MAASTRICHT SCHOOL OF MANAGEMENT

THE ROLE OF SOCIAL MARKETING IN FAMILY PLANNING IN RWANDA

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"This paper was submitted in partial fulfillment of the requirements for the award of Master of Business Administration (MBA) in Project Management at the Maastricht School of Management (MSM), Maastricht, the Netherlands, November, 10th 2011."

CERTIFICATION

This is to certify that the project titled "THE ROLE OF SOCIAL MARKETING IN FAMILY PLANNING" is submitted by Mr. RUKUNDO Théogene Reg.no. **RW/SFB/PM/050926 to the Maastricht School of Management (MSM)** in partial fulfillment for the requirements of the award of the degree of Master of Business Administration (MBA) in project management is a bonafide record of work carried out by him under my supervision. The contents of this project, in full or in parts have not been submitted in any form to any other Institute or University for the award of degree or diploma.

Signature of supervisor…….

(Prof.P.Ganesan)

DECLARATION

I, RukundoTheogene, MBA student of Maastricht School of Management (MSM) hereby declare that, the project entitled **« The role of social marketing in family planning in Rwanda »** is original. To the best of my knowledge, it has never been presented or submitted anywhere at the universities or institutions of higher learning.

Signature…….

Date……

DEDICATION

I dedicate this thesis to the Almighty God, my brothers, sisters and project management and marketing students.

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ABSTRACT

The major reason to conduct this research was to study the role social marketing in family planning in Rwanda. Use of family planning methods and especially most modern methods allow couples to achieve fertility objective and ideal family size. As many people look at marketing as only advertising and selling, it was observed that social marketing concept helps to achieve behavioral goals aimed at changing the target market's attitude and behaviors towards the common goal.

The study involved the problem identification which is witnessed by the high population increase in Rwanda from 7- 12 Million people as per current statistics, and despite the Government campaigns against population pressures and its consequences of poverty, famine, shortage of land, diseases, and poor access to education has resulted into poor quality of life.

Social marketing through the use of social media is set to understand how it can create awareness through social marketing campaigns, use of promotional mix in order to address behavioral change.

The specific objectives of the study were; to study family planning awareness, to identify the level of media awareness, to study the role played by social marketing on family planning, to identify media/ communication messages used in social marketing, to assess the effect of social marketing on family planning with respect to demographic variables and to identify the role played by social marketing on quality of life.

The research was conducted in 2 district of Rwanda, in the northern rural province of Ruhengeri, those were Musanze and Burera, 2 sectors were selected in each District and 20 respondents in each based on convenience sampling. Data collection design was made up of primary and secondary sources.

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LIST OF ABREVIATIONS AND ACRONYMS

BBC : British Broadcasting Corporation

BCC : Behavior Communication change

BCOS : Behavioral Communications Strategies

Broadcasting Agency

CHR : Community Health representatives

DHS : Demographic Health Survey

DRC : Democratic Republic of Congo

GDP : Gross Domestic product

IEC : Information Education and Communication

IUD : Intra Uterine Device

MINISANTE: Ministère de la sante (Ministry of Health)

NGO : Non Governmental Organization

ONAPO : Office National de population (National Population office)

ORINFOR : Office Rwandaise des informations (Rwanda information &

PSI : Population Service International

QOL : Quality of life

RDHS : Rwanda Demographic Health survey

ROI : Return on investment

RTV : Rwanda Television

SMO : Social media optimization

SROI : Social return on investment

1.0. CHAPTER ONE

INTRODUCTION

1.1 Study Background

Marketing is the business function that identifies customer needs and wants, determines which target markets the organization can serve best and designs appropriate products, services and programs to serve these markets. However marketing is more than just an isolated business function, rather, it is a philosophy that guides the entire organization and the whole community depending on the target group or market. Sommer W, Barners S. and Stanton F, Fundamentals of Marketing 6th Edition, New York 1992

Many people see marketing only as advertising and selling, but real marketing does not involve the art of selling what you make so much as knowing what to make. Organizations gain market leadership by understanding consumer needs and finding solution that delight customers through superior value, quality and service. Marketing therefore, is all around us, and we all need to know something about it because marketing should not be left only to be used by manufacturing companies, wholesalers of certain products, and retailers, but by all kinds of individuals, organizations, and institutions in order to manage demand for their services on the target market. (Douglas J. Dalrymple & Leonard J. Parsons, Marketing Management strategy and cases, 5th Edition, USA 1990).

Social Marketing among marketing concepts should achieve behavioral goals aimed at changing the target market's attitudes and behavior towards the common marketing objective as designed in marketing program. The media has a major role to play in as far as social marketing is concerned.

The media choices have multiplied with the advent of print media, electronic media, outdoor media and internet. Within the growth in media choice, the decisions on which one will achieve the communication objectives most effectively are becoming more

difficult, and often media spending accounts for the greater part of marketing budget. Therefore, in an effort to get their communications to inform, reinforce and persuade, marketing practitioners should put much consideration to the appropriate media and make use of it in communicating their messages to the target audience.

As marketers are becoming aware of the positive impact that marketing actions with a social dimension can have for their organizations, the government being the big customer of products and services to marketers, the social responsibility through the use of marketing functions such as media is necessary in order to create community awareness of various social aspects such as Family planning, Food Nutrition, HIV-AIDS, and Malaria. This has to take a look at both Non personal media such as T.V, Radio, News papers as well as Personal communication through word of mouth, especially as it has been a good practice in community work (Umuganda) where different messages are passed to the local residents on different developmental projects and government programs.

Media in Rwanda has been developed after the 1994 Genocide. According to Media High Council report, 2007, the state of media highlights the developments in the country's media industry. Right from the beginning till the end of the year, Rwanda progressively witnessed an upward trend in media development such as media infrastructure, an increased number of media houses and level of professionalism and freedom of press among other areas. Despite this positive trend however, it has been seen that media emphasizes on political and business environment, leaving out social environment and thus left to be undertaken by the government through government media which is also inefficient.

1.2 Background to the study problem

Rwanda's Population was estimated at 7,229,129 in 2002. Already the most densely populated country in Africa, Rwanda's population is growing at a rate of 3% annually, according to the current statistics, the population is said to be 11 million. Despite the fact that huge numbers of Rwandese are dying from HIV-AIDS, in 2002, there were approximately 34.78 birth rates per 1000 people. (RDHS 2005)

The fertility rate in Rwanda is high and an average Rwandan mother gives birth to more than 5 children in her life time (Minisante Report 2010), the infant mortality rate has reduced. This challenge occurred at the extreme after the 1994 Genocide, as the government had lost a big number of population, beyond rebuilding the country's health system, there was a tremendous social and cultural barriers of believing in big number of family members as a pride and an extended family, and again after a rampant death of many lives, people wanted to bring new life. The government was shy to talk about family planning because so many families had lost loved ones, the research shown that the culture had always been strongly pronatalist, a traditional wedding toast encourages newly married couples to be fruitful, and the Catholic Church has been a vocal critic and barrier to family planning.

Traditionally, Rwandan parents would divide up their land into parcels/Pieces for their children, but the land is already intensively settled, the hillsides densely cultivated with bananas, coffee and vegetables. With all these challenges, the population is said to have increased at a high rate. The government of Rwanda was left with a challenge of creating an awareness campaign against increase in population which doesn't move at the same pace with resources like land.

The report put forward by Intra health International indicates how the issue of social marketing has been adopted by the government, government agencies, nonprofit organizations, and other organizations working toward health or social change. This clearly indicates the lagging behind of media implication in social marketing. The social marketing campaigns were being carried out only through sensitization of the local population, discouraging high birthrates; encourage them to consult medical centers through community health representatives, encouraging use of contraceptives etc.

1.3 Statement of the problem

Rwanda has experienced a rampant problem of population density right after 1994 Genocide up to today where the population has risen from 7-11 million. The country being small, the population doesn't much with scarce resources like land. This has resulted into problems like famine due to shortage of land, epidemic diseases, and poor standards of living.

The government of Rwanda through the Ministry of Health, nonprofit organizations, government agencies and other organizations working towards health and social change has tried to play a vital role in social marketing with respect to the rampant issue of family planning. Rwanda's population has increased from 7 Million to 10,718, 379 Million people from 1994 to 2011as per current statistics. (Rwanda Demographic and Health survey, RNISS, MINECOFFIN 2011).

The report by the Ministry of Health, July 2010, indicates how local leaders from the grass-root levels up to higher Government Authorities (Sector Level to National level) are championing the family planning campaign against the threats caused by the country's fast growing population.

The reasons behind campaigns against family planning problems are Poverty, poor education, Shortage of land, Poor Health conditions such as diseases caused by Malnutrition, Famine and poor quality of life in general. Sensitization by the Ministry of health on how families should have children they are able to properly look after, feed, educate, cloth, and provide many other basics for "Campaign Slogan", describing how the population such as Rwanda's heavily bears down on scarce resources including health services, a case in a point report by the Ministry of Health (MINISANTE) on health indicators where the doctor-population ratio is 1:18,000 and that of nurses at 1:1,690 respectively, Religious groups especially the catholic church has been urged to assist in the campaign since they have huge influence on their followers on issues such as the use of contraceptives in family planning.

Again, criticisms on cultural beliefs have continued to be put forward especially those beliefs often manifested within Rwandan traditions in terms of such family names as Harelimana (it is God who takes care of) and this tradition has to change. Therefore, the role played by the government through the efforts channeled to the rampant problem of family planning has been made a national priority since the government has recognized that addressing the problems and outcomes of family planning is necessary for poverty reduction and the development of the country, how did it happen? It has been a

combination of hard work, government commitment, partnership and the fact that family planning was recognized as essential for the most densely populated countries in Sub Saharan Africa like Rwanda.

However, although the government of Rwanda officially adopted a population policy to reduce fertility rate, adoption of use of contraceptives, the issue of population growth remains questionable, this implies that though the government is putting much emphasis on family planning to reach the target goal, the role of media and its intervention in social marketing especially on family planning has not been supportive specifically by the use of social mass marketing through Radios, Televisions, News papers, Magazines, use of Billboards to assist those who cannot read and encouraging public debates on social marketing awareness especially family planning, Drug abuse, Feeding, Environmental protection etc, all of which with the aim encouraging behavioral change.

Failure to target the most people in danger especially those in rural areas through the use both non personal communication such as word of mouth through community work (Umuganda) with messages appealing to the entire population on Family Planning, its disadvantages, and in the same way, not introducing government programs on the problem by using the appropriate media channels to communicate the intended message.

All those weaknesses have been attributed to the failure of meeting actual solutions to the rampant problem with respect to the target group of people. It is in this regard therefore, the research is set to conduct a study on how Media in Rwanda can play a big role in social marketing by creating awareness of family planning since the media sector is taking a new phase in the country.

1.4 Purpose of the study

The purpose of the research study was to understand the role of social marketing in family planning in Rwanda.

1.5 Research objectives

The general objective of the research was to assess the role played by social marketing in creating awareness on family planning in Rwanda focusing on social marketing concept.

The specific objectives include:

1. To study the level of family planning awareness.
2. To identify the level of media awareness.
3. To study the role played by media on family planning.
4. To identify media/Communication messages used in social marketing.
5. To assess the effect of social marketing on family planning with respect to demographic variables.
6. To identify the role played by social marketing on quality of life.

1.6 Research questions

The study was guided by the following research questions:

i. How does family planning understood?
ii. What is the level of media awareness?
iii. What role has media played on family planning?
iv. How is the information on social marketing/Family planning disseminated?
v. What are the effects of social marketing on families (Households)/Country?
vi. How does social marketing play a vital role on overall quality of life?

1.7 Scope of the study

The scope suggests both geographical and time scope; therefore, the researcher assessed the role of social marketing in family planning in 2 districts of Northern Province, they include MUSANZE and BURERA districts of the rural area. The study is also said to have been conducted in general without a case study because it captures the entire population of the country though sampling was used. However, some other health and social institutions/organizations were consulted for further findings.

Theoretically, the study also partly focused on media institutions in Rwanda, that is, media group like Radio, Television, and Newspapers were consulted. This is because it gave more light on the study variable of social marketing in Rwanda.

1.8 Significance of the study

The study has demonstrated the positive impact of social marketing on family planning and development towards achieving social objective. This has helped both local residents to take actions on social aspects of their spheres of life. The study was used as a benchmark to determine differences in terms of self involvement of media and making use of it by institutions in addressing social aspects in Rwanda.

To the institutions, the study looks forward to help them understand the implication of the use of media in social marketing and develop a communication system, henceforth; the research showed some weaknesses to be improved in the media and Health sectors. Study findings have also helped the concerned Health institution to see how far it is achieving its objectives and the challenges identified and in turn it helps to shape the plans of the institution to encounter these challenges.

The research study is to help the media to come up with other marketing strategies taking into an account the social markets while addressing the needs of the community. Recommendations that were made at the end of the study, having identified the problems would also benefit the country. This is because the country or related institutions might find them relevant to fill the gaps that might exist in a rampant situation of the country in general. The study delimitations also paved the way for the completion of other related studies.

2.0. CHAPTER TWO

LITERATURE REVIEW

INTRODUCTION

This chapter presents relevant literature to the research study/topic by reviewing different secondary sources of data such as text books, journals, reports, publications, internet and other research studies. In as far as my topic is concerned, literature review involves definitions, concepts, theoretical review on related literature especially on media, social marketing and their implication on behavioral change, their relevance to the community with respect to the family planning.

2.1 Theoretical review

The social marketing media is a recent addition to organizations' integrated marketing communications plans. Integrated marketing communications is a principle organizations follow to connect with their integrated markets. Integrated marketing communications coordinates the elements of the promotional mix of advertising, personal selling, public relations, publicity, direct marketing and sales promotion. Social marketing which is known as social media optimization (SMO) benefits organizations and individuals by providing an additional channel for customer support, a means to gain customer and competitive insight, and a method of managing their reputation. A strong foundation serves as a stand or platform in which the organizations can centralize their information and direct customers on recent developments via other social media channels, such as articles, press release publications; this is only marketing in business point of view.
(http/en.wikipedia.org,wiki,social media marketing visited on10th July 2011

The current global trend role of media has become very useful. The focal point could better be the objective and relevance of information from different data sources to be collected and analyzed. It is therefore of great importance to compare and contrast available literature to make recommendable decisions.

2.2 The Role of Media

The good understanding of population and development of media sector among media practitioners and their involvement in the planning and mainstreaming of population advocacy policies and strategies in what is called social marketing and responsibility within their respective national and regional media outlets. It is therefore imperative to raise the public awareness level. The great challenge would be the creation of a wide understanding within media personnel on different issues concerning reproductive health, family planning and sexual health together with population dynamics and development process.

The principle of promoting Gender balance through equal responsibility and opportunity and is still biased towards men. Even the way of practicing family planning or not by couples is made by the husbands. This gender bias has deeply rooted in most cultures henceforth; it can only be resolved amicably by innovative approaches from within the community. (Family planning program education policy, USAID, July 2002)

2.3 Theoretical framework

In the theoretical review, a conceptual and theoretical framework of the study was developed. It highlights the different theories and concepts that the researcher was used in the study in order to answer the research questions such as, Social marketing Media, types of media, Rwandan context etc. Through the review of these theories and concepts, the researcher demonstrated the relationship between these variables. It hinged on how the issues have been addressed, how it enhances government capacity building, how it improves Rwanda's social environment sector and how it improves the general population.

2.4 Review of related Literature

This section briefly shows the literature related to the subject of the study with the objective of showing what other scholars have contributed on the study subject, the knowledge gaps that remain to be filled and the relationship between the study variables.

2.5 Definitions, concepts related to the study

2.5.1 Media

Media refers to the daily newspapers, magazines, technical journals (Print Media), Hoardings, Bill boards, Neon signs (outdoor media), Cinema and television, Video, Cable T.v and Radio (Electronic Media), Marketing Management, Philip Kotler; Marketing Management 7th Edition prentice Hall International, New Jersey,1991)

2.5.2 State of media in Rwanda

According to the Media High Council report, the state of Media in Rwanda-2007 highlights the development in the country's media industry. Right from the beginning till the end of the year 2007, Rwanda progressively witnessed an upward trend in media development such as media infrastructure, an increased number of media house and level of professionalism and freedom of press among other areas. Despite the positive trend however, allegations of violations of press freedom continued to appear including low level of media coverage. Regarding media infrastructure, a modern printer was established by the Government of Rwanda through the office of National information and Broadcasting (ORINFOR). The web machine has capacities to print large volumes of newspapers thus making it possible for Rwandan to have more dailies once its installation is complete in early 2008. It is also an opportunity for the print media to improve on their regularity in publication, reduced printing costs and further investments in the media industry in Rwanda. In Rwanda, electronic media is witnessing an increase of number of audiovisual media houses from 16 to 17. Of those, 11 Radio stations are privately owned and the country remained with only one Television station (RTV).

Among those media types, Radio reaches a wider audience than any other medium. (According to the National Census Ministry of Finance and Economic planning 2002), only 61% of the population is illiterate, this makes Radio the best means for the population which cannot read other medium of information. Therefore, it is worth noting that today Radio is being used as a tool of development to communicate family planning programs, reproductive health, attitude and beliefs and other behavioral changes messages among other communication messages.

Media campaigns are one of the element of broader health promotion programs aimed at raising public awareness about health and social matters like Family planning, creating a climate of opinion and provide food for thought a nurturing environment and stressing the ill effects of un healthy behavior and the benefits of preventive behavior. (Pattron; D Deryck 2002).

Media campaigns encompass the element of encouraging local and national policy changes so as to create a supportive environment within which people are more able to change their behavior.

Social marketing through the use media programs has been the concern for educating and informing the public as well setting social Agenda for public openness and discussions on cultural sensitive issues and health related matters.

2.5.3 Media and social marketing

Social marketing interventions require a variety of channels through which messages, products and services can be delivered to the target groups. These channels may range from mass electronic and print media to influential community leaders and program volunteers, any person, organization or institution having access to a definable population is a potential channel for social marketing communication. Thus, schools, worksites, social organizations, churches, physician's offices and various nonprofit agencies can all be viewed as potential channels of communication. Identification of "life to path points" such as Laundromats, grocers, restaurants, bus stops, can also uncover potential channels to reach certain audiences.

In addition, techniques such as personal sales, public events, outdoor advertising, direct mail and telemarketing also provide methods to communicate with the audience. To specify which of these channels, singly or in combination will best serve the needs of social marketing agency to reach targeted segments of the community is the major task of channel analysis. Thorough analysis and selection of communication channels not only presupposes a good understanding of what channels the target audience comes into contact with on regular basis and perceives as being more influential/ or important but

also requires attention to the nature of the messages, product or service to be disseminated.

It is important to be cognizant of the point in the behavior change process at which one is aiming the message. Information and persuasive appeals can be effectively transmitted by mass media channels. Yet when an individual must decide whether or not to adopt the suggested behavior, for example, quit smoking, cut down on fatty foods, use contraceptives, conserve the environment, etc., then the interpersonal network is often more influential. Therefore, the nurturance of a group of intermediaries or opinion leaders is important to reinforce mass communicated messages and more people through the change process.

This point underscores the desirability of targeting influential persons (opinion leaders) early in dissemination efforts so that those persons who are perceived by the social network as homophilous, authoritative and credible sources of information can reinforce adoption of new attitudes and behavior. Channels can differ in a wide number of other relevant dimensions; among the more important ones include the following;

- ✓ Their ability to transmit complex messages.
- ✓ Their medium- visual, auditory, print ,and electronic
- ✓ Their costs
- ✓ Their reach, frequency, and continuity
- ✓ The number of intermediaries they require
- ✓ Their potential for over use or the point at which they over saturate the market and cease being attended to by the target group.
- ✓ Capability for multiplicative effects (i.e. the desirability to build on one another)
- ✓ Their degree of perceived authority/credibility.

In a conclusion of the above, it is believed that orchestration of selected channels to optimize the reach and saturation an effective behavior change messages is an essential ingredient in social marketing campaigns. (R. Craiglifebvre, 22nd June, 2007)

2.6 Social marketing and its intervention

There have been various definitions of social marketing put forward by different scholars. They all rotate around the role of Social marketing through the use media in behavioral change, among others include;

Social Marketing is the design, implementation and control of programs calculated to influence the acceptability of social ideas and involving considerations of product planning, pricing, communication, distribution, and marketing research.(Kotler & Zaltman 1971)

Social Marketing is the application of commercial Marketing technologies to the analysis, planning, execution and evaluation of programs designed to influence the voluntary behavior of target audiences in order to improve their personal welfare and that of their society. (Andreasen 1995)

Social marketing is the use of marketing principles and techniques to influence a target audience to voluntarily accept, reject, modify, or abandon the behavior for the benefit of individuals, groups or society in general. (Kotler, et Al, 2002)

Social marketing is the systematic application of marketing alongside other concepts and techniques to achieve specific behavioral goals, for social or public good (UK National social marketing centre, 2006)

The above definitions reflect some of the core principles and major changes that have transpired during the field's short history. Common among definitions, social marketing is rooted in commercial marketing. However, Kotler and Zaltman's (1971) definition did not include the element of behavioral change, but by 2002, Kotler, Roberto, and Lee had introduced behavioral change as a core element and had described numerous ways behavior could be changed. This shift was probably influenced by Andreasen's (1995) definition which was considered to have helped the field better define itself by introducing marketing's niche changing behavior.

Therefore, in 2006, the Uk's National social marketing centre defined social marketing by these two core elements:

- ✓ Marketing and behavioral change. However, the phrase *other concepts and techniques* adds a new element, reflecting the practice of integrating thinking beyond commercial marketing into social marketing campaigns.

2.6.1 Criteria (Brian Cugelman)

According to Brian Cugelman, a second way to define social marketing is to examine different criteria. These are frequent debates about what constitutes a social marketing campaign or who constitutes a social marketer. To resolve these issues, researchers have put forward a combination of criteria's which have changed from time to time for example, (Andreasen, 2002)

There are six criteria put forward;

- ✓ Behavioral change: This is the benchmark used to design and evaluate interventions.
- ✓ Projects consistently use audience research to;
  - Understand the target audience at the outset of intervention
  - Routinely pre-test intervention's elements before they are implemented.
  - Monitor interventions as they are rolled out.
- ✓ There is careful segmentation of target audiences to ensure maximum efficiency and effectiveness in the use of scarce resources.
- ✓ The central element of any influence strategy is creating attractive and motivational exchange with target audiences.
- ✓ The strategy attempts to use all 4 P's of the traditional marketing mix.
- ✓ The careful attention is paid to the competition faced by the desired behavior.

Therefore, after recognizing that many interventions include the element of social marketing interventions, different researchers from the Institute of social marketing, simplified Andreasen's (2002) criteria and used them to conduct thorough investigations on social marketing research. Henceforth, the researchers found it difficult to assess

publications based on the above criteria. Out of 200 articles, 27 met the social marketing criteria, though only four were labeled social marketing (Mc Dermott, et al 2005)

The criteria's are the following;

- ✓ Behavior change: interventions seek to change behavior and have specific measurable behavioral objectives.
- ✓ Audience research: intervention is based on an understanding of consumer experiences, values and needs.
- ✓ Segmentation: different segmentation variables are considered when selecting the intervention target group. Intervention strategy is tailored for the selected segments.
- ✓ Exchange: intervention considers what will motivate people to engage voluntarily with the intervention and offers them something beneficial in return. The offered benefit may be intangible (for example personal satisfaction) or tangible (for example reward for participating in the program and making behavioral changes)
- ✓ Marketing mix: intervention considers the best strategic application of the "marketing mix". This consists of the 4Ps of product, price, place and promotion. Other Ps might include policy change or people for example training is provided to intervention delivery agents). Interventions which use the promotion P are social advertising not social marketing
- ✓ Competition: intervention considers the appeal of competing behaviors (including current behavior) and uses strategies that seek to remove or minimizes the competition.

A recent adoption of Andreasen's (1995) criteria from the UK's National Social marketing centre, has expanded the criteria to include a broader range of theories of influence (National marketing centre 2007)

- ✓ Customer orientation
- ✓ Behavior and behavioral goals
- ✓ Theory- based and informed
- ✓ Insight-driven
- ✓ Exchange analysis
- ✓ Competition analysis

- ✓ Segmentation and Targeting
- ✓ Intervention and marketing mix

2.7 Behavioral influence

The types of behaviors social marketers seek to influence generally fit within the domains of Health, Safety, Environmental protection, and community development. (Kotler, et al, 2002)

Social marketing aims to produce change at levels, individuals and population. By influencing the behaviors of individuals, social marketers work to influence sub- groups in order to achieve societal level change.

Taking an example of the types of behaviors targeted by social marketing campaigns, let's consider what the New Zealand government asks its citizens to do;

- ✓ Eat moderately, stub out cigarettes, apply sun screens, have mammograms, teach children to read, immunize children, conserve water, understand mental health issues, use public transport, fasten ladders, be active, slow down cars, have safe sex, regulate alcohol intake, use recycling bins, save for retirement, prepare homes for earth quakes, install smoke alarms and conserve electricity (Varcoe 2004)

When discussing behavioral change, one critical distinction has to be noted down;

Behavioral change is regarded as a sub category of a larger concept-behavioral influence (Andreasen 1995). Social marketers do not always try to change behaviors. For instance, campaigns that aim at preventing teens from starting to smoke are not about preventing change- not changing from a non smoker to a smoker (Andreasen, 2006). This goal is similar to the maintenance stage in the Trans theoretical approach (Prochaska, et al, 1995), which seeks to encourage maintaining a behavior. Despite this distinction, social marketing literature frequently uses the term behavioral change and as a result, the term behavioral change and influence was be used interchangeably, though the term influence is more accurate.

Kotler, Robert, and Lee (2002) proposed the four following types of behavioral influence;

- ✓ Accepting a new behavior, such as placing life vests on toddlers at the beach

- ✓ Reflecting a potential behavior such as avoiding fertilizers with toxic chemicals
- ✓ Modifying a current behavior such as drinking at least eight glasses of water per day.
- ✓ Abandoning an old behavior such as quitting smoking

Kotler, et al, (2002) finally there is a need to add maintenance as many campaigns encourage audiences to resist change as previously looked at in the scenario of a campaign aiming to convince teens to quit smoking. When describing the types of behavior targeted by social marketing campaigns, there is an important distinction between low involvement and high involvement purchase decisions. Low involvement decisions are unimportant decisions that consumers neither think about nor consider important, for example, selecting fast food or a movie. High involvement decisions are important as consumers may invest considerable time thinking about the decision, consulting friends or conducting research. The types of behaviors social marketers target often require high involvement decisions which are more difficult to influence than low involvement decisions (Andreasen, 1995). Reflecting on links to the elaboration likelihood model (Petty &Caccioppe, 1986), Andreasen (1995) argued that low involvement decisions are likely to be influenced by central route processing.

2.7.1 Behavioral change principles

The theoretical basis for social marketing draws upon a number of practices and principles derived from commercial marketing. These include market segmentation, consumer research, product development and testing, direct communication, incentives and exchange theory (Kotler& Roberto 1989). Although commercial marketing literature has moved beyond the 4Ps (product, promotion, place, and price), these are still considered the key variables that social marketers can manipulate in order to increase or decrease demand for a given product or service (Kotler, et al, 2002).

Within a social marketing context, the 4Ps take on a different meaning as compared to commercial marketing contexts. The product describes the behavior that that is being sold, or the offer designed to influence the target audience's behaviors. The product being sold could be an idea (comprising of a belief, attitude, or value), a practice (comprising of an actor behavior), or a tangible object (Kotler& Roberto 1989). Researchers and

practitioners frequently hold different opinions over what constitutes the social marketing product (Peattie &Peattie, 2003)

Perhaps to clarify the frequent confusion, researchers have divided the social marketing product into three distinct products. First, the core product, which describes the benefits audiences receive by performing the desired behavior, second, the actual, product which is the desired behavior. Third, the augmented product that describes the tangible objects or services used to support behavior change.

Price is more straightforward; it describes what the target audiences must give up in exchange for the product. In commercial context, monetary costs are given up for a tangible object or service. Non-monetary costs include intangible cost associated with the time, effort and energy required to perform a behavior; psychological risks and losses and any physical discomfort associated with the behavior. Place describes where and when target audiences perform the target behavior or acquire any tangible products or services. Promotion describes how the intervention message is expressed and distributed to the target audiences. This is where persuasive communications are employed to highlight the product's benefits, pricing and convenient places (Kotler, et al.., 2002)

Although many behavioral change theories appear within the social marketing literature, perhaps the most popular is social exchange theory, which is rooted in commercial marketing theory (Lefebvre, 2000). Social exchange theory takes a rational view of human behavior. It argues that social exchanges occur between people and/or organizations who conduct transactions in order to maximize their rewards and minimize their costs. For example, a company may sell a product where money constitutes their reward, while the product's benefit comprises the customer's rewards (Bagozzi 1974). Social exchange theory provides a model for influencing behavior through offering audiences beneficial exchanges. it may be the most important theory the social marketers borrow from commercial marketers. Social exchange theory underpins a number of frameworks used in social marketing; the 4Ps, BCOS factors and tools of change. It also underpins relationship marketing.

Social exchange theory provides a theoretical explanation of why the 4Ps framework and BCOS factors work. Both product/benefit and price/costs comprise the social exchange theory components, where the products/benefit constitutes the buyer's rewards and the price/costs constitute the costs that must be exchanged. Expressing a social exchange in the language of the 4Ps, a person is likely to partake in a behavioral exchange when the benefits of a product outweigh the price. In other words, social marketers can increase the target audience's probability of changing behavior by increasing the product's benefit, while reducing associated costs. When the benefits outweigh the costs, action is more likely.

Relationship marketing defines customer loyalty as a form of repeat behavior resulting from long term beneficial exchanges (Ganesan, 1994). Relationship marketing is considered a paradigm shift away from thinking of markets in terms of competition, and towards seeing marketing as mutual interdependence and cooperation. Relationship capital has been defined as the knowledge, experience, and trust a company has with its customers, employees, suppliers, and distributors (Kotler, 2003). Researchers have urged that long term customer relationship is found on a commitment to the relationship and trust (Morgan & Hunt, 1994). When examining relationship marketing and social exchange theory online, trust has been deemed the central concept of commercial relationships, with mistrust being designated the major impediment to e-commerce behavior (Morgan & Hunt, 1994). Within a nonprofit context, long term relationships are based on trust and can be regarded as repeat user behavior.

2.8 Social marketing efficacy and effectiveness

Two reasons why many actors practice social marketing include the justification that it works and that is cost effective. There have been many evaluations of social marketing interventions and a smaller number of systematic reviews. In one systematic review, the researchers criticized prior systematic reviews of social marketing for applying a loose definition of social marketing, and including interventions that may not qualify as social

marketing. Therefore, the researchers screened papers with an adaptation of Andreasen's (2002) social marketing criteria and identified 54 qualifying interventions.

The results showed that the majority of social marketing interventions had a positive impact across a range of issues such as smoking prevention and cessation, alcohol prevention and harm minimization, prevention of illicit drug use, psychological and physiological impacts of physical activity and up- stream policy change. However, it was common for impacts of fade over time (Stead, et al...2007) another systematic review from the same research group also showed positive results across a range of behaviors, including nutrition, physical activity, and substance misuse (Gordon, et al, 2006).

In assessing the cost effectiveness of social marketing, researchers have borrowed the concept of return on investment (ROI) and applied it to complex social situations. In the private sector, ROI is a key business indicator, statistically correlated with corporate stock returns, which also serves as a primary business performance indicator (Jacobson, 1981)

In the public sector, researchers describe the cost-effectiveness of social marketing campaigns in terms of social return on investment (SROI). The concept which is much wider than ROI, as it includes numerous factors that benefit societies. One way to quantify the total SROI achieved by promoting health lifestyles is to measure the quality adjusted life years can translate into savings/benefits accrued to individuals and their families; public health expenditures; income to public services; income to employers and the non-monetary price of values (Lister, et al, 2007)

The report "cost effectiveness" of interventions aimed at promoting health and reducing preventable illness integrated international research on the on the cost savings resulting from preventive health interventions. Although there is no universal way to quantify SROI, the report integrated different cost estimates. For example in the UK, researchers estimated that for every 1 pound spent on preventive health promotion, the state could save from 34-200 pounds in health spending. In the USA, researchers estimated that for each 1$ invested in alcohol and substance abuse programs, there is a reduced demand for health services that ranges in value from 2-20$ over the lifetime of each participant. Moreover, in California, researchers concluded that for each 1$ spent on anti-smoking programs, the state avoids 3.62$ in direct costs. Finally, researchers from Australia estimated that every 1$ on anti-smoking programs saves the state 2$ in public expenditure (Lister, et al, 2007)

2.8.1 Sources of Social Marketing Problems

The majority of social marketing literature focuses on designing interventions for established social problems. However, many issues were not always regarded as problems, but only later came to be viewed as problems once they topped political agendas as high priority problems. Once an issue becomes an established problem, depending on its nature, social marketing may offer a viable solution. Before a given social marketing intervention is justified, it needs to be seen as a solution to social problem that is high on the social agenda (Andreasen, 2006)

Agenda setting theory explains how issues raise public, media, and political agendas. This theory explains issue salience, the relative importance that actors place on an issue.

It explains how issue salience rises and falls over time, and how different social segments influence each other's agenda (Soroka, 2002). Agenda-setting theory emerged from the finding that media agendas do not influence public opinion, but they o influence what people think and talk about. Given this, the Agenda-setting role of news as not their influence on public opinion, but their influence on the public issue salience in what they consider as a worthwhile topic to hold an opinion about (McCombs, 2004).

Using an agenda-setting theory approach, Andreasen (2006) analyzed how social problems climb social agendas to become established problems that require resolution. He proposed that issues are transformed into high-priority problems through the following stages:

- ✓ Inattention: The problem exists, but has not yet become a widespread concern.
- ✓ Discovery: the problem comes to citizen's attention and it may be examined in greater detail.
- ✓ Climbing the agenda: Advocacy groups, politicians, and other actors raise the issue as a problem that needs to be addressed.
- ✓ Outlining the choices: Actors debate how the problem may be addressed.
- ✓ Choosing courses of action: Actors debate the costs (of action or inaction), victims and other relevant factors.
- ✓ Launching initial interventions: Governments and other organizations launch early pioneering efforts to address the problem.
- ✓ Re-assessing and redirecting: After interventions have been running for some time, actors assess interventions and adjust them
- ✓ Success, failure, or neglect: Outcomes occur after several years when solutions may or may not have been found for the problems, or when other issues have climbed up the agenda and shifted the initial problem to a lower priority.

2.8.2 Problems associated with social marketing solutions

It is said that social marketing is not suitable for all social problems. Consequently, the blind application of marketing principles to social issues without consideration of their suitability may result in ill-matched and potentially ineffective campaigns. Depending on the nature of a problem, there are cases where alternative behavioral change approaches

may be more appropriate. Two frame works offer a way to evaluate when social marketing may be suitable to a particular problem.

2.9. Family Planning

The term family planning is sometimes used interchangeably with the term birth control, although there are some differences between the two terms. While birth control is something anybody can use to prevent pregnancy, family planning is seen as something monogamous couples use to temporarily delay pregnancy. In this way, family planning is seen as a method to plan, rather than prevent, children. Family planning is seen as the responsible choice for couples who are not ready to have children in the present but may want to in the future.

Family planning includes all methods of birth control, from the pill to condoms, Intrauterine Devices (IUD), injectable hormonal contraceptives, and diaphragms, caps and spermicides. Depending on the area, family planning may also refer to methods used to terminate a pregnancy or possible pregnancy, such as abortion and emergency contraception. Family planning may also refer to surgical sterilization methods, including vasectomies and tubal ligation; and to non-surgical methods of sterilization such as Essure®.

Family planning is also the term preferred by religious couples who do not approved of using artificial birth control methods to prevent pregnancy. In this case, family planning, sometimes called natural family planning, refers exclusively to techniques such as temporary abstinence, the withdrawal method, or the rhythm method, in which no outside interference is used. While family planning clinics do not favor any method over others, they are usually able to accommodate most preferences and beliefs.

2.9.1. Family planning-Rwandan Context

Rwanda has taken a footstep in economic, social and political development towards achieving its millennium goals. In Rwanda, the 1940 violence geared a rapid and wide spread of sexual practices that culminated to high birth rates through unprotected sex whether consensual or forced and high population increase is expected to rise by the year 2015 as per the report by Ministry of Health and Rwanda National institute of statistics.

Social awareness and population prevention has been strengthened by the ongoing reforms in the health sector through health infrastructure, quality improvements, increasing openness of religious groups and leaders to the dialogue, and developing information, education, and communication (IEC) campaigns targeting risk groups.
Therefore, as Rwanda responds to the political, social, and economic challenges, it encourages the transition towards sustainable development goals and mission including health behavior changes, use of health and social services in order to improve on the quality of life.

Rwanda is characterized by young population which is almost a half of its local residents who under the age of 15. As mentioned in the study background, the current population growth in Rwanda is at 3 percent per annum, given that Rwanda has got enormous needs and low resource base, this growth gives it room to be exposed to donor support due to large families, school drop outs register a big number as a it exposes them to child labor, street children and mostly exposes children to become heads of the family.

According to Rwanda demographic and health survey (RDHS, 2000), it was shown that country's households are composed of an average of 5 people and more than that in rural areas compared to urban areas.
Poor family planning and its programs affect education due to scarce resources distributed to the big families and also creates gender imbalance respectively. In Rwanda, the proportion of men to women above the age of 5 who have never attended school is high at the rate of 28 percent and 35 percent respectively.

Poor family planning programs also become the source of poverty and other economic and social constraints as it goes with the understanding level and exposure to information.

In Rwanda, the urban areas are more exposed to the information and all communication compared to rural areas due to an increased infrastructure, and hence tend to benefit from some basic standards of living, for example 1 percent of rural households have access to electricity, mobile phones compared to 39 percent.

Family planning in Rwanda has been adopted as one of the population measure and poverty reduction strategy. For example, today 60 percent of the population leaves under the poverty line which is extremely high despite the government programs to reduce this number to less than 25 percent and realize at least per capita income of 250 dollars to 1000 dollars in the next 1-2 decades

In realization of this objective, the current population growth rate of 3 percent has to be reduced with effective family planning programs in order for the Rwandan population to attain high economic growth.

Therefore, the family planning methods such as contraceptive usage for example injectables, Condoms and other methods have to be emphasized through the use of different media types to create public awareness, again the government should carry out an aggressive education to achieve this objective.

2.9.2. Africa population studies

Family Planning in Africa: New perspective and old belief

This article reviews family with the underlying assumptions of most family planning programs in Africa. The results reveal that hypothesis; Africa men oppose the use of contraceptive methods, rather, current data shows that men want to learn more about birth control as they the ones facing family problems. Again, the majority of men and women believe that husbands are the primary decision makers of reproductive and sexual practices.

A new perspective for men involvement programs is then provided as a route to low fertility in Africa (Africa men, contraceptive usage, and family planning). Therefore,

based on the demographic health survey (DHS) from Kenya and Ghana, the information is used to assess the observed difference in modern contraceptives use among the two respective countries. The findings reveal that although female fertility preference and the gap between Kenya and Ghana, some implication of those findings are discussed (Kenya, Ghana, contraceptive usage, comparative analysis, desired family planning)

Kwesi Gaise put forward that multimedia campaigns, interpersonal contacts and contraceptive behavior recent evidence suggest that mass media may be an effective tool for motivating people to adopt family planning. The gap is left, however, about the process by which this takes place therefore, the exposure in social marketing media messages about family planning, interpersonal discussion of such messages is a very important primary stage in the process of deciding to use contraception or not. Inter personal discussion is expected to enhance the effects of exposure to media messages on contraceptive behavior.

The results henceforth, show a significant positive relationship between exposure to media messages and family planning use in different parts. Indeed, among women who were exposed to media messages, those who discuss them with other people are more likely to use family planning methods compared to those who did not discuss the messages. (Contraceptive usage, mass media interpersonal communication)

2.9.3. Family planning in Sub- Saharan Africa

A few African programs started in the late 1960's and early 1970's. Initially, they faced weak demand for family planning programs like contraception, and contraceptive prevalence was flat for the whole decade, yet among these countries today, contraceptive prevalence has risen up to 30% in Botswana and Kenya and up to 43% in Zimbabwe. Fertility transition started in these countries at a time when their social- economic indicators were comparable to those of East Asia at the beginning of its fertility transition. From that point, Kenya and Zimbabwe had slow growing income than that of East Asia countries but their social indicators improved at comparable rates. Mc (Namara,Regina, Therese McGinn Family Planning in Sub Saharan Africa)

These countries faced cultural barriers to family planning; Children were important asset to the older generation and positive security for the future. Deciding to limit child bearing was difficult because of the extended family influence. However, other regions had overcome similar barriers and these countries also were able to achieve some fertility decline.

The family planning programs in Botswana, Zimbabwe and Kenya attempted to address existing demand for contraception by emphasizing the benefits of child spacing and proving temporary methods, often the pill. The three countries have used very different delivery systems. Botswana has relied on its extensive system of health posts and Health centers to provide contraceptives, Zimbabwe has placed primary emphasis on community based distribution in rural areas and Kenya has also emphasized an outreach but has relied heavily on private voluntary organizations to complement services.

Other countries in the region have GDP's per capita at least comparable to those of the East Asian countries at the start of their fertility transitions. However, their family planning programs tend to be weak where these programs are effective often in small areas served by the private sector as they do produce some impact. For example, in Katanga, DRC former Zaire a program to improve clinic services and promote contraceptive sales doubled use of modern contraceptives from4.8% of reproductive age women in 18 months.

In sub-saharan Africa, family planning has been a subject to socio-economic and cultural barriers for its implementation. However, there are practical experiences of other region, countries that had way back in their fertility transition, therefore the success of this program was born by the political will, education and improved economic conditions

2.9.4. The role of family planning in development

Many low income countries are characterized by vicious cycle of poverty; efforts to improve standards of living and poverty alleviation have been overwhelmed by the need to provide basic services and jobs for constant increasing number of people.

Government resources are stretched narrowly ever to provide minimal levels of education, health care, housing, water and sanitation with populations doubling on successive years. Many countries have found it difficult to reduce the number of people living in extreme poverty.

Nevertheless, a quite number of different countries have significantly improved their citizen's quality of life over 3 decades. Most of these countries have adopted strong family planning programs as part of their development efforts. The republic of Korea is an example, in 1960Korea had 10% more people than Ethiopia, by 1990Ethiopia;s population had surged ahead of Korea by 20%, despite the fact that during the interim, more than (2.5 times) as many people died in Ethiopia same as Korea, today each Ethiopian pertaining working age has got twice as many dependants to support as the average Korean worker. In addition, per capita income in Ethiopia has not increased since 1960 as that one of Korea had increased.

A key factor influencing these very different demographic and development outcomes has been Korea's effective family planning programs which were started in early 1960s. Contraceptive use rose from 10% of married women aged 15 to 49 to more than 70%. One study estimated that the family planning program was responsible for 40% of Koreas fertility decline between 1963aand 1973, where almost within a generation average size of 6 children to 2 children.

3.0 CHAPTER THREE: METHODOLOGY

This chapter explains the methods, techniques and design used in order to complete this research and gives the reasons why those particular methods, techniques and design were used.

3.1 Research design

The research intended to study the role of social marketing in family planning in Rwanda. The study design is descriptive in nature which is marked by prior formulation of specific research questions in an attempt to capture relevant findings.

3.2 Sampling design

The sample design of the study consists of two areas;

3.2.1 Selection of the study Area and sampling method

The study was conducted in 2 Districts of Northern province which include Burera, and Musanze . In Burera District, out of 17 sectors, 3 were selected those are Cyanika, Cyeru, and nemba, in Musanze District, out of 15 sectors 3 were selected; those include Kinigi, Musanze and Rwaza. Both districts and sectors were chosen using simple random sampling. These districts served as rural towns and villages representatives in the study and the reason why the study area was targeted is because Northern Province is more densely populated than others and media accessibility was different in rural towns and villages in the mentioned districts. The final sampling units, namely, individuals in the selected area of the study were selected using convenience sampling.

3.2.2 Sample selection

The selection of 120 respondents from the 3 sectors of Burera district and 3 sectors of Musanze district were selected using convenience sampling.

3.3 Data collection Design

The data collection design consists of primary and secondary data collection.

3.3.1. Primary sources

The primary data for the study was collected from the respondents by using interview schedule guided by the questionnaire.

3.3.2. Data collection instrument and method of data collection

Interviews schedule was designed with single response, multiple choice single responses, and multiple choice multiple responses.

Also likert scale with 4Ps social marketing interventions, behavioral intentions and quality of life. The personal interview method was adopted to collect the necessary data for studying the objective of the study.

3.3.3. Secondary data

Various journals and reports were used for the study with literature review

3.5 Period of the study

The research was conducted from June to September 2011. This period was enough for the researcher to collect data and observe, analyze and come up with findings on the role of social marketing in family planning.

3.6 Data Processing and analysis

Data processing was done by the use of tables, numbers, and figures, whereas, data collected was analyzed by the use of percentages, frequencies and averages for better analysis.

3.7 Research approach

The research approach refers to the approach or methodology that has to be adopted to conduct a research. In this research the deductive approach was used.

3.8 Study limitations

Limitations are potential sources of bias in the proposed study. In this study, the major limitation is the known case studies' disadvantage of generalizing results. In other words, the experience of different studied institutions Media, Government, Health organization might not necessarily apply to other public institutions dealing with social marketing in Rwanda.

Always, suspicion from the respondents is taken into an account among the limitations which might lead to providing of false information. However, significances of this study by far outweigh the limitations and thus cannot stop it from being carried out.

4.0 CHAPTER FOUR
DATA ANALYSIS, INTERPRETATION AND DISCUSSION

4.1. Introduction

This chapter is concerned with the presentation, analysis as well as interpretation of findings obtained from the questionnaires, observation and the necessary personal evaluation on what is going on to the field where data was collected. Therefore, under this research, this chapter discusses data using different valuables of the research and it also attempts to connect the results with the study objectives and provide answers to the research questions.

4.2 Social-demographic characteristics of the respondents

This section covers the respondent's demographic information collected using the questionnaire. They include Gender, age, and marital status, level of education, occupation, Religion and area where they stay because all have an impact on family planning.

Table 4.1: Distribution by sex

Sex	**Number of Respondents**	**Percentage**
Male	35	29.2
Female	85	70.8
Total	**120**	**100.0**

Source: Primary data

The table 4:1 shows the age distribution of respondents. It is noted that male respondents were 29.2 percent and female percentage is 70.8 percent. The reason why the maximum percentage of respondents is female was because they were mostly available and very responsive to the questions. According to the study, the gender gap between men and women shows women are with the responsibility of following family planning programs and initiatives than men.

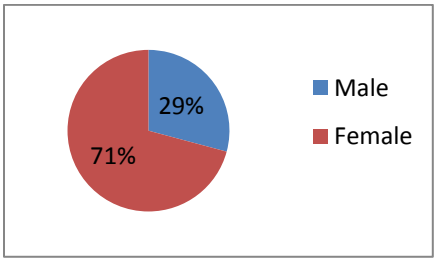


Table 4.2: Distribution of Respondents' Age

Age group	Number of Respondents	Percentage
20-29 years	82	68.3
30-39 years	19	15.8
40-49 years	14	11.7
49-59 years	5	4.2
>60 years	0	0
Total	**120**	**100.0**

Source: Primary data

Table 4.2: shows the different respondent's age group. The maximum number of respondent's ranges from 20-29 years as indicated by 68.3 percent, followed by 30-39 years with 15.8 percent as their fertility is considered to be high and they are beneficiaries of family planning programs and products as they are newly married couples who intend to give birth compared to older age group.

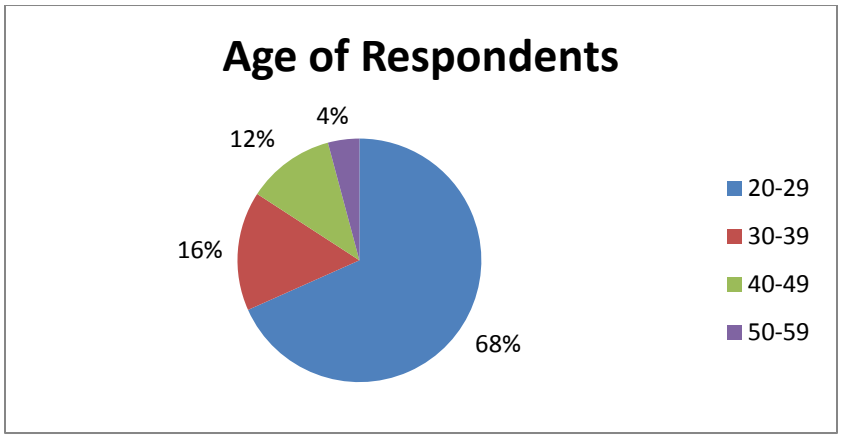


Table4.3. Marital status of respondents

Marital status	**Number of Respondents**	**Percentage**
Single	10	8.3
Married	105	87.5
Divorced	4	3.3
Widowed	1	0.9
Total	**120**	**100.0**

Source: Primary data

Table 4.3 above shows the majority of respondents as married people shown by the highest percentage of 87.5 followed by single people with 8.3 percent. The married and single respondents seemed to be interested in the programs and they are right users of the products like condoms, pills, and other contraceptives in order to space their birth rates and control unwanted pregnancies. There was extremely low response for widowed and divorced people.

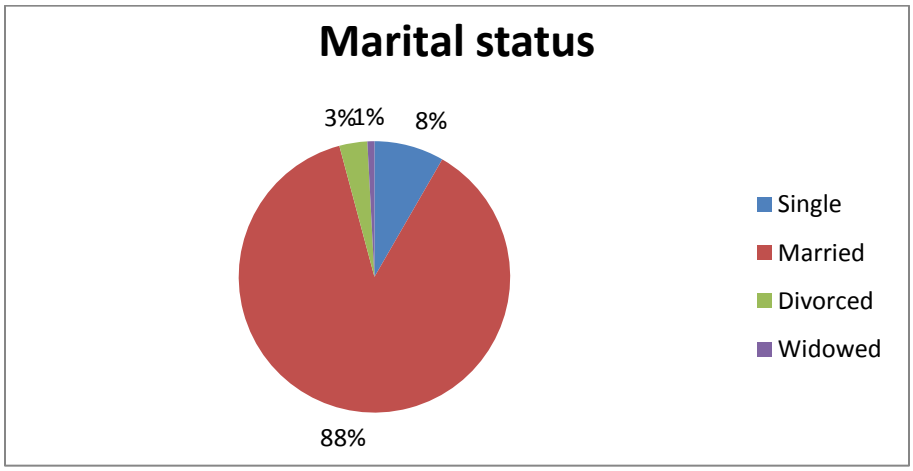


Table4.4. Respondents' level of education

Level of education	**Number of Respondents**	**Percentage**
Primary	49	40.8
Secondary	31	25.8
University	3	2.5
Tertiary	0	0
No education	37	30.8
Total	**120**	**100.0**

Source: Primary data

Table 4.4 shows the level of education of respondents. it is noted that 40.8 percent of respondents have attained primary level of education, followed by 30.8 percent of respondents who have not even gone to school at all , 25.8 percent for secondary education and a low percentage of respondents of 2.5 percent with university level. The study shows illiteracy levels witnessed by low level of education exposes people to early marriages, unwanted pregnancies and poverty which exposes them to higher risks of sexual practices. Thus, this becomes a barrier to media communication means and family planning programs as it requires the effective messages and means to the target audience.

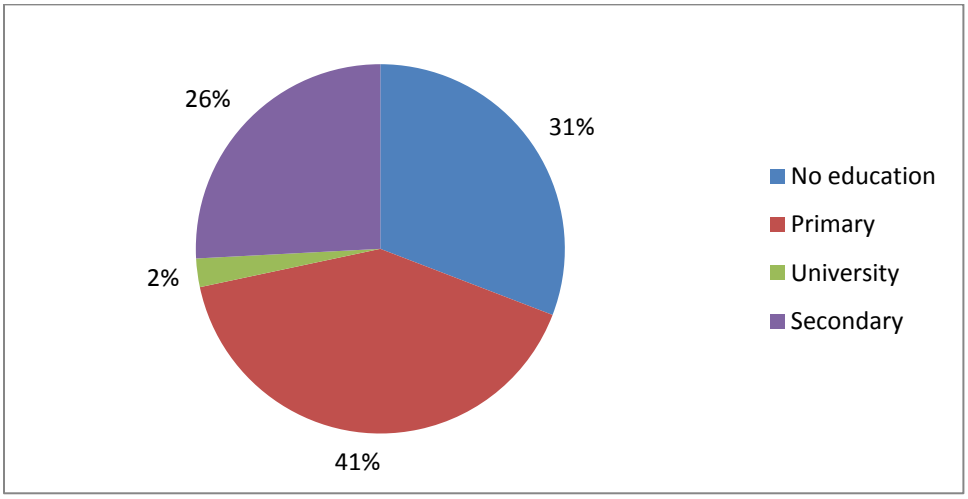


Table4.5. Respondent's employment level

Employment level	**Number of Respondents**	**Percentage**
Employee in public/Government	4	3.3
N.G.O	1	0.9
Business/Self employed	36	30
Farmer	73	60.8
Student	6	5.0
Total	**120**	**100.0**

Source: Primary data

Table 4.5 reveals the employment level of respondents. It is observed that 60.8 percent of respondents are farmers, followed by 30 percent of self-employed, 0.9 percent of respondents working in N.G.O's, 5.0 percent of students, and finally 3.3 percent of government employees. Generally, it is noted that after their farming activities, having nothing else to make them busy, they become redundant and it gives them a room to have enough time for their families and go for local beer and this exposes them to sexual practices. However, despite the fact that they go for sexual practices, again to some extent they get time to follow family planning programs on their Radios and from community health centers where some develop awareness level.

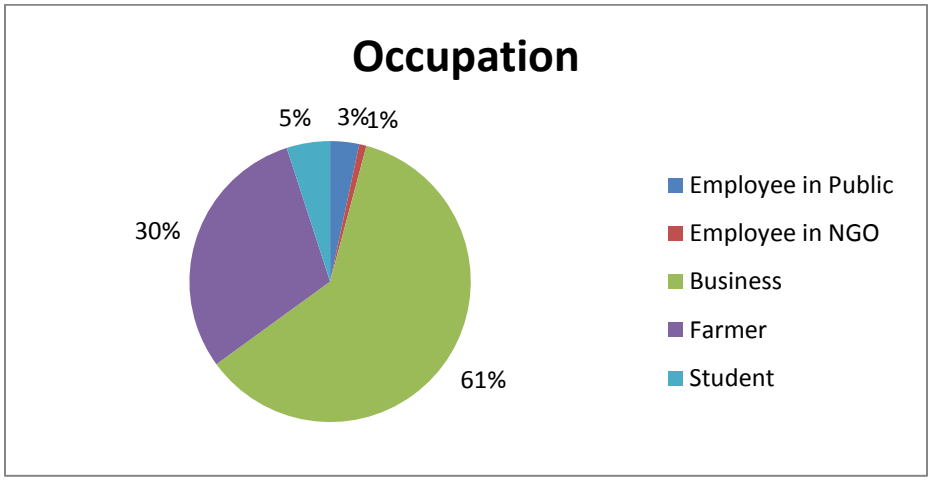


Table 4.6. Respondent's religion

Religion	**Number of Respondents**	**Percentage**
Catholic	38	31.7
Anglican	26	21.7
Muslim	21	17.5
Pentecostal	34	28.3
None	1	1.9
Total	**120**	**100.0**

Source: Primary data

Table 4.6 explains the religion that the respondents belong to. It is noted that different percentages of respondents' religion, indicate that catholic has a higher percentage of 31.7 percent, followed by Pentecostal with 28.3 percent, Anglican 21.7 percent, Muslim with 17.5 percent and lastly 1.9 percent of those who don't belong to any religion. Therefore, the study shown that religion has a great impact on family planning and its programs either positively or negatively, for example some respondents still believe that God said we should give birth and fill the world (for example Pentecostal) , again Muslim's way of marrying many wives shows no signs of using contraceptives. However, again the moral teachings by church leaders again has facilitated in adopting behavioral change hence gearing family planning campaigns.

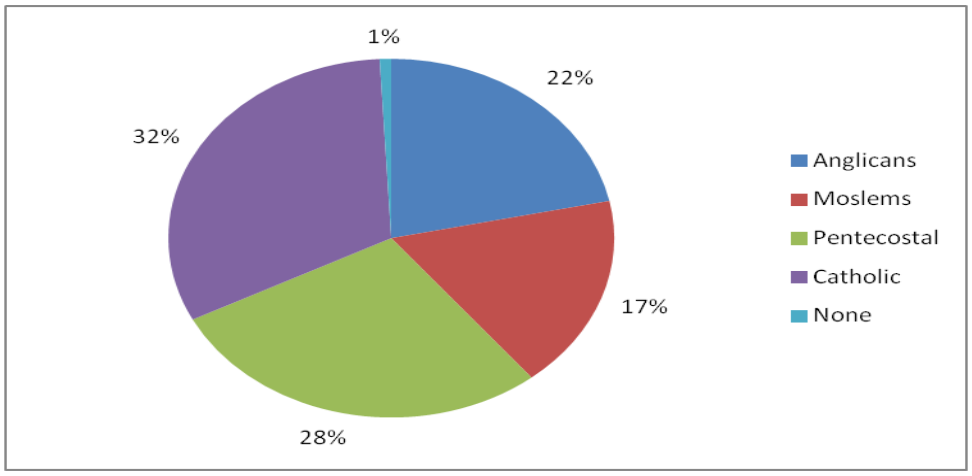
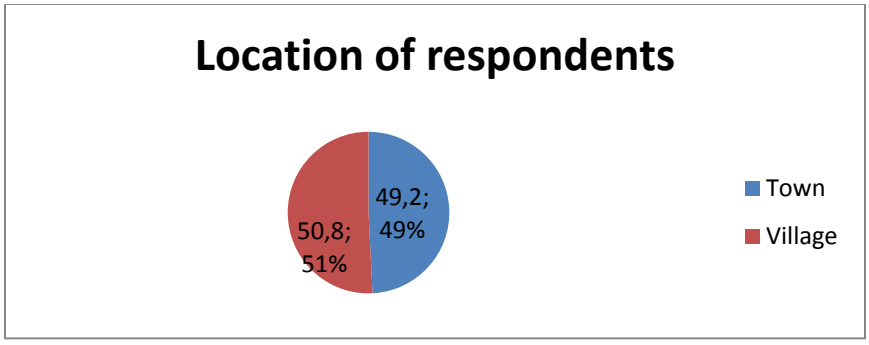


Table4.7. Respondent's area of location

Location	**Number of Respondents**	**Percentage**
Town	59	49.2
Village	61	50.8
Total	**120**	**100.0**

Source: Primary data

Table 4.7 illustrates the area of location of the respondents. It is observed that 50.8 percent of the respondents live in rural villages and 49.2 percent of respondents live in rural towns. However, it was shown that even the town dwellers have village background and some come to work there and go back to the village. Therefore, the study showed that village residents have different levels of media awareness on media and family planning. The responses shown that media coverage in rural ant town areas is different especially T.V, New papers and Radio signal sometimes is low in some villages, for example like Cyanika



4.3 Family planning level awareness

Table 4.8 Family planning awareness through media channels as source of information

Sources	**Number of Respondents**	**Percentage**
Radio	36	30.0
Radio and Tv	6	5.0
Radio, T.v, News papers	1	.8
Radio, Tv, News paper, NGO	1	.8
Radio, Tv, Drama	1	.8
Radio, Local leaders, Umuganda	1	.8
Radio, Tv, Umuganda	1	.8
Radio, Umuganda, CHR	1	.8
Radio, C. Health representative	3	2.5
Radio and Drama	3	2.5
Radio, Drama, CHR	6	5.0
Radio,Umuganda	3	2.5
Radio,News papers	1	.8
Drama, Umuganda	2	1.7
Community health rep,Drama	5	4.2
Community Health rep	7	5.8
Radio, local leaders	2	1.7
Radio, Umuganda	2	1.7
Radio, Bill boards	3	2.5
Umuganda, local leaders	6	.8
Local leaders	3	2.5
Radio, Health ministry programs	1	.8
Radio, Psi programs	6	5.0
Drama	1	.8
School Clubs	1	.8
Church leaders	5	4.2
Internet	1	.8
Hospital	1	.8
Radio, Health centre	1	.8
Radio, Umuganda, CHR, NGO	3	2.5
Radio, Drama, Hospitals	3	2.5
Clinic	1	.8
Neighbours	2	1.7
Friends	3	2.5
Umuganda, Community Clubs	2	1.7
Total	**120**	**100.0**

Table 4.8 describes respondent's level of family planning awareness through the use of different channels of communication/media. The research shown that out of 120 respondents, 36 are said to have used Radio as indicated by the highest percentage of 30 among others. The study found out that almost all the respondents have heard about family planning through different channels not only the Radio, among others include, Radio, Tv, Drama, Community health representatives, Community work (Umuganda), Health Ministry programs, Social Nongovernmental organizations like PSI, Intrahealth, Urunana development etc, Live Dramas, Friends, Neighbors, Churches, Schools, Hospitals, Health centers etc.

However, despite the fact that all these channels target them with different messages, respondents backgrounds associated with traditional beliefs, low levels of education, and religion hinder the effectiveness of messages communicated, again the study pointed out that some of the program undertakers are few compared to the population to be target and due low levels of media coverage, some people understand the concept but implementation slow down due to seasonality of the programs as they don't understand family planning to their satisfaction. The research study showed that Radio is the most dominant source of information dissemination not only in town villages but even in rural villages.

Table 4.9 Media type/ Entertainment tools respondents own or use

Entertainment tool	**Number of Respondents**	**Percentage**
Radio,TV	11	9.2
Radio, Tv, News paper	1	.8
Radio	106	88.3
Radio, News paper	1	.8
Tv	1	.8
Total	**120**	**100.0**

Source: Primary data

Table 4.9indicates the media type/entertainment tools that the respondents own. According to the responses and as described on how people have heard about family planning, people have registered the highest access to the Radio programs as it is even indicated by 88.3 percent of respondents who prove to have radios in their homes. This was evidenced by the observation made during my research where almost all people were

walking with their small radios. However, based on the above table, Radio is also used together with other media tools such as Television, and Newspapers.

Table 4.10 Number of Mobile telephones owned

	Number of Respondents	**Percentage**
No response	59	49.2
At least 1phone	61	50.8
Total	**120**	**100.0**

Source: Primary data

Table 4.11 indicates the number of mobile phones respondents own. It is observed then that 50.8 percent of respondent at least have mobile phones, whereas 49.2 percent do not own mobile phones at all. The ownership of mobile phones has greatly facilitated communication in social marketing messages.

Table 4.12 Listening to government programs

Program	**Number of Respondents**	**Percentage**
Yes	120	100.0
No	0	0

Source: Primary data

Table 4.12explains the respondents' opinion on their listening to government family planning programs. It indicates that all the respondents listen to the government Health related and other programs. This is evidenced by 100 percent agreement of all 120 respondents. This was done to understand whether they are again informed about other social related messages.

Table 4.13 Media Channels used in listening to the Government Health programs

Media type	**Number of Respondents**	**Percentage**
TV, Radio	35	29.2
TV,Radio, Newspapers	1	.8
Radio only	84	70.0
Total	**120**	**100.0**

Source: Primary data

Table 4.13 explains the media channels used in listening to the government health programs. It shows that the respondents' degree to which they listen to other Health related messages apart from Family planning only. The responses show that still Radio is being used as the largest media coverage type that helps to disseminate information. This is evidenced by 70 percent of responses from the respondents, followed by Television with 29.2 percent and lastly Newspapers with 0.8 percent.

Table 4.14 Frequency of listening to the media type specified

No. of times	**Number of Respondents**	**Percentage**
Every day	15	12.5
No time interval	105	87.5
Once	0	0
Twice	0	0
Thrice	0	0
Total	**120**	**100.0**

Source; Primary data

Table 4.14 shows that the majority of respondents have no time interval to listen to the media/ communication tools mentioned. This is shown by 87.5 percent of the respondents, 12.5 percent are said to listen to the media choice every day. This creates day to day updates on social marketing programs. However, due to the fact that the majority has no time interval to listen to the media programs, they might end up missing the messages target to them. Therefore, it is the role of media and social marketers to determine when to switch on the program in order to meet the target audience.

Table4.15 Level of understanding family planning

Level of understanding	**Number of Respondents**	**Percentage**
Little about it	6	5.0
Average	6	5.0
Very conversant	108	90.0
Nothing about it	0	0
Total	**120**	**100.0**

Source: Primary data

Table 4.15 above clearly shows that respondents are very conversant with family planning. This is shown by 90 percent of the respondents. Low response of respondents on little, average or no information about family planning indicated by 5.0 percent witnesses that people are aware of family planning. However, the research shown the there were gaps to fill between family planning awareness and practice.

Table4.16 Respondents' opinions on the most effective media type as source of family planning information

Media types	**Very high**	**High**	**Average**	**Low**	**Very low**
a)T.v Advertisement	-	-	2 (1.7)	7 (5.8)	111 (92.5)
b) Radio Advertisement	58 (48.3)	60 (50.0)	2 (1.7)	-	-
c) News paper Advertisement	-	-	3 (2.5)	14 (11.7)	103 (85.8)
d) Umuganda (Community work)	103 (85.8)	13 (10.8)	4 (3.3)		
e) Drama by NGO's	46 (38.3)	71 (59.2)	3 (2.5)	-	-
f) Programs from Health Ministry	97 (80.8)	22 (18.3)	1 (0.8)		
g) Speeches by local leaders	89 (74.2)	24 (20.0)	7 (5.8)	-	-

Source: Primary data

Note: (Figures in brackets are percentages)

The results in the table 4.16 show that among the media types that give high level of awareness to the respondents include Community work (Umuganda) with the percentage of 85.8 as indicated by very high level of agreement, followed by Programs by the ministry of health indicated by 80.8 percent, and speeches by local leaders justified by high level of agreement with 74.2 percent and finally Radio with 48.3 percent.

Again, apart from those mentioned media types, Drama were also given high level of agreement in creating family planning awareness. Television and Newspapers were ranked low as means of creating awareness.

The research shown that the media means of communicating the programs to the target audience in a greater coverage is lagging behind as respondents witnessed that Radio is best source of communication and among the media types creating family planning awareness is ranked the second.

Table 4.17 Respondents' view on the importance to family planning

Level	**Number of Respondents**	**Percentage**
Highly important	111	92.5
Important	7	5.8
Un important	2	1.7
Highly unimportant	-	-
Total	**120**	**100.0**

Source: Primary data

Table 4.17 justifies the level of importance given by the respondents. The data shows that respondents have heard about family planning and its programs as shown in the previous analysis, this gives them the reason as to why to rank it highly important as shown by the highest percentage of 92.5 percent followed 5.8 percent of other respondents who rank them very important. This shows that social marketing programs are highly given attention by the target audience.

Table4.18 Whether respondents have ever practiced family planning

Practiced	**Number of Respondents**	**Percentage**
Yes	118	98.3
No	2	1.7

Source: Primary data

Table 4.18clearly shows that respondents have practiced family planning as shown by 98.3 percent. However, the 1.7 percent of respondents who indicate they have never practiced family planning were found to be those who have traditional beliefs,

discouraged by religion and those that have produced many children before understanding family planning and now find no reason as to adopt it

Table4.19 Family planning methods practiced by the respondents

Methods	**Number of Respondents**	**Percentage**
Injectables (IUD)	101	84.2
Pills	5	4.2
Condoms, Pills	1	.8
Condoms	4	3.3
Condom, Abstinence	5	4.2
Condom, Pills	1	.8
Breastfeeding, Pills	1	.8
Others	2	1.7
Total	**120**	**100.0**

Source: Primary data

The family planning methods practiced by the respondents exhibited in the table 4.19, 84.2 percent shows that contraceptive have been used, this was evidenced by responses given by most women when asked them. Contraceptive here, they use injectables which last for a certain period of time, they said that it is easy and done once for a period of time depending on when they want to space their birth, The contraceptive method id followed by condoms and pills as shown by 4.2 percent. The young people especially youth girls said to be using pills to reduce unwanted pregnancies, and boys use condoms to avoid unwanted pregnancies.

Table 4.20 The level at which family planning can be practiced/ adopted

Rankings	**Number of Respondents**	**Percentage**
Very High	35	29.2
High	42	35.0
Very low	10	8.3
Low	33	27.5
Total	**120**	**100.0**

The level to which family planning has been practiced by the respondents revealed in the table 4.20 that respondents ranked family planning adoption highly as indicated by 45percent followed by 29.2 percent of respondents who ranked very high. However, some respondents don't recognize the importance of using family planning as shown by 27, 5percent of them who ranked it low. This is because they undertake those methods barriers to fertility.

Table 4.21 Respondent's agreement on practicing family planning

Importance	**Strongly Agree**	**Agree**	**Neither Agree nor Disagree**	**Disagree**	**Strongly Disagree**
a)it reduces poverty in families	103(85.8)	14 (11.7	1 (0.8)	1 (0.8)	1 (0.8)
b)it prevents unwanted pregnancies	107 (89.2)	11 (9.2)	2 (1.7)	-	-
c)It minimizes health problems such as diseases	12 (10.8)	106 (88.3	1 (0.8)	1 (0.8)	-
d)it helps families to improve their wealth and health	109 (90.8)	8 (6.7)	3 (2.5)	-	-
e)it encourages sexual practices	-	3 (2.5)	6 (5.0)	100 (83.3)	11 9.2)
d)it helps the country to achieve development	3 (2.5)	10 (8.3)	105 (87.5)	100 (87.5)	-

Source: Primary data

Table 4.21 above shows respondents' level of agreement and disagreement on family planning benefits.

In general, the majority of respondents have shown that it helps families to improve their wealth as indicated by 90.8 percent or responses; it prevents unwanted pregnancies as indicated by 89.2 percent, it reduces poverty in families as shown by 85.8 percent, minimizes health problems such as diseases like malnutrition, Anemia, etc. This gives a room social marketing programs to meet the target audience needs as they are aware of importance of the concept of family planning. However, Some respondents have not attained the level agreement to the importance of family planning, hence this give a room to the media to target the unmet needs of the slow users by identifying the their weak areas in adopting the programs.

Table4.22 What respondents have learnt by listening to the family planning programs

	Family planning programs	**Yes**	**No**
	I can talk to my partner about family planning	106 (88.3)	14 (11.7)
	I am able to use contraceptives/Condoms	107 (89.2)	13 (10.9)
	I can recommend others to use family planning methods	118 (98.3)	2 (17)
	I am able to reduce unwanted pregnancies	111 (92.5)	9 (7.5)
	I know how to space my birth times	-	-

Source: Primary data

Table 4.22 explains the extent to which respondents have benefited from family planning as the research shown that after being mobilized on various family planning programs, the respondents said that they can now talk to their partners for those who have them, this is indicated by 88.3 percent of the respondents. Again, the table shows that they are now able to use contraceptives as it was witnessed by the majority of women as indicated by 89.2 percent of responses, not only women but even youth said that they able to use condoms in case they fail to abstain from having sex before marriage as well as reducing unwanted pregnancies, the table shows that people are able to recommend others who have not used family planning programs.

However, though the majority of respondents confirm the development of awareness of family planning, still they are others who are still shy to talk about family planning and reproductive health to their partners; this is evidenced by 11.7 percent. This calls for social marketing efforts to educate those who become barriers to the programs.

Table 4.23 Respondent's rankings of what stops them from practicing family planning

Rankings	**1**	**2**	**3**	**4**	**5**	**6**
a. Fear of side effects	5 (4.2)	7 (5.8)	6 (5.0)	1 (0.8)	1 (90.8)	100 (83.3)
b. Men/Husbands	7 (5.8)	5 (4.2)	2 (1.7)	5 (4.2)	101 (84.2)	-
c. Desire for more children	99 (82.5)	1 (0.8)	5 (4.2)	6 (5.0)	1 (0.8)	8 (6.7)
d. Culture/Traditional beliefs	104 (86.7)	3 (2.5)	1 (0.8)	5 (4.2)	6 (5.0)	1 (0.8)
e. Religion/Religious leaders	98 (81.7)	6 (5.o)	1 (0.8	2 (1.7)	7 (5.8)	6 (5.0)
f. Ignorance	118 (98.3)	-	-	-	-	2 (1.7)

Source: Primary data

Table 4.23 shows different aspects that discourage people from using family planning. The respondents ranked them based on which ones discourage them highly. According to the research, ignorance comes first as shown by highest percentage of 98.3 percent, followed by religion with 81.7 percent, traditional beliefs as mentioned before that research shown that some people still value the big number of children especially in rural areas, this is witnessed by the fact that almost all rural villages have an average of 5 households in the family. This exposes social marketing programs to the population challenges hence calling for more family planning programs such as education, Community social agendas to address behavioral change.

4.4 Social marketing mix

Table 4.24 Respondent's level of agreement on family planning products

(A) Product	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
a. I know different family planning products.	110 (91.7)	3 (2.5)	-	7 (5.8)	-
b. I know the usage of each product.	2 (1.7)	102 (85.0)	1 (0.8)	15 (12.5)	-
c. I know the products' packaging.	-	4 (3.3)	107 (89.2)	9 (7.5)	-
d. I learnt how to use my choice of product	111 (92.5)	6 (5.0)	2 (1.7)	1 (0.8)	-
e. Only young people use contraceptives to prevent unwanted pregnancies	-	1 (0.8)	2 (1.7)	15 (12.5)	102 (85.0)
f. Contraceptives are always available when needed.	110 (91.7)	8 (6.7)	-	2 (1.7)	-
g. A lot of different family planning products are available.	108 (90.0)	9 (7.5)	2 (1.7)	-	-
h. It is easy to get family products in Pharmacies and shops	4 (3.3)	107 (89.2)	9 (7.5)	-	-
i.The product/s I use are easily found around.	111 (92.5)	6 (5.0)	3 (2.5)	-	-
j. I Know one brand of contraceptive	-	8 (6.7)	4 (3.3)	105 (87.5)	3 (2.5)

(A) Product	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
k. I have my favorite product brand	111 (92.5)	1 (0.8)	8 (6.7)		
l. I remember one of contraceptive slogan	4 (3.3)	113 (94.2)	3 (2.5)	-	-
m. No choice of any brand	-	-	3 (3.5)	111 (12.5)	6 (5.0)
n. I like the quality of products	1 (0.2)	117 (97.5)	2 (1.7)	-	-
0. Only health based organizations provide those products	2 (1.7)	11 (9.2)	2 (1.7)	5 (4.2)	100 (83.3)
p. Products are found in towns and centers not in villages	-	6 (5.0)	2 (1.7)	10 (8.3)	102 (85.0)

Source: Primary data

Table 4.24 shows the respondents level of agreement to the social marketing mix with respect to family planning products and programs. The responses show that the people are familiar with familiar with family planning products and services as shown by higher response of 91.7 percent. Again, responses show that family planning products are available everywhere when needed, especially in shops where they confirmed that products like condoms are always availed to them, even the choice of their products is known and they can always get it as witnessed by 90 percent of responses and 92.5 percent respectively.

However, some responses show that majority of people get family planning products like contraceptives from health centers, hospitals, henceforth, due to high target population, it was found that there is shortage of those products as they are told to wait, this brings us to our attention that social marketing mix with respect to product doesn't serve the target audience effectively. Again, other responses show that people are not aware of all family planning products such that incase their choice fails they try another choice. For example, as the majority of couples still want to use Cycle beads (Urunigi) only and tend to forget and end up having unwanted pregnancies.

Table4.25 Respondents' level of agreement to the price

(B) PRICE	**Strongly Agree**	**Agree**	**Neither Agree nor Disagree**	**Disagree**	**Strongly Disagree**
a. Free Services and products are available	113 (94.2)	-	2 (1.7)	5 (4.2)	-
b. Family Planning contraceptives are affordable	111 (92.5)	2 (1.7)	7 (5.8)	-	-
c. Most of the health community workers are volunteers	111 (92.5)	7 (5.8)	2 (1.7)	-	-
d.Prices are similar at all places everywhere I go	101 (84.2)	14 (11.7)	5 (4.2)	-	-
e. Prices are seasonal depending on the demand.	-	-	11 (9.2)	102 (85.0)	7 (5.8)

Source: Primary data

Table 4.25 indicates that more than 80% of respondents have disagreed that prices are seasonal depending on demand (85.0)

With the following statements, the highest percentages of respondents have strongly agreed with the following;

a) Free services and products are available (94.2)
b) Family planning contraceptives are affordable (92.5)
c) Most of community works are volunteers (92.5)
d) Prices are similar at all places I know (84.2)

Based on the discussions I had with the respondents, they said that Condoms, Cycle beads, Contraceptives are mostly given at no cost and users are encouraged to use them in response to family planning and other health related conditions. However, the price has to be there, such that users can understand the level importance, said the community health representatives.

Table 4.26 Social marketing element with respect to place

Place/Distribution	**Strongly Agree**	**Agree**	**Neither Agree nor Disagree**	**Disagree**	**Strongly Disagree**
a. Products are always available when needed	111 (92.5)	7 (5.8)	2 (1.7)	-	-
b. Sometimes we are required to move distances to look for products	-	7 (5.8)	2 (1.7)	111 (92.5)	-
c. Some people fear to sell contraceptives in the public	-	5 (4.2)	8 (6.7)	7 (5.8)	100 (83.3)
d. Only products are got from community health centers	1 (0.8)	7 (5.8)	3 (2.5)	109 (90.8)	-
e. Some places are not accessible to reach, hence limits distribution	-	101 (84.2)	13 (10.8)	5 (4.2)	1 (0.8)
f) Vendors are shy to demonstrate how condom is used to those who don't know	-	101 (84.2)	9 (7.5)	8 (6.7)	2 (1.7)

Source: Primary data

Table 4.26 indicates that more than 80% of respondents has strongly disagreed that some people fear to sell contraceptives in the public (83.3) However, the highest percentages of respondents have agreed as follows;

a) Some places are not accessible to reach, hence limits distribution (84.2)
b) Vendors are shy to demonstrate how products like condom is used to those who don't know(84.2)

Similarly, the highest percentage of the respondents has disagreed as the following;

a) Sometimes we are required to move distances to look for products (92.5)
b) Only products are got from community Health centers (90.8)

Table 4.27 Respondents' level of agreement with respect to promotion

Promotion	**Strongly Agree**	**Agree**	**Neither Agree nor Disagree**	**Disagree**	**Strongly Disagree**
a. Few Advertisements on family planning are shown on T.V	2 (1.7)	-	8 (6.7)	110 (91.7)	
b. I have listened to family planning messages on the Radio and seen them in the news paper	5 (4.2)	112 (93.3)	2 (1.7)	-	-
c. I have seen messages on different health programs like Hiv, Food Nutrition, Family planning, Environmental conservation.	14 (11.7)	104 (86.7)	2 (1.7)	-	-
d. Drama activities often pass on the Radio, for example Urunana on BBC talking about behavioral change.	112 (93.3)	7 (5.8)	1 (0.8)	-	-
e.Many entertainment programs with the aim of communicating behavioral change messages are there, and I have attended them	6 (5.0)	110 (91.7)	3 (2.5)	1 (0.8)	-
f. There have been promotions of products like condoms, Mosquito nets, Pills and other contraceptives in certain events.	106 (88.3)	11 (9.2)	2 (1.7)	1 (0.8)	-
g. Counseling about products, prices and their usage are given.	112 (93.3)	7 (5.8)	1 (0.8)	-	-
h. NGO's, Health Ministry representatives have passed on different communications on family planning.	113 (94.2)	6 (5.0)	1 (0.8)		

Source: Primary data

Table4.27 shows that, more than 80% of respondents have strongly agreed that;

i. Drama activities often pass on to the Radio, for example urunana programs on BBC programs through Radio Rwanda. (93.3).
ii. There has been promotion of products like condoms, pills, contraceptives and even other products like mosquito nets. (88.3).
iii. Counseling about products, prices, behavioral change, and product usage are given (93.3).
iv. NGO's Health Ministry representatives have passed on different communications on family planning, for example KUBA meaning (kwifata, ubudahemuka, agakingirizo), Abstenence, (Faithfulness, and condoms) upon failing the two, Mubyare abo mushoboyekurera (Give birth to the ones you can look after)

With the above statements also, the highest percentage of respondents have;

Agreed;

a) I have listened to family planning messages on Radio and seen them in News papers(93.3)

b) I have seen messages on different Health programs like HIV, Food Nutrition, and family Planning (86.7)

c) Many entertainment programs with the aim of communicating behavioral change messages are there, and I have attended them (91.7). Example, given here was music dance targeting the youth, and seminars to share social marketing aspects.

Similarly, the highest percentage of the respondents have disagreed that few advertisements on family planning are shown (91.7)

4.5 Quality of life

Table 4.28 Respondents' level of satisfaction with overall health

Satisfaction level	Number of Respondents	Percentage
Not Satisfied	2	1.7
Satisfied	60	50.0
Highly Satisfied	58	48.3
Highly Dissatisfied	-	-
Total	**120**	**100.0**

Source: Primary data

Table 4.28 shows that 50 percent of the respondents pointed out that they are satisfied with family planning, followed by 48.3 percent of respondents saying that they are highly dissatisfied. The respondents who have used family planning have become part of the social marketing campaign.

Table 4.29 Respondents' ranking on the overall quality of life

Rank	Number of Respondents	Percentage
Very good	103	85.8
Good	14	11.7
Poor	3	2.5
TOTAL	**120**	**100.0**

Source: Primary data

Table 4.29 shows that 85.8 percent of the respondents pointed out that the over all quality of life is good.

The respondents who have used family planning have become part of the social marketing campaigns.

Table 4.30 Respondents' level of agreement with Quality of life through family planning

Ratings	**Strongly Agree**	**Agree**	**Neither Agree nor Disagree**	**Disagree**	**Strongly Disagree**
a. Family planning helps to have an ideal life	3 (2.5)	110 (91.7)	7 (5.8)	-	-
b. Family planning makes the conditions of my life excellent	1 (0.8)	18 (15.0)	101 (84.2)	-	-
c. I am satisfied with my life through family planning	8 (6.7)	4 (3.3)	107 (89.2)	1 (0.8)	-
d. So far I have gotten the important things I want in life	9 (7.5)	2 (1.7)	108 (90.0)	1 (0.8)	
e. Family planning increases family income	112 (93.3)	5 (4.2)	3 (2.5)	-	-
f) Family provides better health conditions	107 (89.2)	11 (9.2)	2 (1.7)	-	-
g) Family planning improves better health care for me and my family	112 (93.3)	6 (5.0)	2 (1.7)	-	-
h) Family planning improves better access to the education.	6 (6.0)	112 (93.3)	2 (1.7)		

Source: Primary data

Table4.30 above explains that, more than 80% of respondents strongly agreed with the following

a) Family planning increases family income (93.3)

b) Family planning provides better health conditions (89.2)

c) Family planning improves better health care for me and my children.

d) With the following statements, the highest percentage of respondents has agreed;

e) Family planning helps to have an ideal life (91.7)

f) Family planning helps to have access to education (93.3)

4.6 Behavioral intentions

Table4.31 Respondents' level of agreement on the use /Follow of family planning programs

Use of family planning	**Strongly Agree**	**Agree**	**Neither Agree nor Disagree**	**Disagree**	**Strongly Disagree**
a)I use contraceptives to avoid unwanted pregnancies	8 (6.7)	11 (99.2)	101 84.2		
b)Contraceptives are used by couples who want to control their birth rates only	-	1 (0.8)	8 (6.7)	109 (90.8)	
c)i can recommend others to use family planning	14 (1.7)	104 (86.7)	2 (1.7)		
d) Having unprotected sex exposes me to risks of Pregnancies, Hiv Aids, Sexual transmitted diseases,	116 (96.7)	2 1.7	2 1.7	-	
e) I can space my birth times without using family planning	-	1 (0.8)	103 (85.8)	12	4 (3.3)
f) Parents should talk to their children about reproductive health.	117 (97.5)	2 (1.7)	1 (0.8)		

Source: Primary data

Table 4.31 above table explains that, More than 80% of the respondents have strongly agreed with the following:

a) Parents should talk to their children about reproductive health.
b) Having unprotected sex exposes me to risks of pregnancies, HIV AIDS and sexual transmitted diseases.
c) With the following statements, the highest percentage of respondents has agreed;
d) I use of contraceptives to avoid unwanted pregnancies (99.2)
e) I can recommend others to use family planning (86.7)
f) Similarly, the highest percentage of the respondents have disagreed with e (90.8)

5.0 CHAPTER FIVE

MAJOR FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1. Introduction

This chapter is the roadmap of the major findings from the previous chapter four. After interpretation and analysis of the findings on the role of media in social marketing, this chapter gives a conclusion of the research findings and contributes to the recommendations that may be followed in order to use a benchmark for further study, and improve the situation where it has been worsened.

5.2. Summary of findings

i. The covered population group was dominated by young age and middle people indicated by. This is shown by 20-29 and 30-39 age group of respondents.

ii. The maximum percentage of respondents were found to be female, the reason being, they were mostly available and very responsive to the questions. This is witnessed by percentage ratio of 70.8% to 29.2%, female to male respondents.

iii. Responses were mostly given by married and single group of respondents; this is shown by the respondents' percentage of 87.5% and 8.3% respectively.

iv. 40.8% and 30.8% level of respondents education shows that the population under study is illiterate as maximum percentages of respondents' show that they have primary level of education followed by that of those who never went to school at all.

v. 60.8% indicates that the population under study practice farming compared to low percentages of employed people, self-employed and students.

vi. 31.7% of maximum respondents' religion was catholic. This explains how family planning is discouraged by religious beliefs especially the use of family planning products like condoms and other contraceptives.

vii. 50.8% of the maximum number of respondents proved that they come from rural area/ village compared to 49.2% of respondents who come from rural towns.

viii. The study found that among media channels, Radio was ranked highly by respondents to have a broader coverage, and 88% shows that many people own and listen to the Radio, followed by Television and Newspapers as shown by lower percentage of 9.2% and 0.8%.

ix. 50% of respondents of respondents have access to mobile phones and 50% doesn't own a mobile phone.

x. The population under study confirmed that they all listen to the government programs, as indicated by 100% of responses.

xi. Respondents' maximum percentage pointed out that they have no time interval for which the listen to the media channels specified, this is indicated by 87.5%.

xii. 90% shows that people are very conversant with family planning compared to 5.0% of those who said they know little about it.

xiii. Among the sources of family planning awareness, though Radio was ranked highly to be listened to but other sources of family planning awareness prove to

have greater impact, they include community work (Umuganda) with 85.5%, Community health representatives with 80.8%, local leaders' speeches with 74.2% and and live dramas with 38.3%.

xiv. 92.5% respondents prove that family planning is considered highly important compared to 1.7% who said it is unimportant.

xv. 98.3% maximum number of respondents has practiced family planning.

xvi. 84.2% of the respondents are said to have used contraceptives, followed by 4.2% of those who have used other methods like condoms, pills.

xvii. 35% of respondents witnessed the high level of family planning practice needs compared to low ranking of 8.3% of those who rank it very low.

xviii. 90.8% of respondents revealed that practicing family planning helps families to improve their wealth and health, 89.2% pointed out it helps to reduce unwanted pregnancies, and 85.8% pointed out that it reduces poverty in families.

xix. 98.3% of respondents can recommend family planning to others, 92.5% of respondents are able to reduce unwanted pregnancies, 89.2% are able to use contraceptives and condoms and 88.3% can talk to their partners about family planning.

xx. 98.3% of respondents witnessed that ignorance and misconception come first among the things that discourage them from using family planning, followed by traditional beliefs with 86.7%, culture and traditional beliefs with 86.7% and desire for more children with some parents.

xxi. 92.5% of the respondents strongly agreed that they have learnt how to use their choice of family planning, witnessed that products they use are easily found, and that they have their favorite product brand. 91.7% of respondents strongly agreed that they know family planning products.

xxii. 50% of respondents are said to be satisfied by family planning and 1.7% of respondents are said not to be satisfied.

xxiii. 93.3% of respondents' witness that family improves better access to education due to reduced number of dependants provides better health conditions. 0.8% of respondents have disagreed that they are not satisfied with their life with family planning.

xxiv. 97.5% of respondents strongly agreed that parents should talk to their children about reproductive health.

xxv. The Respondents' level of agreement to the quality of life. Generally speaking, based on the responses, they strongly agree that family planning has been very important as shown by the highest percentages of 93.3 percent showing that it improves their health care with their families, provides better health conditions, better access to education, and based on the reason given during the research that, they are now able to free from diseases such as Malnutrition as they have learnt how to space their birth, again, through family planning, responses shown that they can now educate their children due to limited number of households as they learnt how to produce with limit by the help of contraceptives. This exercises the need to adopt more family planning programs to address population problems.

xxvi. Among other things shown by the research is that, they are now able to save the money which was initially used to feed, educate, and provide medical care to the family, hence increases their income levels. This has improved on their quality of life.

xxvii. The respondent's level of agreement that they are exposed to family planning and its programs through promotion of products, launching of campaigns that create strong awareness and appeal the users to become more knowledgeable about the brand, usage pattern, benefits and other features benefited from using family planning and level of agreement to family planning awareness through different communication messages, campaigns and programs by Health Ministry representatives (Abajyanama b'ubuzima) in community areas, Nongovernmental organizations as shown by 94.2 percent of responses. This means that the exposure of family planning and its campaigns is there, but making these programs effective and address the problem to the maximum needs of the targeted people remains the question.

xxviii. Again, Educative programs such as Dramas have been passed on the Radios educating people about behavioral change, a case in point was Urunana Drama from Urunana development communication, an organization aimed at promoting health through behavioral change using edutainment programs. This is evidenced by 93 percent of responses to the questions regarding agreement to whether those programs are there.

xxix. However, among the media tools that help to communicate the intended messages, Television was ranked lowly as shown by high level of disagreement shown by 91.7 percent, low media coverage by Radio to some rural villages. This brings us to our research problem of low involvement of media in social marketing as part as some group under study witnessed that sometimes they miss those programs.

xxx. Findings also have shown that Community leader's speeches in meetings, Community work, Community Health representatives, dramas from social organizations have worked to the betterment of community behavior change.

However, limitations were shown where some beneficiaries lack knowledge on all family planning Products, targeting illiterate group using message and products which are the language they don't understand like English, poor communication of messages by some community Health representatives, lack of involvement of the target group to become part of the programs all these become a barrier to family planning. For example local leaders' speeches, Community work, though they work towards behavioral change but their programs top the political Agendas than social ones.

Among other findings, the study showed the following with respect to the social marketing mix (4 Ps);

Product

i. 94.2% of respondents strongly agreed that free products and services are available, 92.5% strongly agree that contraceptives are affordable, 92.5% of respondents strongly agree that community health representatives are volunteers. 4.2% also disagree and 1.7% neither agrees nor disagrees.

ii. 92.5 % of respondents strongly agree that products are always available when needed, while 1.7% neither agree nor disagree. 90.8% of respondents disagree that only products are got from community health centers only. 93.3% respondents have got counseling about family planning products and usage.

Promotion

i. 93.3% of respondents have strongly agreed that Drama activities are often passed on to the Radio and Television, this exposes people to family planning programs.0.8% of respondents disagree that they have never listened to the family planning.

ii. 93.3% of the respondents have listened to family planning messages on the radio, and have seen them in the newspapers.

iii. 91.7% agreed that they have attended entertainment programs which aim at communicating behavioral change.

Price

i. 94.2% agreed that free products and services are available for example they have been given free condoms.
ii. 92.5% of the respondents agreed that contraceptives are affordable.
iii. 92.5% agreed that most of health community workers are volunteers.

Place

i. 92.5% of the respondents have strongly agreed that products are always available when needed. Similarly, more than 80% of the respondents have strongly disagreed that some people fear to sell family planning products in public, 92.5% disagreed that sometimes they are required to move long distances to get products. However, 84.2% have agreed that some vendors are shy to demonstrate how family planning products like condoms are used to those who do not know.

5.3. Conclusion

In a conclusion, the objective of the study was to understand the role of social marketing in family planning in Rwanda. Therefore, based on the major objective of the study, the necessary data collected proved that social marketing media play an important role in creating awareness on family planning by the use of media channels such as Radios, Television, New papers. The use of social marketing practices such as promotion of family planning products using effective channels of communication has helped people to know how to use products such as condoms, pills, and contraceptives for women. Products availability and at a cheaper cost, accessibility of volunteers to the programs, social communication messages, all sum up the effort of social marketing in creating behavioral change and appeal to family planning strategies. This has solved population problems as it has improved people's standards of living and the overall quality of life. This has been witnessed by increase in people's incomes, reduced poor health conditions that used to stop them from doing their income generating activities and in the end increases country productivity. These results henceforth give an answer to the research questions. However, back to the research problem, based on the findings, still social marketing media has not attained maximum capacity to address social marketing programs as weak points were shown in media coverage, accessibility and cost, communication clarity and the general development of media infrastructure all of which hinder social marketing effectives

5.4. Recommendations

Despite the role played by media in social marketing by addressing family planning in Rwanda especially based on my findings from the study area as a sample to the entire population. Various recommendations have to put forward. Among others the following recommendations are suggested;

Media Institutions should consider the following;

I. There should be appropriate programs to increase literacy on social marketing agendas especially those who had limited education. This increases the knowledge and prepares people to have open understanding to any intended programs.

II. Social marketing programs should be constantly reviewed, evaluated through the benchmark indicators such as progress, efficiency, effectiveness and impact they have heard to the population in relation to the set objectives.

III. There should be programs to educate the masses on social aspects that help to reduce the effect of traditional or cultural beliefs and their long term impact.

IV. The state should recognize the need to support media institutions not only in Commercial, and political matters only, but in social marketing matters in a way to improve their financial capability, set regulations and standards to back their programs, provide incentives to both individuals and institutions in a support of best performers, early planning and program implementation, motivate community health volunteers.

V. Media institutions and other program stake holders should set a central system such as libraries where information is gathered and stored for reference of anyone who would venture his/her exposure to such information as the availability of this data on regular intervals would expose people's understanding to the current trends and takes a course of action. This is because it was found that it is difficult to get demographic even in Rwanda National Population Office (ONAPO)

VI. Mass media using different programs such as Edutainment programs, Entertainment should be employed in other development sectors such as Education, Military institutions as they make part of the population being exposed to sexual practices.

VII. The ministry of Finance and Economic planning having Statistics in it's attributes should address demographic trends as a special considerations along with media institutions and they are kept informed about poverty reduction strategy in relation to the population reduction strategies and establish research centers to channel the information to national priority Agendas.

VIII. Although mass media tends to very expensive, Donors, Government of Rwanda and other investors should consider investing in mass media and media infrastructure that provide long term and sustainable impact as it has proved to have a return on investment (ROI)

IX. Audience involvement and participation should also be emphasized in all social development interventions as they are underlying factors for ownership and self-problem solvers.

5.5. Suggestions for further research

It should be noted that the role of social marketing in family planning was not exhaustively studied due to limited time, and scope. Therefore, this implies that other area of study still exists. For further research I recommend the following;

- Current development in information technology brings new innovation in social marketing; therefore the assessment of technology advancement in addressing family planning awareness should be studied.

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APPENDIX

QUESTIONNAIRE

A Questionnaire on the study of role of social marketing in family planning in Rwanda

Dear Respondent,

I have the pleasure to present to you a questionnaire on the role of social marketing. This Questionnaire is intended to collect necessary data on the relevant research study as a prerequisite for my completion of MBA in project management at MSM- SFB.

The purpose of this study and the relevant findings will be purely academic and the information there in will be highly confidential.

Therefore, I kindly request for your cooperation

Sincerely,

Rukundo Theogene

MBA Student

SECTION A

Respondent's Demographic characteristic

1. Sex a) Male ☐ b) Female ☐

2. Age group a) 18-20 ☐ b) 20-30 ☐ c) 30-40 ☐
d) 40-50 ☐ e) 50-60 ☐ f) Above ☐

3. Marital Status a) Single ☐ b) Married ☐ c) Divorced ☐
d) Widowed ☐

4. Level of Education a) Primary ☐ b) Secondary ☐ c) College/University ☐
d) Tertiary ☐ e) None of these ☐

5. Occupation a) Employee in Public/Government organization ☐
b) Employee in Government organization ☐
c) Business/Self employed ☐
d) Farmer ☐
e) Student ☐

6. Religion: a) Catholic ☐ b) Anglican ☐ c) Muslim ☐
d) Pentecostal ☐ e) None ☐

6. Are you from a) Town? ☐ b) Village? ☐

7. If you are from village, how many households you live? ☐

SECTION B

Family Planning Level of Awareness

1. Have you ever heard about family planning programs? Yes ☐ No ☐

If yes, specify where you have heard the programs from? Please, select more than one option if applicable

a) Radio Advisements ☐ b) T.V Advertisements ☐ c) News Paper Advertisements ☐

d) Drama ☐ e) Speeches of Local leaders ☐ f)Umuganda (Communitywork) ☐

f) Community Health Representatives ☐

g) Others, Specify……

2. What entertainment tools do you own?

a) T.v ☐ b) Radio ☐ c) News Paper ☐

3. Do you own a mobile phone? a)Yes ☐ b) No ☐

3. a) If yes, how many ……..

4. Do you listen to the government Health related programs?

a) Yes ☐ b) No ☐

If yes, specify through which media means among the following

a) TV ☐ b) Radio ☐ c) News Papers ☐ c) Both A &B ☐

5. How many times do you listen to the choice of media specified above per day?

a) Once ☐ b) Twice ☐ c) Thrice ☐ e) Everyday ☐ f) No time interval ☐

6. How do you understand family Planning?

a) Little about it ☐ b) On Average ☐ c) Very conversant ☐

d) Nothing about it ☐

7. Among the following media, which one gives high level of awareness about family planning?

Media types	*Very high*	*High*	*Average*	*Low*	*Very low*
a)T.v Advertisement					
b) Radio Advertisement					
c) News paper Advertisement					
d) Umuganda (Community work)					
e) Drama by NGO's					
f) Programs from Health Ministry					
g) Speeches by local leaders					

8. Please give your level of importance for the family planning

a) Highly important ☐ b) Important ☐ c) unimportant ☐

d) Highly unimportant ☐

9. Have you ever practiced family planning in your family? a)Yes ☐ b) No ☐

9. a) If yes, which method have you practiced among the following? (Please, select more than one if applicable)

a) Contraceptives ☐ b) Condoms ☐ b) Breast feeding ☐ d) ☐

Abstinence ☐

f) Pills

10. At which level should family planning be adopted /practiced?

a) Very high ☐ b) High ☐ c) Low ☐ d) Very low ☐

11. Please, state your level of agreement on practicing family planning

Importance	*Strongly Agree*	*Agree*	*Neither Agree nor Disagree*	*Disagree*	*Strongly Disagree*
a. it reduces poverty in families					
b. it prevents unwanted pregnancies					
c. it minimizes health problems such as diseases					
d. it helps families to improve their wealth and health					
e. it encourages sexual practices					
f. it helps the country to achieve development					

12. What are the main important things you learnt by listening to the family planning programs?

a) I can talk to my partner about family planning methods. ☐

b) I am able to use contraceptives/Condoms. ☐

c) I can recommend others to use family planning methods. ☐

d) I am able to reduce unwanted pregnancies. ☐

e) I know how to space my birth times ☐

13. Please, give ranking from 1 to 6 on the following, which stops/discourages you from practicing family planning?

a) Fear of side effects

b) Men/Husbands ( )

c) Desire for more children ( )

d) Culture/Traditional beliefs ( )

e) Religion/Religious leaders ( )

f) Misconception ( )

Section c

1. Please tick appropriately in the space provided corresponding to how you agree or disagree with proposed answers with respect to 4 P's (Social marketing mix).

Product	*Strongly Agree*	*Agree*	*Neither Agree nor Disagree*	*Disagree*	*Strongly Disagree*
a. I know different family planning products.					
b. I know the usage of each product.					
c. I know the products' packaging.					
d. I learn't how to use my choice of product					
e. Only young people use contraceptives to prevent unwanted pregnancies					
f. Contraceptives are always available when needed.					
g. A lot of different family planning products are available.					
h. It is easy to get family products in Pharmacies and shops					
i.The product/s I use are easily found around.					
j. I Know one brand of contraceptive					
k. I have my favorite product brand					

l. I remember one of contraceptive slogan					
m. No choice of any brand					
n. I like the quality of products					
p. Only health based organizations provide those products					
q. Products are found in towns and centers not in villages					

2. PRICE

PRICE	*Strongly Agree*	*Agree*	*Neither Agree nor Disagree*	*Disagree*	*Strongly Disagree*
a. Free Services and products are available					
b. Family Planning contraceptives are affordable					
c. Most of the health community workers are volunteers					
d.Prices are similar at all places everywhere I go					
e. Prices are seasonal depending on the demand.					

3. PLACE

Place	*Strongly Agree*	*Agree*	*Neither Agree nor Disagree*	*Disagree*	*Strongly Disagree*
a. Products are always available when needed					
b. Sometimes we are required to move distances to look for products					
c. Some people fear to sell contraceptives in the public					
d.Only products are got from community health centers					
e. Some places are not accessible to reach, hence limits distribution					
f) Distributors are shy to demonstrate how condom is used to those who don't know					

4. PROMOTION

Promotion	*Strongly Agree*	*Agree*	*Neither Agree nor Disagree*	*Disagree*	*Strongly Disagree*
a.Few Advertisements on family planning are shown on T.V					
b. I have listened to family planning messages on the Radio and seen them in the news paper					

c. I have seen messages on different health programs like Hiv, Food Nutrition, Family planning, Environmental conservation.					
d. Drama activities oftenly pass on the Radio, for example Urunana on BBC talking about behavioral change.					
f.Many entertainment programs with the aim of communicating behavioral change messages are there, and I have attended them					
g. There have been promotions of products like condoms, Mosquito nets, Pills and other contraceptives in certain events.					
h. Counseling about products, prices and their usage are given.					
NGO's, Health Ministry representatives have passed on different communications on family planning.					

SECTION D

1. How do rate the overall health?

a) Highly satisfied ( )

b) Satisfied ( )

c) Not satisfied ( )

d) Highly dissatisfied ( )

2. How do you rate the overall quality of life?

a) Very good ( ) b) Good ( ) c) Poor ( ) d)Very poor ( )

3. Please register your level of agreement on quality of through family planning

Ratings	*Strongly Agree*	*Agree*	*Neither Agree nor Disagree*	*Disagree*	*Strongly Disagree*
a. Family planning helps to have an ideal life					
b. Family planning makes the conditions of my life excellent					
c. I am satisfied with my life through family planning					
d. So far I have gotten the important things I want in life					
e. Family planning increases family income					
f) Family provides better health conditions					
g) Family planning improves better health care for me and my family					
h) Family planning improves better access to the education.					

SECTION E

State your level of agreement on to use/ follow family planning programs

Importance	*Strongly Agree*	*Agree*	*Neither Agree nor Disagree*	*Disagree*
a)I use contraceptives to avoid unwanted pregnancies				
b)Contraceptives are used by couples who want to control their birth rates only				
c)i can recommend others to use family planning				
d) Having unprotected sex exposes me to risks of Pregnancies, Hiv Aids, Sexual transmitted diseases,				
e) I can space my birth times without using family planning				
f) Parents should talk to their children about reproductive health.				