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## **Assessment of Social Marketing Practices during the Covid-19 Pandemic in South West Ethiopia Region**

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### **ABSTRACT**

*Corona virus disease 2019 (COVID-19) is a rapidly emerging disease that has been classified a pandemic by the World Health Organization. It affected the world as a whole. However during such outbreaks, participation of social marketers is required to save lives of the society. The aim of this study is to assess the social marketing mixes (4Ps) during Covid-19 in South West Ethiopia region. It employed questionnaire to collect quantitative data. It also used convenience sampling methods. The result of the study indicated that product scored the least and promotion is relatively better followed by pricing and place marketing mixes.*

**Key words-social marketing, Corona virus, South West Ethiopia region, Covid-19, Health**

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### **Introduction**

Corona virus disease 2019 (COVID-19) is a rapidly emerging disease that has been classified a pandemic and declared as the outbreaks by the World Health Organization (Getaneh et al., 2020; Bekele et al., 2020; World Health Organization/ WHO, 2020). Covid-19 is having a significant impact on consumer ethical decision making and has changed our disciplines and practices. It has been profound and pervasive effects (He and Harris, 2020).

Social marketing is an important tool in generating behavioral change and its usefulness in public health which was proved by previous studies (Serrat, 2010). It is still emerging as an independent academic field (Nanda, 2015) even in Ethiopia. Social marketing is a fairly small field, with a limited but growing number of practitioners and scholars (Gordon, Russell-Bennett and Lefebvre, 2016). So far few theories have been developed but less literature is available on its application (Nanda, 2015). It has evolved differently in the developing and developed worlds, at times leading to different emphases on what social marketing thought and practice entail (Lefebvre, 2011). More and more low middle-income countries are starting to deploy social protection systems to respond to the crisis (Food and Agriculture Organization/ FAO, 2020).

Many believe that social marketing can have a major impact on society's social problems (Andreasen, 1994). Others questions marketing approach applicability in the health field and most argued about the non-government organization involvement in sales and marketing of health programs (Tamrat, 2015). In fact, its solutions can produce relatively effective outcomes (Wymer, 2011). The effectiveness of social marketing rests on the demonstration of direct impact on behavior, where the main focus is on highlighting information and helping people understand it (Serrat, 2010). However, there is no assessment and studies on social marketing applicability in the health sector in Ethiopia. According to the literature, social marketing is the adaptation of commercial marketing technologies to programs designed to influence the voluntary behavior of target audiences to improve their personal welfare and the society (Andreasen, 1994; Nanda, 2015; Dann, 2010; Gordon et al., 2016; Bach and Alnajjar, 2016).

The social marketing practice in developing countries such as Ethiopia is expected as low. In the other hand social marketing concept can be substituted by health promotion which the former is broader the later. Economically, the global economy has been profoundly affected. The context of competition has also changed (He and Harris, 2020). Thus, in a developing country like Ethiopia, where trained human resources and equipment for the treatment of COVID-19 are scarce, working on prevention of the viral spread should be a priority and feasible intervention (Bekele et al., 2020) such as the efforts of UNICEF and Red Cross Society. Since behaviors affect disease transmission and healthcare patterns, one would expect social marketing interventions (Pastrana, Somerville and Suggs, 2020).

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### **Statement of the Problem**

The nature of social marketing is aimed at bringing improvement in the targeted society (Nanda, 2015). This concept is needed more today than before. Because the coronavirus is new; there is no vaccine or known effective treatment (Getaneh et al., 2020; WHO/Europe, 2020). Psychologically, this means high uncertainty regarding the likelihood of catching the disease, its potential severity and ability to take control over the process by preventive measure (WHO/ Europe, 2020). However, there is an urgent need to find alternative public health strategies to control the spread (Getaneh et al., 2020). To tackle

the spreads of the COVID-19 pandemic in the community, the stakeholders should play their significant contribution by teaching the community in ways to implement the prevention knowledge to combat the spread of the novel corona virus pandemics (Bekele et al., 2020).

In short, publics and governments required and forced collaboration for the good of all (He and Harris, 2020). Social marketing is a way to tackle health problems and other social change activities. It ensures the sustainability of interventions by engaging the private sector and sharing the burden of diseases with interested stakeholders (Tamrat, 2015). However, social marketing is still overlooked by many public health specialists, mainly because they lack basic instruments, knowledge and technical support (Timotin, 2019). Social marketing seeks to develop and integrate marketing concepts with other approaches to influence behaviors that benefit individuals and communities for the greater social good (Weidert et al., 2017; Pastrana et al., 2020) i.e. to stay safe in this world.

However, the level of knowledge and practice of the people is not well understood (Bekele et al., 2020). The public needs support of social marketing activities during different crisis such as HIV and STD (Luca, and Suggs, 2010; Rimal and Creel, 2008), cancer, reproductive health (Luca, and Suggs, 2010,7), security/racist issues, family planning (Afework, 2018; Negi, 2016), anti-smoking campaigns, drug abuse (Negi, 2016; Weidert et al., 2017), and use of contraception for better maternal and child health (Weidert et al., 2017), tobacco consumption, alcohol consumption, diet, and exercise issues (Wymer, 2011), Corona virus and so on.

Coronavirus is a chance to improve our facilities and health care infrastructure and to learn how to be more ready for the next emergency crises (Getaneh et al., 2020). There are no more studies relating the social marketing motivations and their effects and Covid-19 in Ethiopia.

Especially in relation to Corona virus, as per the authors' knowledge, the society in South West Ethiopia region has an opposite belief and attitude towards the Covid-19 guidelines designed by WHO and the religion itself doesn't accept social changes easily. Socio-religious factors are maintaining negative impression about and acceptance of social marketing-mix elements (Negi, 2016). Most of the literatures focused on the relationship between social marketing and health issues other than Coronavirus disease. Thus, it is possible address the question to what extent is the social marketing mixes practiced in South West Ethiopia region public health in general and COVID-19 in particular?

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## Objectives of the study

### General objective

The general objective of this study is to assess the social marketing mixes (4Ps) in the South West Ethiopia region community to reduce the spread of Covid-19.

### Specific Objectives

- To assess the social marketing practice during the COVID-19 prevalence.
- To determine the social readiness to respond to the stated social protection tools.
- To identify/ prioritize the social marketing mixes utilization during the COVID-19 prevalence.

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## Literature Review

### Social Marketing Mix

The marketing mix is a key component of social marketing providing one of the differential points in bringing about behavior and social change (Luca, and Suggs, 2010; Edgar, Huhman and Miller, 2015). Social marketing activities are contributing favorably to individual's concerning social responsibility (Afework, 2018).

Social marketers also share a commitment to using the marketing mix to design products, services and behaviors; realign incentives and costs; improve access and opportunities; and communicate in a multiplicity of ways – all of which are relevant and responsive to the people they serve (Lefebvre, 2011). Social marketers are players in an increasingly competitive behavior change arena (Tapp and Spotswood, 2013). It is crucial for social marketers to ensure that they use effective marketing plans and strategies such as the 4 Ps of the marketing mix in order to make the social marketing program or campaign a success (Bach and Alnajjar, 2016).

The systematic review (Luca, and Suggs, 2010; Pastrana, Somerville and Suggs, 2020) identifies the strategies used in the social marketing mix, product, price, place, promotion in health behavior change interventions. Social marketing programs may sell subsidized products, distribute products, deliver health services and promote behaviors not dependent upon a product or service (Firestone et al., 2017). Marketing-mix designed for social issues can be considered as playing a key role in bringing favorable changes in the behavior of individuals (Negi, 2016).

**Product-**Product refers to the set of benefits associated with the desired behavior or service usage (Grier and Bryant, 2005). It includes tangible goods and intangible items like services. Product is the key element of any marketing mix which is the starting point of all marketing activities. A product is a combination of different attributes (Singh, 2012). Benefits are the advantage, or gain, that people get from doing something (Tapp and Spotswood, 2013).

**Promotion-** Most social marketing programs directly targeted behavior change to a specific audience of interest, using a range of communications channels to do so (Firestone et al., 2017). Communication immediately changed as lockdowns were imposed and travel restricted. Skype, WhatsApp, and Zoom exploded in use and the digital age of online, mobile, and social media marketing went from pre-adolescent through a turbulent teenage right through to adulthood in matter of weeks (He and Harris, 2020). Communication and promotion often involves persuasion to influence attitudes and/or behavior (Negi, 2016).

**place-** The marketing concept of “place” is defined as being the location of an activity, any point in time in which change can happen, a social setting that includes descriptions of social groups present and type of activity being undertaken, and so on (Tapp and Spotswood, 2013). The distribution channels include health clinics (where one can get immunized), stores, or pumps those provide clean water (Negi, 2016). Place occupies a unique niche in the social marketer’s toolbox. It addresses the physical barriers (access to) and psychological barriers (making the location appealing) that must be overcome by the target audience as they try to do the behavior (Edgar et al., 2015).

**Price-** Price refers to the cost or sacrifice exchanged for the promised benefits. It encompasses intangible costs, such as diminished pleasure, embarrassment, loss of time, and the psychological hassle that often accompanies change, especially when modifying ingrained habits (Grier and Bryant, 2005). Rimal and Creel, (2008) did not describe the “price” in social marketing terms mainly because, unlike the situation in typical commercial marketing campaigns, they did not have control in manipulating the price of the product in the overall marketing strategy. Costs needed to enact the behavior change (Tapp and Spotswood, 2013).

To sum up, to be successful, social marketers believe the product must provide a solution to problems that consumers consider important and/or offer them a benefit they truly value. It also includes intermediaries—organizations and people—that can provide information, goods, and services and perform other functions that facilitate the change process. Promotional strategy involves a carefully designed set of activities intended to influence change. Promotional activities may encompass advertising, public relations, printed materials, promotional items, signage, special events and displays, face-to-face selling, and entertainment media (Grier and Bryant, 2005).

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## Social marketing and Corona virus

It is obvious that during the development of a newly emerging disease like coronavirus, there might not be enough published literature on local or international journals (Bekele et al., 2020) which are useful to prevent the rapid spread the Covid-19. This time of crisis (COVID-19 pandemic) is generating stress throughout the population (WHO, 2020; Zhang and Ma, 2020). It is possible that individuals still might not have been well informed about the severity of the virus (Zhang and Ma, 2020) due to less social marketing efforts. Social and physical distancing measures aim to slow the spread of disease by stopping chains of transmission of COVID-19 and preventing new ones from appearing (Getaneh et al., 2020) but not highly practiced in South West Ethiopia region ray, one of the regional states in Ethiopia, as the authors have observed.

Service marketing theory and practices from the commercial sector are used to help design or re-design services in health. The use of social marketing here is typically located in specific communities, and may be part of a co-creation philosophy in which citizens have an active role in generating solutions. Questions about social media use, internet use, news consumption and health history of the individuals with the virus would be helpful to understand the impact of such epidemics (Zhang and Ma, 2020).

Public health and social measures are measures or actions by individuals, institutions, communities, local and national governments and international bodies to slow or stop the spread of COVID-19 (Getaneh et al., 2020). Disease prevention programs provide preventive services to high risk populations (Wymer, 2011). It can be applied to promote merit products and services or to make a target audience avoid demerit products and services and thus promote its well-being (Serrat, 2010). Social persuasion and social behavior change are highly complex, and require multi-disciplinary solutions moving forward (Tapp and Spotswood, 2013). Social marketing may be established as a proven tool for the benefit of the society in a sustainable and cost effective way (Duett, 2020). For example, proper hand washing, soaps, wide use of social media for improving knowledge, attitude, and practice, use of masks and sanitizers, use of health extension workers and mobilizing the youth for the prevention and control is also vital part (Getaneh et al., 2020).

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## Research Methodology

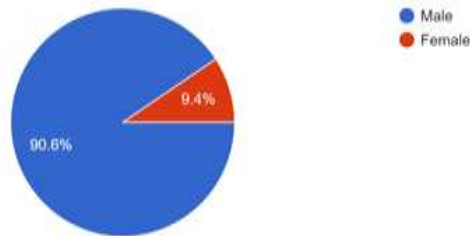
The study is conducted at South West Ethiopia region, one of the new regional states of Ethiopia. Data collection took a total of 2 months (September – October, 2020). The study is descriptive in nature. The target populations are all men and women whose age is above or equal to 18 years in South West Ethiopia region. This study employed a convenience sampling to get 320 individuals i.e. those who have email address. The questionnaire was the main data collection tool, which is quantitative in nature. A large number of social marketing studies are qualitative in nature. Quantitative and mixed methods are much less popular. It is, therefore, necessary that more attention be paid to the use of quantitative and mixed methods in social marketing studies (Truong, 2014). The final version of the questionnaire was formulated after searching related studies/ social marketing literatures. It was distributed through Google form means (sent directly to the respondents email address) in order to prevent the Covid-19. It has 4 parts including the respondent’s characteristics like gender, age and their profession/ work place. In line with Zhang and Ma (2020), to ensure the respondents eligibility for sample, the participants were still living in the city, the respondents were asked to provide the name of the city they resided during these periods in the questionnaire. Statistical analysis was performed using SPSS version 23.0. All results of quantitative variables were reported using mean and standard deviation.

**Results**

**4. Descriptive analysis**

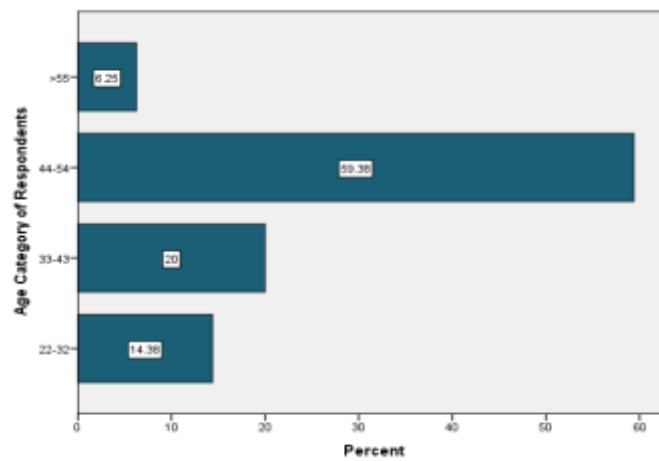
**4.1. Demographic Profile of Respondents**

Figure: 4.1 Sex of the Respondents



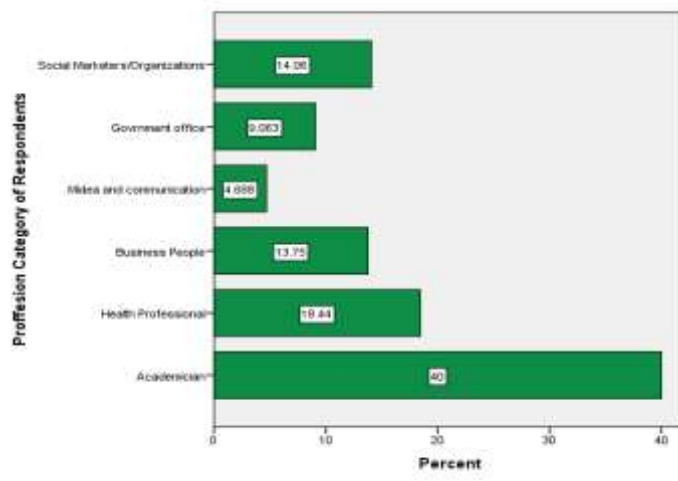
Source: Survey Data (2020)

Figure: 4.2 Age category of the Respondents



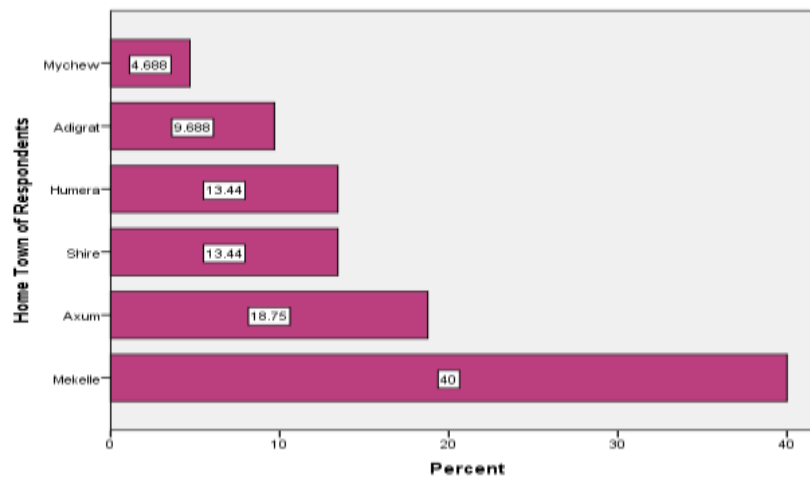
Source: Survey Data (2020)

Figure: 4.3 Profession Categories of the Respondents



Source: Survey Data (2020)

Figure: 4.4 Home Town of Respondents



Source: Survey Data (2020)

Of the 320 respondents, 290 (90.6 percent) were male and 30 (9.4 percent) were female. The average age of respondents was found between 44-54 which accounts 190 (59.38 percent). 128 (40 percent) of them are academicians and 128 (40 percent) came from the Bonga city which is the capital city of South West Ethiopia region.

#### 4.2 Audience Segmentation

Table 4.1 Audience Segmentation Effectiveness During COVID-19 Pandemic

|                    | N   | Minimum | Maximum | Mean | Std. Deviation |
|--------------------|-----|---------|---------|------|----------------|
| HPRCF              | 320 | 1       | 4       | 1.91 | .970           |
| PWUHC              | 320 | 1       | 5       | 2.77 | 1.281          |
| PBPL               | 320 | 2       | 5       | 3.49 | .834           |
| VPFRD              | 320 | 2       | 5       | 3.72 | 1.051          |
| Valid N (listwise) | 320 |         |         |      |                |

Source: Survey Data (2020)

The above table 4.1 shown that, The VPFRD (Vulnerable people free from regular duty) has the highest mean value of 3.72 and SD=1.0 and followed by PBPL (People below poverty Line) with a mean of 3.49 and SD=0.8. However, PWUHC (People with underlying health conditions (PHC)) and HP (Healthcare professionals receiving care facilities (HPRCF) recorded (M=2.7, SD=1.2) and M=1.9, SD=0.9) respectively.

Audience segmentation is the first step from social marketing principles (Lee and Kotler 2020), and should be singled out at times for specific, relevant, desired behavior that would reduce the chances of their contracting the virus, and/or spreading it. Regarding the case study area South West Ethiopia region, the practice with providing healthcare professionals long term care facilities during COVID-19 Pandemic period is very poor which supported with mean of 1.9 and SD of 0.90. Similarly, the study found that, people with underlying health conditions like heart attacks, lung disease and HIV infected are not properly listed out during COVID-19 lockdown in South West Ethiopia region. However, on the contrary, vulnerable people such as adults and Pregnant were properly become free from private and governments regular duty. Inline to this, people below the poverty line were also listed and got supports during COVID-19 pandemic lockdown in South West Ethiopia region. "As my knowledge is concerned, the government has shown concern but was not adequate enough. The covid-19 prevention strategies recommended by WHO are not yet regularly practicing by the people in South West Ethiopia region and the government as well. Very poor coordination in responding the pandemic, untighten prevention measures, poorly segmentation of population based on their risk and most people are believed that it is for the sake of politics. Since the disease is new for us, there was not established segmentation procedure. Based on this, we perceived that audiences were not segmented properly and even adequate campaign was not made. The strongest side is, vulnerable areas such as schools, sport areas and other entertaining settings were made to decrease (or to completely stop) physical and social gathering".

Therefore, Audience segmentation practice undertaken in South West Ethiopia region so far would have a moderate effect towards reducing the spread of COVID -19.

### 4.3 Desired Behaviors

Table 4.2: As you are part of the general population, rate your actual performance to following desired behaviors listed by WHO (Social Marketer) during covid-19 pandemic lockdown period.

| COVID-19 Protection Measures (WHO Standards)  | Degree of Performance | Frequency  | Percent      |
|---|-----------------------|------------|--------------|
| Stay at Home                                  | Performing High       | 18         | 5.6          |
|   | Performing Good       | 132        | 41.3         |
|   | Performing Low        | 170        | 53.1         |
| <b>Total</b>                                  |                       | <b>320</b> | <b>100.0</b> |
| Keeps Social Distancing at least 2 meters far | Performing High       | 45         | 14.1         |
|   | Performing Good       | 36         | 11.3         |
|   | Performing Low        | 239        | 74.7         |
| <b>Total</b>                                  |                       |            |              |
| Wash your hands for 20 s several times a day  | Performing High       | 54         | 16.9         |
|   | Performing Good       | 257        | 80.3         |
|   | Performing Low        | 9          | 2.8          |
| <b>Total</b>                                  |                       | <b>320</b> | <b>100.0</b> |
| Wear Face Mask Regularly                      | Performing High       | 105        | 32.8         |
|   | Performing Good       | 135        | 42.2         |
|   | Performing Low        | 80         | 25.0         |
| <b>Total</b>                                  |                       |            |              |

Source: Survey Data (2020)

The above data shows that, 170 (53.1 percent) of respondents are “Performed Low” to the “Stay at Home” WHO COVID-19 Protection Standards and 239 (74.7) are “performed low” to the “Social Distancing” Practice. However, 257 (80.3) of respondents are performed well to “hand Washing” Practice and “Wearing face Masks” was also performed good as 135 (42.2) supported it.

From this data, it is possible to generalize that, the people of South West Ethiopia region do not performing effectively the “Stay at Home and Social Distance” practice of WHO COVID-19 Protection Standards. Whereas positive/good behavioral change was recorded to the “hand Wash” and “Wear face Masks” towards WHO COVID-19 Protection Standards. To this end, if things will go like this pace, the social marketing practice falls to control the spread of COVID-19 pandemic, especially with in Tigray region

Table 4.3: Cost of Applying the WHO COVID-19 Protection Standards

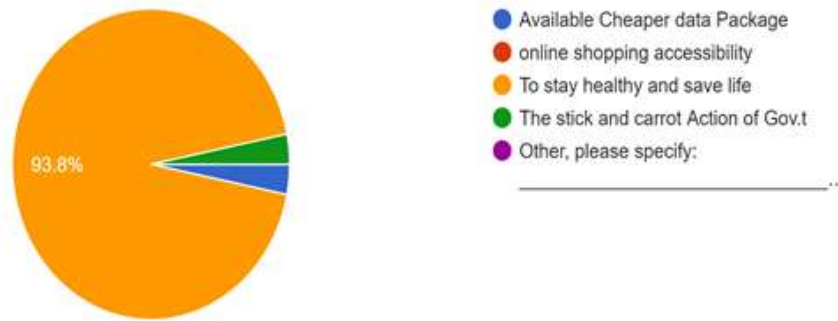
| COVID-19 Protection Measures (WHO Standards)  | Rate        | Frequency  | Percent      |
|---|-------------|------------|--------------|
| Stay at Home                                  | Much Costly | 190        | 59.4         |
|   | Average     | 130        | 40.6         |
|   | Low         | 0          | 0            |
| <b>Total</b>                                  |             | <b>320</b> | <b>100.0</b> |
| Wash your hands for 20 s several times a day  | Much Costly | 190        | 59.4         |
|   | Average     | 130        | 40.6         |
|   | Low         | 0          | 0            |
| <b>Total</b>                                  |             | <b>320</b> | <b>100.0</b> |
| Wear Face Mask Regularly                      | Much Costly | 70         | 21.9         |
|   | Average     | 154        | 48.1         |
|   | Low         | 96         | 30.0         |
| <b>Total</b>                                  |             | <b>320</b> | <b>100.0</b> |
| Keeps Social Distancing at least 2 meters far | Much Costly | 75         | 23.4         |
|   | Average     | 96         | 30.0         |
|   | Low         | 149        | 46.6         |
| <b>Total</b>                                  |             | <b>320</b> | <b>100.0</b> |

Source: Survey Data (2020)

Regarding the cost of applying the WHO principles, Stay at Home and Hand Washing are the most costly activities which accounts 190(59.4 percent) which is the major score. On the other hand Wear face Mask principle create an average cost on the people living which accounts to 154 (48.1 percent). Whereas keeping social distancing principle is low cost which accounts to 149 (46.6 percent).

Therefore, applying the stay at home and Hand wash practice of WHO principles didn't have guaranteed to control the spread of COVID-19 Pandemic. Because it is costly to stay at home and hand wash practice among people of South West Ethiopia region.

**Figure 4.5: The motivating factors induced enhance the stay at home Principle?**

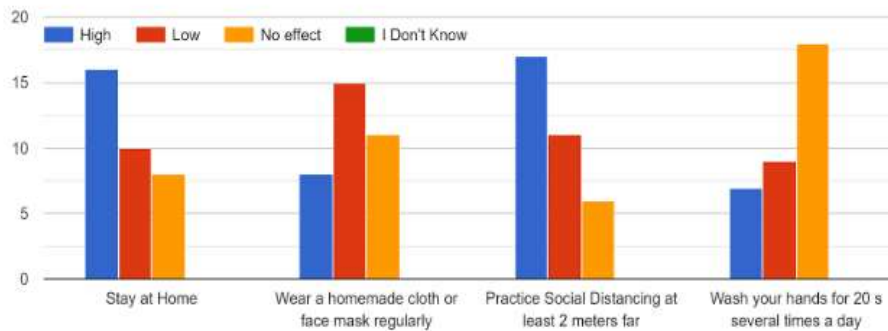


Source: Survey Data (2020)

The study sought to know the motivating factor of people to stay at home. Accordingly, 300(93.8 percent) of the respondents confirmed that the motivating factor is nothing but to “stay health and save life”. This implies that there is no availability of cheaper data package and online shopping accessibilities in the region. Without having such important motivating factors, people cannot stay at home. Stay at home is much costly to the lives of people especially in South West Ethiopia region. Being in this situation it is very difficult to Control the spread of the pandemic.

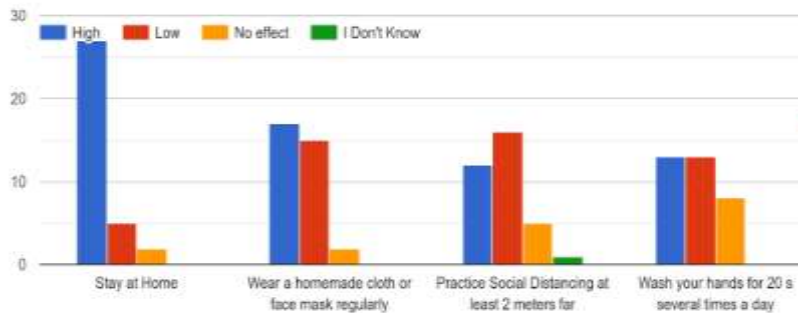
**4.4 Barriers to the Desired Behavior**

**Figure 4.6: Cultural Barrier**



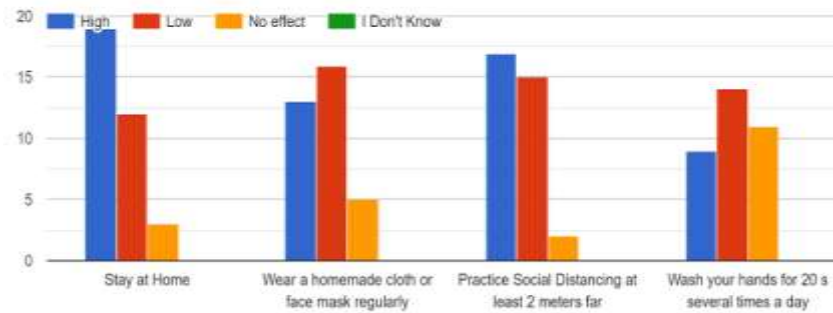
Source: Survey Data (2020)

**Figure 4.7: Income Barriers**



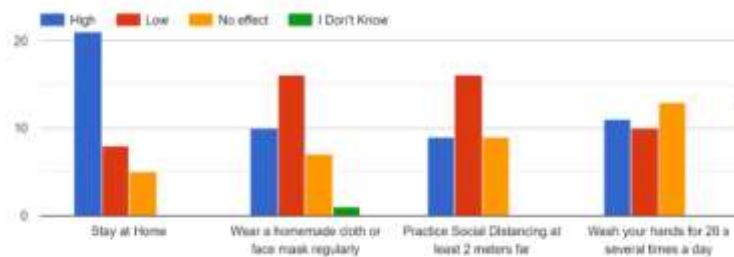
Source: Survey Data (2020)

Figure 4.8: Demographic Barrier



Source: Survey Data (2020)

Figure 4.9: Technological Barriers



Source: Survey Data (2020)

Culture has the highest effect on “Social Distancing at least 2 matters far” followed by Stay at Home principle. But less effect on Wearing Mask and Wash hand principles (see Fig. 4.6)

Income of the people has the highest effect on Stay at home Principle followed by Wear of Mask. On the other hand the effect of individual income on Social distance and Washing hands is low. This implies. Income of individual is a major barrier not to accept or modify the existing behavior of the people (See Fig.4.7).

Demographic variables of the people have the highest effect on “Stay at home” Principle followed by Practice of “Social Distance”. On the other hand the demographic effect of individual on “Wear Mask and Washing hands” is low. This implies. Demographic variables of individual are a major barrier among people of South West Ethiopia region in accepting or modifying the existing behavior of the people (See Fig.4.7).

Technological infrastructure has the highest effect on “Stay at home” Principle followed by “Washing Hands”. On the other hand the technology has low effect on “Wear Mask and Social Distancing” practice. This implies. Technological infrastructures are a major barrier among people of South West Ethiopia region in accepting or modifying the existing behavior of the people (See Fig.4.7).

**4.5 Marketing Mix Interventions**

Table 4.4: Mean and SD of 4Ps

| Marketing Mix | N   | Minimum | Maximum | Mean | Std. Deviation |
|---------------|-----|---------|---------|------|----------------|
| Promotion     | 320 | 2       | 4       | 3.37 | .381           |
| Price         | 320 | 2       | 4       | 2.94 | .451           |
| Place         | 320 | 2       | 4       | 2.27 | .498           |
| Product       | 320 | 1       | 3       | 1.98 | .468           |

The study would seek to assess marketing interventions practice used to reduce the spread of COVID-19 pandemic. Accordingly, the descriptive Statistics result shows that, promotion practice has a mean score 3.37 with standard division 0.38; pricing element has a mean score of 2.94 with 0.45 Standard division; place has mean score 2.27 with 0.49 Standard division and product mean score is 1.98 with 0.46 Standard division.

In this social marketing study, the term ‘product’ is refer to goal of the intervention, for example adoption of idea, belief or attitude, or adoption of one – off or sustained behavior (Hastin, 2007).

Under the product mix: Different measurement items were included such as adoption product of COVID-19 Protecting materials (sanitizers, soaps, masks, gloves, alcohol); hand washing practice behavior, COVID-19 testing sites, usage behavior, Free call service usage behavior, offering of remote service



centers by universities, schools, hospitals, profit and non-profit organization. Hence, the average result of the product mix is 1.98, with 0.46 standard deviations. This implies social product adoption behavior among the people of South West Ethiopia region was poor and its effect to reduce COVID-19 spread among people will also minimum.

Place in social marketing context refers to the channels by which behavior change is promoted, and the place in which the change is supported and encouraged (Hastin, 2007). More specifically, it describes the place where the desired behavior of the target audience will be performed. The place social marketing mix was assessed in terms of the wider availability of COVID-19 Protecting materials (sanitizers, soaps, masks, gloves, alcohol); existence of independent intermediaries of COVID-19 protecting materials (sanitizers, soaps, masks, gloves, alcohol); the Outdoor service practice in most of hotels and restaurants; The practice of special hours reservation in many public Utilities for adults and other vulnerable populations. The average result of each item is 2.27 with 0.49 standard deviation which indicates, the place social marketing intervention practice is low in encouraging the desired behavior among people of South West Ethiopia region to reduce and prevent COVID-19 pandemic spread.

Price in social marketing refers to the cost and barriers that the target audience relates with espousing a new behavior. It can be actually monetary costs, but also emotional, physical and Time costs. Changing behavior must have greater profits than costs (French et al., 2010). The price social marketing practice was assessed in terms of affordability, Discounts low income group, and cost of stay home. The average result of price mix is 2.94 with 0.45 Standardization. This result indicates as good which means the pricing strategy/practice by the social marketers is encouraging people to perform behaviors used to reduce COVID-19 spread in the region.

Promotion in social marketing is refers to the means by which behavior change is promoted to the target audience, which may include, but is not restricted to advertising (Hastin, 2007).

Thus, in this study promotion practice in South West Ethiopia region was assessed in terms of access to information about daily cases and deaths of COVID-19; Demonstration video on how to use Mask, and promotional materials on COVID-19 issue. The average result of promotional practice is 3.37 with 0.38 SD. From this it is possible to infer that, the promotional practice performed to promote the target audience behavior is very good. This social marketing prevention practice is effective in creating the desired behavior of the people about COVID-19 controlling measures.

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## 5. Conclusion and Discussion

The Covid-19 is affected all of us. Such situation calls for social marketers in Ethiopia. The aim of this study was to assess the role of social marketing mixes (4Ps) in the South West Ethiopia region towards Covid-19 pandemic from the community perspective. Similar to commercial marketing, social marketing still applies four Ps although the practice is different. The result of the study indicated that product scored the least and promotion is the most practiced element of social marketing followed by pricing and place marketing mixes. The result of this study shows that individuals and organizations are playing their active role in promoting the guidelines designed by WHO to tackle the Covid-19 spread in South West Ethiopia region. However, promotion only cannot fulfill the overall aim of social marketing. Thus it can conclude that the social marketing mixes were practiced in South West Ethiopia region tackle the Covid-19 spread and severity.

Social marketing is maturing as an independent discipline with application to a wide range of social goals (Nanda, 2015). It is advisable to investigate what constitutes social marketing and their effect in the society scientifically. It requires new and better-adapted approach to the social marketing mix (Nanda, 2015). And the authors strictly support this fact especially it should be common practice in the health sector. The synergetic view should be developed rather than the superiority of one social marketing element on the others. Other researchers can continue this study by expanding the study in to country wide or in the rural area of South West Ethiopia region.

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