to make the competing behavior less convenient. According to Siegel (2004) numerous access strategies are potentially available in making the social product available, including the following; increasing the number and location of outlets or moving outlets closer to target audiences. In addition to using the traditional wholesale and retail network, social marketing programmes also focus on developing non-traditional outlets and informal distribution systems. This helps make products available when and where they are needed, particularly in high-risk situations and in environments where people feel comfortable purchasing them. Such outlets have included bars, brothels, gas stations, bus terminals, and beauty parlours. In addition, trained project sales staff provide the retailers with information about the product and the diseases against which it protects. One can also ensure providing mobile units that come closer to neighborhoods or worksites such as
HIV testing centres, offering the option of purchasing online, through the mail, providing pickup and delivery services, extending opening hours and days of the week, improving the ambience of location, reducing wait time, and increasing the prominence of products displayed on aisles and shelves (Lefebvre et al., 1988). By making the counseling and screening centers comfortable and in good locations like a shopping mall will make the youth seeking HIV/AIDS information or testing feel less intimidated than the traditional doctor’s office or hospital yet giving privacy, peace and quiet.

2.4.4: Price strategy

According to Black (1993), the price of social marketing is the cost that the target market associates with adopting the new behavior. It is 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. The social marketers pricing objective is best described by the exchange theory, which states that what is offered to target market (benefits) has to be equal to our greater than what the audience will have to give (cost) (Kotler et al., 2002). It is important to give a price to any commodity even the government condoms to fight HIV/AIDS in order to give value to the consumer.

According to Siegel (2004), in social marketing adoption costs maybe monetary or non-monetary in nature. Monetary costs are most often related to tangible objects and services associated with adopting the behavior like paying for a test, or purchasing a condom. Non-monetary costs are more intangible but are just as real for target audience (Kotler et al., 2002). 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 discomforts that maybe related to the behavior. Gemunden (2002) proposed several tactics for reducing non-monetary costs which include; first, against a perceived psychological risk, provide social products in ways that deliver psychological rewards like the feeling that one is protected and safe through condom use. Secondly, against perceived social risk, gather endorsements from credible sources that reduce the potential stigma or embarrassment of adopting a product. Thirdly, against a perceived risk, provide target adopters with reassuring information on the product or with a free trial of the product so they can experience how the product does what it promises to do and finally, against a perceived risk, solicit seals of approval from authoritative institutions such as medical and dentist board, or other highly respected organization.

2.4.5: Promotion strategy

Promotion or communication is the most important strategy by social marketing organizations to spread messages on HIV/ AIDS. After the product is developed, prices are established and distribution channels are ready, there is need to create persuasive communications. Promotion is designed and delivered to highlight the following; product benefits, pricing strategies including an emphasis on value relative to the competition and place components that offers convenience of access. This is the marketing mix tool that is relied most to move target adopters to the next stage of behavior change.

Siegel et al. (2004) describe creating a promotion message as a “complex art”. The final message a target audience member receives is a combination of the communication
strategy, how the message is executed in the materials, and how it is processed by the sender. Reeves (2000) as cited by Kotler et al. (2002), recommends “think of an ad not as what to put into it but what the consumer takes out of it.” One of the most effective ways to establish clear message objectives and select effective execution and media strategies is to develop a document that will provide direction for message design and media selection. It ensures that communications will be meaningful pointing out benefits that make the product desirable, believable (the product will deliver on the promised benefits), and distinctive how it is a better choice than competing behaviors.

2.5: Other Strategies to Influence Public Behavior

According to Kotler and Zaltman (1971), education also has influence to behavior change. Although the line between social marketing and education is a fine one, most see education as a useful tool for the social marketer in fighting HIV/AIDS but one that does not work alone. Education primarily applies promotion one of the elements of the 4Ps. Most often, education is used to communicate information and or build skills, but does not give the same attention and focus to creating and sustaining behavior change. Related to education is the notion of "edu-tainment". Edu-tainment refers to the use of traditional entertainment media such as operas, songs and theater for educational purposes (Hastings et al., 1994). There are many examples of use of entertainment programming for the adopting of social ideas and health habits. In some programs, health issues are portrayed within the entertainment programming, examples in Kenya include TV programs like “Makutano Junction” supported by DFID and broadcast on Citizen TV. Although it is difficult to implement and evaluate such program, they hold great promise in reaching
audiences with important life-style information at a time when they are likely not resisting the message.

Economic situation prevailing at a particular time affect the public behavior. Hard economic times may influence youth to engage or turn down unethical behavior, for example prostitution and drug abuse. This can therefore hinder or enhance the activities of social marketers in their quest to fight HIV/AIDS. In general social marketing is largely a mix of economic, communication and educational strategies. According to Lefebvre et al., (1988), the social marketer is similar to the engineer who draws from fundamental sciences to create a desired outcome. When the tools of economics, communication and education fail to work, the social marketer then turns to technological solutions, if any can be found. As a last resort, the social marketer may turn to the law or courts to require certain behavior.

2.6: Success in social marketing

Social campaign form an integral part of the environment in industrial and developing countries. As social problems are complex and interrelated, solutions need to be developed in light of the socio-economic, religious and cultural framework. The approach of social marketers though more complex than commercial marketing has some achievements. These achievements include:-

Increase in economic resources. Some social marketing programs have been highly successful in terms of efficiency and sales. This is largely due to the fact that the organizations deliver products at very low per unit cost which is lower than those of
alternative delivery systems. Some marketing organizations may use sales revenues to defray the costs of its projects while others may retain the revenues (Kotler et al., 1996). In organizations fighting HIV/AIDS this can be achieved through sale of condoms or the minimal charges on testing services. In other cases where donor funds are unavailable and there are increasing constraints by the donors it is possible for these organizations to be self sustaining from project revenues.

Social marketing can lead to effective communication towards reaching target group. Targeting the youth or any other group with messages needs a lot of understanding of their life stage and lifestyle in order to be effective. This is achieved through research and evaluation. Research plays a significant role in the development of the behavior sale, its positioning and promotion. It informs the development of AIDS prevention messages and identifies misconceptions and societal or cultural prejudices to both the use of condoms and behavior change. Behavioral and attitudinal changes are monitored through knowledge, attitudes and practice (KAP) studies and other population based surveys. Their results allow the project to assess the effectiveness of existing behavior change interventions and to influence the direction and content of future communications.

Another achievement in social marketing is change in behavior. One of the fundamental benchmarks of social marketing is behavior change. Social marketing organizations aim to register change in behavior of their target such as from having many sexual partners to only one. According to Zimmerman (1997), it is important that project impact is evaluated by the organization and other independent groups through surveys and
consumer intercept studies. This is geared towards ensuring that the products and information and education services provided motivate healthy behavior.

Support by key stakeholders. Social marketing should not only seek to influence the behavior of individuals but also that of groups, organizations and societies (Hastings et al., 1994). Group and macro level change are important because they impact on health and lifestyle decisions for example peoples choice against commercial sex may be influenced by better incomes and increased opportunities while knowing ones HIV status can help one make appropriate health choices.

2.7: Challenges of Social Marketing Organizations

Social marketing is being adopted by a growing number of government and non-profit organizations around the world because of its power to bring about important social changes. An array of commercial marketing concepts and techniques has been applied to problems ranging from child abuse to teen smoking to environmental neglect. However, in crafting these programs, agencies face the following complex challenges.

The marketing product has traditionally been conceived of as something tangible – a physical good which can be exchanged with the target market for a price and which can be manipulated in terms of characteristics such as packaging, name, physical attributes, positioning and so on. As marketing has extended its scope beyond physical goods, marketers have to grapple with formulating product strategy for less tangible entities such as services (Woodruffe, 1995). In social marketing, the product is extended even further
from the tangible to encompass ideas, and behaviour change. This complexity makes social marketing products difficult to conceptualise. As a consequence, social marketers have a bigger task in defining exactly what their product is and the benefits associated with its use.

Demand creation in social marketing is quite difficult. Social marketers must not only uncover new demand, but in addition must frequently deal with negative demand when the target group is apathetic about or strongly resistant to a proposed behaviour change. Young recreational drug users, for instance, may see no problems with their current behaviour (Andreasen, 1997). In these situations, social marketers must challenge entrenched attitudes and beliefs. According to Rangun et al., (1996), demand is easier to generate where the benefits are both tangible and personally relevant. In those situations where the product benefits are intangible and relevant to society rather than the individual, social marketers must work much harder to generate a need for the product.

Another challenge is that social marketers, like their commercial counterparts, must be aware of their competition (Andreasen, 1995). The most obvious source of competition in social marketing is the consumer’s tendency to continue in his or her current behavioural patterns, especially when addiction is involved. Other sources of competition involve alternative behaviors. For example, time spent getting a blood test is time which the consumer could spend doing other more enjoyable, convenient and more personally beneficial activities. According to Woodruffe, (1995), competing organizations could be corporations that encourage unhealthy lifestyles with advertisements aiming at increasing
sales. These are firms that glamorize unhealthy behavior like promiscuity and violence thus becoming counter productive to those firms fighting HIV/AIDS.

Social marketing organisations face difficulties trying to define effectiveness measures unlike business firms having quantitative objectives stated in terms of profitability, sales, or market share. Social organisations merely have vaguely stated mission or goal statement from which measures of effectiveness are difficult to extract. It is also difficult to measure results of a marketing campaign once it has been done because no tangible sales may be realized (Andreasen, 1997).

Attracting and retaining skilled staff is a major challenge for social marketing organizations (Novella and Bloom, 1984). This has been attributed to pay structure, especially in the government organizations and the fact that social marketing is a fairly new discipline in most countries thus the need of training personnel. According to Okgbo et al., (2000), HIV/AIDS communication officers are not familiar with social marketing as most see campaign against HIV/AIDS as condom social marketing rather than values clarification and reorientation. Social marketing holds great promise in narrowing the gap between HIV/AIDS and responsible behavior, therefore program officers need more and better training.

Another challenge is that majority of the organizations dealing with social marketing are dependent on donations. According to GOK report (2006), donor funding accounts for 98% of HIV/AIDS expenditure. The main sources of funds are Global Fund to fight
AIDS which has threatened to pull out from financing organisation fighting HIV/AIDS; this therefore affects market size by limiting grassroots penetration.

2.8: Empirical Studies

A research carried out by Public Services International (2006) gave an evaluation of the "Nimechill" program that was sponsored by USAID. "Nimechill" (meaning "I have chilled" or "I am abstaining") is an abstinence promotion mass media campaign. The study identified perceptions that influence abstinence in urban 10-14 year olds, evaluated "Nimechill's" effectiveness in changing the perceptions and abstinence levels over a seven month period and provides guidance for future abstinence promotion campaigns.

"Nimechill’s" aim was to change three perceptions correlated with abstinence: social norms, self-efficacy and behavioral intentions to remain abstinent. "Nimechill’s" persuasion strategy was based on positive effect (messages were optimistic and encouraging, rather than risk based) and positive deviance (messages featured older youth, aged 14-16, defying early teenage sex norms). The Kshs 41.5 million campaigns were delivered through television, radio, print, billboards, poster, T-shirts, and event sponsorships. According to Public Services International (2006) the research concluded that 80% of the interviewed population knew that "Nimechill" was about abstaining, 75% of those interviewed were ready to abstain following exposure to the message while 70% no longer believed that they had to engage in sexual activity to feel that they 'belonged'.
In a relation to social marketing of HIV/AIDS, Family Planning Association of Kenya (2000) carried out a condom study in various parts of Kenya to establish the potential market for condoms on behalf of a company that would like to establish a condom manufacturing plant in Kenya. A total of 874 youth respondents were interviewed and some of their findings indicated the following; on branding the respondents have preference to certain brands where 61% used ‘Trust’ condoms, 48% used ‘Rough riders’, 22% ‘Durex’ and 11% used government donated condoms. On packaging, 26% indicated that they would like to see a photo on the package, while 12% said no photo, and 16% said they would like to see comics on the package. This confirms that the attributes of the product are very important to the consumer. These attributes include brand name, packaging including colors labeling and fragrance in order to elicit certain images and emotions.

In summary the above literature review has shown the various broad strategies that are available for social marketing organizations to build youth-inclusive, marketing-based programs that can provide young people with HIV/AIDS and sexual health information and skills. This study will identify the specific strategies employed by organizations fighting HIV/AIDS in Kenya and address the challenges faced by them in this quest.

2.9: Conceptual framework
This framework explains behavior in terms of reciprocality in which behavior is hypothesized to be influenced by the activities of social marketers and environmental factors. The independent variables play a big role in the outcomes of behavior sale. All
Factors affecting social marketing are directly or indirectly affected by intervening variables whose social marketers have no control over them. These include culture and politics, economic situation, social, legal and ethical belief of the particular target group.

**Figure I: CONCEPTUAL FRAMEWORK**

<table>
<thead>
<tr>
<th>Independent variables</th>
<th>Intervening Variables</th>
<th>Dependent variables</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOCIAL MARKETING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Pricing of product/behavior</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Place/Distribution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Product positioning branding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Promotion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHALLENGES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Cultural and political factors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Economic factors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Ethical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Legal factors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BEHAVIOUR CHANGE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Increased awareness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Influence of attitude</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Rejection of unwanted behavior</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Prompt and immediate action</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Desirable outcomes in fight against HIV/AIDS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Researcher, 2011)
CHAPTER THREE

RESEARCH METHODOLOGY

3.0: Introduction
This section describes the methodology that was used in this study. The specific issues addressed include, research design, the study area, sampling procedures, data collection procedures and analysis.

3.1: Research Design
The study adopted a descriptive research design which entails making careful description of the phenomena (Borg et. al., 2007). This method was preferred because it allows for prudent comparison of the research findings. The qualitative design was chosen in order to describe the social marketing strategies used and challenges faced by respondents in their quest to fight HIV/AIDS in Kenya.

3.2: Location of the Study
The study was carried out in Nairobi city in Kenya. This is because majority of organisations that fight against HIV/AIDS have their headquarters in Nairobi and are represented by branches in other parts of the country.

3.3: Population of the Study
The population of interest includes all the employees in social marketing organizations involved in behavior change operating in Kenya as at November 2010. According to National Aids Control Council (NACC), the governing body in Kenya fighting HIV/AIDS, there are only 20 registered organizations involved in HIV/AIDS with a focus to the youth (See Appendix V). These organizations have approximately 254 employees. From each of the 20 organizations, 3 employees were selected.
3.4: The Sample

The respondents who are the employees were drawn from each organization and were either in the marketing department, marketing managers and program/project managers. These respondents were chosen because they are familiar with the marketing practices of these organizations. Purposive sampling technique was used to select 60 respondents, 3 from every company (See Appendix V).

3.5: Data collection instruments

This study used questionnaire as a research instrument. The questionnaire was developed with due consideration of published literature on the area of study. Prior to administering of the questionnaire to the respondents, the questionnaire were distributed for pre testing by colleagues at college and some working friends who provided useful suggestions on appropriateness, structure and relevance of questionnaire for the study. Their suggestions were incorporated into the final version of the questionnaire that was sent to the respondents.

3.6: Data collection procedures

The questionnaire was distributed by the researcher and a research assistant through hand-delivery or email requests. Due to the fact that the respondents were in easily accessible locations within Nairobi, the two methods sufficed to distribute and subsequently receive back the questionnaire; the use of will also acted as a time saving element. All the data collected was in view of the objectives of study. The primary data was collected by use of semi structured questionnaire while secondary data included
conference reports, government of Kenya publications, conference proceedings and journals relating to social marketing on behavior change.

3.7: Data analysis

According to Denscombe (1998), descriptive statistics involves a process of transforming a mass of raw data into tables, charts, with frequency distribution and percentages which are a vital part of making sense of the data.

This study used both qualitative and quantitative method of data analysis. Data was coded and thereafter analyzed using Statistical Package for Social Sciences (SPSS) program and presented using tables, bar and pie charts to give a clear picture of the research findings at a glance.
CHAPTER FOUR
DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.0: Introduction
This chapter presents analysis and findings of the study as set out in the research methodology. The data was gathered exclusively from questionnaire as the research instrument. The data has been presented in quantitative and qualitative form followed by discussions of the data results.

4.1.1: Overview of study objectives.
The general objective of this study was to identify the social marketing strategies used by organizations involved in fighting HIV/AIDS in Kenya, focusing on the youth. The study was guided by the following objectives: the first was to investigate strategies employed by social marketing organizations in fighting HIV/AIDS, second objective was to investigate other related areas targeted by social marketing organizations while fighting HIV/AIDS. The third objective was to establish the effectiveness of social marketing in fighting HIV/AIDS amongst the youth in Kenya while the fourth objective was to identify the challenges encountered by social marketing organisations while fighting HIV/AIDS.

4.1.2: Overview of response rate
Data was collected through a questionnaire sent to 60 respondents. The response rate was 90 percent meaning 56 out of the 60 targeted respondents returned the questionnaire.
4.1.3: Social demographic information

This section captures information on age targeted by social marketing organization.

4.1.4: Target age group

This section aimed at identifying the target age group by the respondents.

Table 4.1 Target age group

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>19-24yrs</td>
<td>24</td>
<td>44</td>
</tr>
<tr>
<td>25-30yrs</td>
<td>20</td>
<td>37</td>
</tr>
<tr>
<td>Above 30yrs</td>
<td>10</td>
<td>19</td>
</tr>
<tr>
<td>Total</td>
<td>54</td>
<td>100</td>
</tr>
</tbody>
</table>

Source; Researcher, 2011

Results presented in table 4.1 revealed that majority of the organizations targeted audiences of ages 19 to 24 years comprising 44 percent while 37 percent were aged 25 to 30 years and 19 percent were aged above 30 years.

4.1.5: Whether the organization has a marketing department

This section inquired on whether the organizations had a marketing department.
Results presented in figure II revealed that a majority of the organizations had a marketing department as was shown by 64 percent while 36 percent cited that their organizations did not have a marketing department.

4.1.6: Funding of organization

This section aimed at establishing the source for funding of the organization.

Figure III Funding of organization
Findings from the study showed that a majority of the respondents were funded by donors comprising 64 percent while 24 percent of the organizations were funded by the government, 12 percent of the organizations were self funded.

4.1.7: Goals and activities of organization

This section inquired on the various activities of social marketing organizations. Most respondents cited that their organizations aimed at fighting HIV/AIDS through promoting behavior change, formation of youth groups to discuss HIV/AIDS, assistance of HIV/AIDS positive youth to access medication and provision of voluntary counseling services. The study further inquired on whether the organizations dealt with other non HIV/AIDS related issues. It was revealed that majority of the organizations dealt with other issues such as family planning programs, economic empowerment projects, malaria prevention activities, guidance and counseling on drug abuse, crime and immoral behavior in the society.

4.1.8: How the organization arrive at target audience

This section aimed at establishing the method used by the organizations to arrive at the target audience.

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donor specifications</td>
<td>32</td>
<td>59</td>
</tr>
<tr>
<td>Market Intelligence</td>
<td>22</td>
<td>41</td>
</tr>
</tbody>
</table>

Source: Researcher, 2011
Findings from the study revealed that a majority of the organisations used donor specifications as a means of arriving at the target audience as was shown by 59 percent while 41 percent of the organisations used market intelligence as a means of getting to the target audience.

4.1.9: Promotional elements

The study in this section inquired on the extent into which various promotional elements were employed in terms of prominence in the organizations. Data in this section used a likert scale of 5 as most important and 1 as the least important.

<table>
<thead>
<tr>
<th>Table 4.3 Promotional elements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>a) Advertising</td>
</tr>
<tr>
<td>b) Sales promotion</td>
</tr>
<tr>
<td>c) Direct marketing</td>
</tr>
<tr>
<td>d) Publicity and P.R</td>
</tr>
<tr>
<td>e) Personal selling</td>
</tr>
</tbody>
</table>

Source: Researcher, 2011

Results presented in table 4.3 revealed that most of the organizations employed advertising, publicity and public relations and sales promotion as the main promotional elements as was shown by high means of 4.66, 4.65 and 4.06 respectively. Personal selling and direct marketing were least employed as promotional element as was shown by a mean of 3.50 and 2.60 respectively.
4.2.0: Frequency of the organization to use various media in marketing their products

This section aimed at establishing the frequency of the organization to use various media in marketing their products. This section employed a likert scale of 1=always, 2=sometimes and 3=never.

Table 4.4: Frequency of the organization to use various media in marketing their products

<table>
<thead>
<tr>
<th></th>
<th>Always%</th>
<th>Sometimes%</th>
<th>Never%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Television</td>
<td>75</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>Radio</td>
<td>80</td>
<td>14</td>
<td>6</td>
</tr>
<tr>
<td>Magazines</td>
<td>64</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td>Billboards</td>
<td>24</td>
<td>36</td>
<td>40</td>
</tr>
<tr>
<td>Sports</td>
<td>31</td>
<td>38</td>
<td>31</td>
</tr>
<tr>
<td>Drama</td>
<td>12</td>
<td>32</td>
<td>56</td>
</tr>
<tr>
<td>Music</td>
<td>16</td>
<td>48</td>
<td>36</td>
</tr>
<tr>
<td>Influential persons</td>
<td>12</td>
<td>36</td>
<td>52</td>
</tr>
<tr>
<td>Educational campaigns(edutainment)</td>
<td>24</td>
<td>34</td>
<td>42</td>
</tr>
<tr>
<td>Peer counseling</td>
<td>58</td>
<td>42</td>
<td>0</td>
</tr>
</tbody>
</table>

Source; Researcher, 2011

Findings from the study showed that most respondents cited that the organizations always employed radio, television, magazines and peer counseling when marketing their products as was shown by 80%, 75%, 64% and 58% respectively. Further, majority of the organizations sometimes employed music, sports, influential persons and drama while marketing their products as was shown by 48%, 38%, 36% and 32% respectively.
4.2.1: Product positioning to potential consumers

This section aimed at inquiring how the organizations ensured their products were well positioned to potential consumers. This section employed a likert scale of 5 as most important and 1 as the least important. Data in this section was presented in percentages and mean.

Table 4.5 Ensuring products are well positioned to potential consumers

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through having good product quality</td>
<td>10%</td>
<td>27%</td>
<td>13%</td>
<td>11%</td>
<td>39%</td>
<td>3.4200</td>
</tr>
<tr>
<td>Attractive product</td>
<td>5%</td>
<td>13%</td>
<td>48%</td>
<td>28%</td>
<td>6%</td>
<td>3.1700</td>
</tr>
<tr>
<td>Good packaging and labeling</td>
<td>0</td>
<td>11%</td>
<td>47%</td>
<td>33%</td>
<td>9%</td>
<td>3.4000</td>
</tr>
<tr>
<td>Different colors</td>
<td>25%</td>
<td>25%</td>
<td>25%</td>
<td>25%</td>
<td>0</td>
<td>2.5000</td>
</tr>
<tr>
<td>Variety of brands</td>
<td>55%</td>
<td>13%</td>
<td>25%</td>
<td>7%</td>
<td>0</td>
<td>0.7000</td>
</tr>
</tbody>
</table>

Source; Researcher, 2011

Results depicted in table 4.5 revealed that majority of the organizations ensured their products were well positioned to potential consumers through good product quality as was shown by a mean of 3.4200, through good packaging and labeling as was shown by a mean of 3.400, and through attractive products as was shown by a mean of 3.1700. The study further revealed that a few organizations branded their products.

4.2.2: Employment of competitive pricing

This section aimed at establishing whether the organizations employed competitive pricing.
Results shown in figure IV revealed that majority of the organizations employed competitive pricing as was shown by 66 percent while 34 percent cited that their organizations did not employ competitive pricing.

4.2.3: Pricing method
This section aimed at establishing the method used to employ competitive pricing.

Source; Researcher, 2011
Results depicted in figure V reveal that most of the organizations' product prices are subsidized as shown by 38 percent while 26 percent employed cost leadership with a further 20 percent of the organizations employing market forces as a method of competitive pricing. The least employed method of competitive pricing was giving discounts as was shown by 16 percent.

4.2.4: How the organizations ensure products have reached the target audience
This section of study inquired on how the organizations ensured products had reached the target audience. The respondents cited that the organizations used various methods such as selective channels through franchises and markets, multiple channels and this was through the media, shops and automatic vending machines and through direct channels where personal selling methods were employed.

4.2.5: Places where the organization's products can be found
This section inquired on the various places where the organization's products could be found.

Table 4.6 Places where the organization's products can be found

<table>
<thead>
<tr>
<th>Place</th>
<th>YES %</th>
<th>NO %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bars</td>
<td>42</td>
<td>58</td>
</tr>
<tr>
<td>Social clubs</td>
<td>62</td>
<td>38</td>
</tr>
<tr>
<td>Student centres</td>
<td>54</td>
<td>46</td>
</tr>
<tr>
<td>Hostels</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>Youth recreation centres</td>
<td>74</td>
<td>26</td>
</tr>
<tr>
<td>Shopping malls</td>
<td>58</td>
<td>42</td>
</tr>
</tbody>
</table>

Source: Researcher, 2011
Results from the study revealed that a majority of the respondents cited that their organizations products were found in youth recreation centers (74 percent), social clubs (62 percent), shopping malls (58 percent) and student centres shown by 54 percent.

4.2.6: Technological distribution

This section aimed at establishing the use of technology in product distribution by the organizations.

**Figure VI Technological distribution**

![Bar chart showing the use of different technologies for distribution](chart.png)

Source: Researcher, 2011

It was established that only 30 percent of the organisations used internet as a distribution method, while live call through Television and radio use was 5 percent and use of text messages through cell phone was 10 percent.
4.2.7: Effectiveness of social marketing

This section inquired on the effectiveness of social marketing as perceived by the organization.

Figure VII Effectiveness of social marketing

The study found out that 52 percent of the organisations rated their social marketing projects as effective, 35 percent rated their programs as very effective while 13 percent rated social marketing programs as least effective. It was further revealed that social marketing organisations believe that social marketing strategies were better than traditional public announcements. Majority of organisations also believe there is a future for social marketing to public health in Kenya.
4.2.8: Challenges faced by the organizations fighting HIV/AIDS

There are various challenges that affect social marketing organizations. These include low funding, high cost of marketing programs, poor product distribution, irregular pricing, uncontrollable environment and competition in the industry.
CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0: Introduction
This chapter presents a summary of the study, conclusions, recommendations of the study and suggestions for further study.

5.1: Review of objectives
The main purpose of this study was to investigate social marketing strategies used by organizations involved in fighting HIV/AIDS amongst the youth in Kenya.

The study had four objectives. The first one was to investigate strategies employed by social marketing organizations in fighting HIV/AIDS. The second was to investigate other related areas targeted by social marketing organizations while fighting HIV/AIDS. The third one was to establish the effectiveness of social marketing in fighting HIV/AIDS through promoting behavior change while the fourth objective was to identify challenges encountered by social marketers in fighting HIV/AIDS through promoting behavior change.

The data obtained from respondents was analyzed and presented using frequency tables and percentages, bar charts and pie charts.

5.2: Overview of the method and response rate
Data was collected using questionnaire that was sent out to 60 respondents. The total number of organizations were 20 and 3 respondents were purposefully sampled from each organization. Data was collected through questionnaire on drop and pick method with a 90 per cent response rate. The resulting data was compiled, analyzed and conclusions drawn thereof.
5.5: Recommendations

The following are recommendations arising from the study on each research objective.

5.5.1: Strategies employed by social marketing organizations fighting HIV /AIDS

The study recommends that for social marketing organizations fighting HIV/ AIDS to remain competitive, there is need to employ various strategies aimed at increasing adoption and sales of their products. Further, there is need for effective communication that puts into consideration of the lifestyle, traits and preference of the youth.

There is need for social marketing organizations to position their products so that they are easily adoptable by the youth. Taste and preferences on various consumers from different environment should be taken into consideration before a product is developed. This will make the products easily acceptable and saleable.

Branded and well packaged products are more attractive and viewed of high quality hence easily saleable. This study recommends that products that are not branded and without attractive packaging should be well packaged and labeled to increase customer satisfaction and adoption. It is important even for the government to brand and package their products so that they are appealing and easily recognized by the intended consumers. They can introduce brand of condoms of different texture and flavors to suit different consumers.
Organizations without tangible product, but with messages targeting the youth, should increase usage of youth language like “sheng” and “slang” to make it more appealing to the audience other than using plain English or Swahili.

Increases availability of the products in hostels, bars, parks and other places where youth frequent. There is also a need for religious organizations to realize the impact HIV/AIDS has on the youth and stop being reluctant on the distribution of preventative products in colleges and other learning institutions. This will increase the adoption of HIV/AIDS prevention products.

5.5.2: Goals of social marketing organizations focusing on the youth

Goals on fight against HIV/AIDS should be specific and strict on set objectives. From the study, most organizations dealing with HIV/AIDS had multiple objectives covering both health and non-health issues. This can lead to loss of focus on the major objective of fighting HIV/AIDS and spreading thin on resources.

5.5.3: Whether social marketing organizations view their projects as successful

Since social marketing organizations view their projects as successful as most reported their social marketing programs being either effective or very effective, together with the government they should take the initiative of creating social marketing programs, which use sophisticated consumer marketing techniques to sell ideas, attitudes, and behaviors. This will help increase availability, sales, and use of condoms, as well as knowledge and awareness of HIV/AIDS. Since social marketing involves in-depth consumer research to
Discussions should be held between peer educators and religious groups on the impact HIV/AIDS has on the society. Religious leaders should be enlightened on the reality within the society today regarding the HIV/AIDS scourge. This will improve adoption of HIV/AIDS messages and distribution of HIV/AIDS prevention products within institutions sponsored by religious organizations.

The social marketing organizations should lobby the government to partner with condoms and antiretroviral drugs manufactures and set a production plant in Kenya. This will significantly minimize scarcity and reduce costs of AIDS drugs or condoms due to reliance on imports risking rise in prevalence rate due to shortage.

5.6: Recommendations for further research.

The findings of this research indicate that further research needs to be carried out. Suggested areas that could be looked into are;

- Carry out a research on the youth to determine the effectiveness of social marketing in fighting HIV/AIDS.
- The impact of environmental, religious and cultural values in fight against HIV/AIDS.
- Effects of donors dictating on the target population, products and strategies to be used on HIV/AIDS projects
- Viability of an HIV/AIDS fund that social marketing organizations can be drawing their funds instead of depending on foreign funding.
- Use of technology and social networks among the youth to access HIV/AIDS information.
REFERENCES


**Website references**


APPENDIX I

LETTER TO THE RESPONDENT

Emma Kajuju Kiogora
School of Business
Department of Business Administration
P.o Box 43844
Nairobi.

19th November 2010
To Respondents

RE: REQUEST TO CONDUCT A STUDY

I am a post graduate student from Kenyatta University conducting a study on social marketing strategies used by organizations involved in fighting HIV/AIDS focusing on the youth.

You have been selected as one of the respondent in this study. I kindly request you to complete the questionnaire attached as accurately as possible.

Findings of this study will be beneficial to your organization and the society in fighting HIV/AIDS. The information supplied will be strictly for academic purposes and will be treated with utmost confidentiality.

Your cooperation will be highly acknowledged.

Yours faithfully,

Emma Kajuju Kiogora (D53/11219/04)
APPENDIX II

QUESTIONNAIRE

INSTRUCTIONS: Respond to all the questions. Please provide the answer that suits you most.

PART A

1. Name of institution

2. Position of respondent

3. Which is your target age group? (Please tick as appropriate)
   - Below 12 yrs
   - 13-18 yrs
   - 19-24 yrs
   - 25-30 yrs
   - Above 30 yrs

4. Does your organization have a marketing department?
   - Yes
   - No

5. Who funds your organization? (Please tick as appropriate)
   - Government
   - Donors
   - Self
   - Others (Please specify)

PART B

6. What are the goals of your organization?

7. Does your organization deal with other non HIV/AIDS health issues?
   - Yes
   - No

   If yes, what are they? Please tick as appropriate
   - Reproductive health service
b) Fighting malaria and TB ( )
c) Social support groups ( )
d) Economic support activities ( )

8. How does your organization arrive at target audience?

- Donor specifications
- Market Intelligence
- Others (Please specify)

9. Does your organization research into the consumers' needs before developing messages or products for them? Yes ( ) No ( )

10. Do you experience competition in your kind of organization?

Yes ( ) No ( )

b) If yes, please specify-----------------------------------------------

PART C

11. Rank the following promotional elements in terms of prominence to your organization. Begin with 5 as “most important” and 1 as the “least important”.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Advertising</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Sales promotion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Direct marketing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Publicity and P.R</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Personal selling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
12. Tick how often your organization uses the following tools in marketing your products (1) Always (2) Sometimes (3) Never.

<table>
<thead>
<tr>
<th>Tools</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Television</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radio</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Magazines</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Billboards</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sports</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drama</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Music</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influential persons</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational campaigns(edu-tainment)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peer counseling</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are there other tools that your organization uses?  

(Please indicate)..............................................................................
13. How do you ensure your product is well positioned to your potential consumers? Begin with 5 as “most important” and 1 as the “least important”

<table>
<thead>
<tr>
<th></th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through having good product quality</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good packaging and labeling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Different colors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Variety of brands</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attractive message</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If others (Please specify) ...

14. Do you brand your products? Yes ( )   No ( )

15. (a) Does your organization employ competitive pricing? Yes ( )   No ( )

(b) If yes, how do you employ competitive pricing? (Please tick)

i. Through cost leadership ( )

ii. Market skimming ( )

iii. Based on market forces ( )

iv. Giving discounts ( )

v. Others (Please specify) ...

---
16. How does your organization ensure your product has reached the target audience?

(Please tick as appropriate, at most two choices under each)

a) Selective channels
   Franchises ( ) chemists ( ) Branded kiosks ( )

b) Multiple channels
   Media ( ) automatic machines ( ) shops ( ) clubs ( )

c) Direct channels
   Personal selling ( ) via phones ( ) counseling ( )

17. Can your organization’s products be found in such places as?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Bars</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ii. Social clubs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>iii. Student centre</td>
<td></td>
<td></td>
</tr>
<tr>
<td>iv. Hostels</td>
<td></td>
<td></td>
</tr>
<tr>
<td>v. Youth recreation centre</td>
<td></td>
<td></td>
</tr>
<tr>
<td>vi. Shopping malls</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

vii. If not please explain where

---------------------------------------------------------------------

---------------------------------------------------------------------

---------------------------------------------------------------------
18. Does your organization employ the following technological strategies to reach the youth?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social network through the internet like facebook and twitter</td>
<td></td>
</tr>
<tr>
<td>Live call in supplements through nationwide television</td>
<td></td>
</tr>
<tr>
<td>Use of the cell phone through text messages</td>
<td></td>
</tr>
</tbody>
</table>

PART D

19. How effective would you rate your organization’s social marketing programs?

(Please tick one)

Very effective ( ) Effective ( ) Least effective ( )

20. Do you believe that social marketing strategies are better than the traditional public announcements?

YES ( ) NO ( )

21. How often do you review your programs? (Please tick one)

i. Monthly ( )

ii. Quarterly ( )

iii. Yearly ( )

iv. If Otherwise please specify------------------------------------------
22. Do you think there is future of social marketing to public health?

YES ( ) NO ( )

PART E

23. State the challenges your organization has faced in terms of

   i). The environmental factors hindering adoption of your products----------

   ii). The cost of undertaking the marketing program--------------------------

   iii). Competition----------------------------------------------------------

   iv). Distribution of the product------------------------------------------

   v). Pricing---------------------------------------------------------------

   vi). Others (Pleases specify) -------------------------------------------

24. Please give suggestions that you think will overcome the challenges of social marketing(Please list them)-------------------------------------------------------------

   Thank you for your response.
### APPENDIX III

#### TABLE OF EVENTS

<table>
<thead>
<tr>
<th>Phase</th>
<th>Activity</th>
<th>Number of weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>I</td>
<td>Pilot study</td>
<td></td>
</tr>
<tr>
<td>II</td>
<td>Adjustment</td>
<td></td>
</tr>
<tr>
<td>III</td>
<td>Data collection</td>
<td></td>
</tr>
<tr>
<td>IV</td>
<td>Data coding</td>
<td></td>
</tr>
<tr>
<td>V</td>
<td>Data analysis</td>
<td></td>
</tr>
<tr>
<td>VI</td>
<td>Compiling</td>
<td></td>
</tr>
<tr>
<td>VII</td>
<td>Defense</td>
<td></td>
</tr>
<tr>
<td>VIII</td>
<td>Report submission</td>
<td></td>
</tr>
</tbody>
</table>
# APPENDIX IV
## RESEARCH BUDGET

<table>
<thead>
<tr>
<th>BUDGET ITEM</th>
<th>COST (KSHS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Typing and printing proposal</td>
<td>3000</td>
</tr>
<tr>
<td>Photocopying and binding</td>
<td>3500</td>
</tr>
<tr>
<td>Transport</td>
<td>6000</td>
</tr>
<tr>
<td>Allowances for research assistants</td>
<td>6000</td>
</tr>
<tr>
<td>Data analysis</td>
<td>10000</td>
</tr>
<tr>
<td>Compilation of project</td>
<td>2500</td>
</tr>
<tr>
<td>Printing of project</td>
<td>1500</td>
</tr>
<tr>
<td>Project photocopying and binding</td>
<td>3500</td>
</tr>
<tr>
<td>Miscellaneous expenses</td>
<td>4000</td>
</tr>
<tr>
<td><strong>Total cost</strong></td>
<td><strong>40000</strong></td>
</tr>
</tbody>
</table>
APPENDIX V
LIST OF ORGANISATIONS

1. Adra Kenya
2. Africa Alive Kenya Chapter
3. Africa Youth Parliament
4. Amref
5. Awelo Youth Network for Peace and Development (Aynpd)
6. Crisis Pregnancy Ministries
7. Engender Health
8. Family Care International
9. Family Health International
10. Family Planning Association of Kenya
11. Family Planning Promotion Services
12. I Choose Life
13. Kenya Aids and Drugs Alliance (Kada)
14. Kenya Association for The Promotion of Adolescent Health (Kapc)
15. Marie Stopes Kenya (Msk)
16. National Aids Control Council
17. Pathfinder International
18. Strengthening Community Partnerships and Empowerment (Scope)
19. Women Fighting Aids in Kenya (Wofak)
20. Youth To Youth