SOCIAL MARKETING AND "QUACK" TRADITIONAL BIRTH ATTENDANTS' PATRONAGE

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ABSTRACT: *The aim of the study was to undertake a critical assessment of the effect of social marketing as a tool for discouraging the patronage of "quack" traditional birth attendants (TBAs) by women in developing countries, exemplified by Cross River State, Nigeria. It was targeted at determining the extent the application of social marketing traditional marketing-mix variables of product, price, promotion and place, can go in demarketing the patronage of quack TBAs by the women. Survey research design was employed for the study. The sample for the study was 367 which was derived using the Taro Yamane's formula from a total population of 3,798 people encompassing health personnel, traditional birth attendants, pregnant and nursing mothers, including women within child bearing ages in three Local Government Areas of Cross River State in Nigeria (Akpabuyo, Calabar Municipal, and Calabar-South). The stratified and systematic sampling was then used to segment, select and distribute questionnaire copies to women living within the chosen areas. Hypothesis was formulated and tested using Multiple Linear Regression analytical tools of SPSS (version 21). The results showed that a combined use of the social marketing traditional marketing-mix variables of product, price, promotion and place will significantly discourage the patronage of "quack" TBAs. However, promotion was found to have a more far-reaching effect.*

KEYWORDS: Social Marketing, Quacks, Traditional Birth Attendants.

INTRODUCTION

Background of the Study

The concept of social marketing has for long been misunderstood by many. Some equate it to societal marketing, social media marketing and so on. Social marketing in its true sense goes beyond the aforementioned, which are aspects of social marketing. Smith (2011) opine that social marketing as a term is still a mystery to most, misunderstood by many, and increasingly confused to others. It is a process that applies marketing principles and techniques to create, communicate, and deliver values in order to influence target audience behaviors that benefit society, public health, safety, the environment, as well as communities (Kotler, Lee & Rothschild 2006 as cited in Seetharam, Priya, Somu & Varun, 2014).

The dawn of social marketing is all embracing, taking a marketer who instead of involving himself with tangible products and intangible services, resort to selling life without heart attacks and convincing teenage girls to buy the advantages of postponing pregnancy instead of buying a blackberry phone (Weinreich, 2013). Technically, social marketing wants to influence target audiences to do one of four things: (a) accept a new behavior (e.g. patronize health care); (b) reject a potentially undesirable behavior (e.g., stop patronizing quack TBAs), (c) modify a current behavior (e.g., associating yourself with more civilized people or latest happenings); or

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(d) abandon an old undesirable behavior (Smith, 2011) . In essence, the social marketing motive is not for profit but to achieve positive health behaviour that will benefit the society (Weger, 2011).

In today's ever expanding society, patronizing quack traditional birth attendants arose as a result of different cultural norms. It is of critical importance that social marketers develop more than technical skills on how to handle maternal health related cases. They need to develop cultural competences to change their perception over issues such as patronizing TBAs instead of health care centers (Davidhizar, 2004 as cited in Lowdermilk & Perry 2007). Some traditional births attendants are untrained midwives who often do not refer complicated cases to appropriate medical experts, often leading to preventable deaths (Ugal et al., 2012). Therefore, this study was focused on the effect of social marketing in changing the perception of women who patronize quack traditional birth attendants in Cross River State, Nigeria.

Statement of the problem

There have been high incidences of infant and maternal mortality as a result of the practices of some traditional birth attendants in Nigeria. This was attested to by the News Agency of Nigeria (NAN, 2016), which cited a medical expert, Dr Adaora Ukoh, that a lot of traditional birth attendants prescribe herbal concoctions, which are harmful to maternal and child health. Herbal concoctions do not have specific dosage and the safety had not been established for both the pregnant mother and unborn child. They may contain agents that are contraindicated during pregnancy which can lead to high blood pressure and blood clotting.

There have been series of awareness programmes on the dangers associated with patronizing quack TBAs, but some women still continue to do so. For example, in Nigeria some women still believe, utilize and concentrate on traditional maternal health practices (Ojua, Ishor & Ndom, 2013) which contribute to maternal mortality, especially during complications. Maternal death rate in Nigeria as at 2015 is 814 deaths per 100,000 live births, a figure considered to be high, when compared with other countries like Canada, Belgium, France and others with records of 7 deaths per 100,000 live births (World Bank Group, 2016). Hence, the statement of problem is: How can social marketing change women's patronage of "quack" traditional birth attendants in Cross River State?

Objective of the Study

The broad objective of the study was to determine the effect of social marketing on the patronage of "quack" traditional birth attendants by women in Cross River State, Nigeria**.** Specific objective was to:

1. determine the effect of social marketing in discouraging women from patronizing "quack" traditional birth attendants in Cross River State.

Research question

The following research question guided the study:

1. Can social marketing be used to significantly discourage women from patronizing "quack" traditional birth attendants in Cross River State, Nigeria?

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Research Hypothesis

H_O: Social marketing cannot be used to significantly discourage women from patronizing "quack" traditional birth attendants in Cross River State, Nigeria.

Significance of the study

The study is expected to help in enlightening and exposing women on the dangers associated with patronizing "quack" traditional birth attendants. Also, it will assist health workers to realise the benefits inherent in social marketing as a public awareness tool. It is expected to help traditional birth attendants on the need to apply international best-practices life hygiene tips, safe environment, use of standard equipment, and the need to get registered with relevant governmental health agencies. It will aid future researchers both in the medical sciences and social sciences, by serving as a reference material for them.

Scope of the Study

The research study on the use of social marketing to change the patronage of traditional birth attendants by women was carried out in the Southern Senatorial District of Cross River State, Nigeria. Areas covered included Calabar South, Calabar municipal, and Akpabuyo respectively. Social marketing relies on the principles and techniques developed by commercial marketing, which aim at communicating, informing and sensitizing the society in order to influence maternal health behaviour. Sample frame included all registered pregnant women of selected health centers between (May 2015 and May 2016), registered pregnant women with traditional birth attendants in the month of May 2016, women of child bearing ages, and female teenagers from the aforementioned areas in the State.

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

Social Exchange Theory

The social exchange theory can be traced to a variety of scholars, from the study of Adam Smith and David Ricardo, Peter Blau, and was expanded upon by George Homan in 1958. It is based on the premise that the exchange of social material resources is fundamental to create or formulate any forms of human interaction. It argues that people interact for profit or the expectation of it Emerson, (1976). Thus, it views exchange as a social behavior that may result in both economic and social outcomes (Lambe, Wittmann and Spekman, 2001).

The criticism of this theory is, it assumes that the ultimate goal of a relationship is intimacy when this might not always be the case. It places relationships in a linear structure, when some relationships might skip steps or go backwards in terms of intimacy. In other words, the theory favors openness, but there may be times when openness is not the best option in a relationship (Wikipedia, 2016). Hence, this theory is applicable to the study because it gets the social marketer acquainted with the people by explaining to them the cost and benefit of letting go a particular belief for a more superior one. This process of influence tends to work out at equilibrium to balance the exchanges. For a person in an exchange, what he gives may be a cost to him, just as what he gets may be a reward. This is done to pattern maternal behaviour and their perception in lieu of the harmful traditional practices.

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The Health Belief Model

Propounded by Irwin M. Rosenstock, Godfrey M. Hochbaum, S. Stephen Kegeles, and Howard Leventhal at the U.S. Public Health Service in 1950, Burke (2010) opine that the health belief model is an intrapersonal theory used in health promotion for prevention programs. It is the oldest form of health theory that is most widely used and recognized. This theory explains why people do not participate in programs to prevent or detect diseases. The message can take different forms ranging from personal counseling, internet, and printed materials. It emphasizes that target audiences are influenced by perceived personal susceptibility that is, perception of risk of developing a particular health condition (Rosenstock, Hochbaum, Kegeles and Leventhal, 1950).

Seriousness of the health issue - the consequences of developing a specific health problem, *benefits*- the effectiveness of various actions that might reduce susceptibility and severity, *barriers*- potential negative aspects of taking specific actions and *cues to action*- bodily or environmental events that trigger action. This is basically, where the social marketing programs come in to address various issues in any given situation, and *self-efficacy* for the desired behavior (Lefebvre, 2000).

The major drawback of this model is the fact that it attempts to predict health-related behaviors by accounting for individual differences in beliefs and attitudes. However, it does not account for other factors that influence health behaviors. It describes constructs that predict behaviors, but it says nothing of how these are expected to interrelate. That is, do they follow an additive or a multiplicative model? What time frame is anticipated across the various components of the model?

This theory is significant to this study, because it defines maternal health behaviour by exposing and providing them with information that will promote awareness and reminders. It is a simultaneous process that is used to encourage healthy behaviour among women who put themselves at risk of developing negative health outcome. It gives women and healthcare providers the opportunity to examine themselves to know the status of their health. It spelt out the advantages and disadvantages of taking a particular health action. Turner, Hunt, Dibrezzo, and Jones (2004) suggest that this model can be used to determine the likelihood of maternal health problem and also subject them to engage in a behaviour that will decrease such problem.

The concept of social marketing

In every social marketing transaction you must know your target audience (Turning point, 2005). Social marketing begins and ends with your target audience. In order to understand why your audience is not doing what you want them to do, you must understand what barriers are getting in their way. There must be an exchange, if you want someone to give up, or modify an old behavior or accept a new one; you must offer that person something very appealing in return. In social marketing, you must know your audience well enough to understand what will motivate them to make changes in their lives.

Donovan and Henley (2003) as cited in (Lefebvre , 2011) defined social marketing as the application of marketing concept, commercial marketing techniques and other social change technique to achieving individual behaviour changes and social structural changes that are consistent with the UN declaration of human rights. In other words, social marketing efforts focused on influencing behaviour that will improve health, prevent injuries, protect the

environment, and contribute to the community and to enhance financial well-being (Kotler & Lee, 2011). Hence, the primary aim of social marketing is "social good’’.

The traditional social marketing mix

Initially social marketing started with the applications of the traditional 4Ps (product, price, promotion and place). But later, another 4Ps (publics, partnership, policy and pursestrings) have been added, making it 8Ps (Odigbo, 2016; Kotler and Roberto, 1989). The traditional 4Ps in social marketing mix strategies cannot be developed in isolation; it is the mix or synergy of the social marketing mix-variables that makes a truly successful social marketing campaign possible (Cheng, Kotler & Lee, 2009).

i. **Product**

Product represents the desired behavior you are asking your audience to do, and the associated benefits, tangible objects, and/or services that support behavior change (Turning point 2005). Kotler and Lee (2011) see a social marketing product as the benefits, any goods and services, and any additional product element you will include in assisting your client in performing behaviour.

The social marketing "product" is not necessarily a physical offering. A continuum of products exists, ranging from tangible, physical products (e.g., baby clothes, scissors, birth pan etc.), to services (e.g., medical exams), practices (e.g., breastfeeding, herbal concoction intake or eating a heart-healthy diet) and finally, more intangible ideas (e.g., environmental protection) (Weinreich, 2013). In the context of this study, the services rendered by traditional birth attendants to women in Cross River State is the intangible products (services) which has remained in demand by the women. The reason for this could be as a result of the offeror of the service (TBAs) that has made it possible for it to be desired by women in the state.

ii. **Price**

The strategic issue here is to figure out how to reduce the price as much as possible and make it easy and stress-free to perform the behavior (Weinreich, 2007). In other words, price refers to the costs (financial, emotional, psychological, or time) or barriers the audience members face in making the desired behavior change (Turning point, 2005). In setting the price, particularly for a physical product, there are many issues to consider. If the product is priced too low, or provided free of charge, the consumer may perceive it as being low in quality. On the other hand, if the price is too high, some will not be able to afford it. Social marketers must balance these considerations, and often end up charging at least a nominal fee to increase perceptions of quality and to confer a sense of "dignity" to the transaction (Weinreich, 2013). Dann and Dann (2011) define price as the sum of all the different costs that a person incurs to adopt a new behaviour. This may include a financial element; however, the main focus is usually more related to psychological and lifestyle issues. When the TBAs’ service costs are compared to conventional health care services, the cost is relatively affordable and available and payment could be deferred to a future date. This makes women who are on this side to be more disposed to patronizing these traditional birth attendants.

iii. **Place**

Your potential participants will not go out of their way to look for your messages. You need to go to where they are and give them the opportunity to easily learn about the product and

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perform the behavior (Weinreich, 2007). It is where the audience will perform the desired behavior, where they will access the program, products and services, or where they are thinking about your issue. Kotler et al (2011) is of the opinion that the social marketer should make the social marketing place more convenient, pleasant, and conducive as possible for the target audience to easily perform the behaviour. The advantage therefore that the TBAs have over place is, they are very convenient, pleasant, and conducive because they live, eat, drink and interact with the expectant women. Modern health Care Centers on the other hand are still absent in many rural areas.

iv. **Promotion**

Social marketers may need to be very creative in the ways products are promoted to these hard-to-reach populations, such as those who are homeless, financial constraint, illiterate, or sex workers (Weinreich, 2007). Promotion includes the communication messages, materials, channels, and activities that will effectively reach your audience to promote the benefits of the behavior change as well as the product, price and place features of your program e.g., mentoring, counseling, workshops ((Turning point, 2005). What you want to communicate will be inspired by what you want your target audience to do, and should be two sided, that is, pointing out both the positive and shortcomings of a message (Kotler et al, 2011). Social marketing promotion if carried out through word-of-mouth and channels like town criers, churches, town hall meetings, may impact on the desired behavioural change.

v. **Extended social marketing mix**

a. **Policy**

When policies are put into place that provides an environment of support for a particular behavior, individuals are much more likely to sustain that behavior change (Weinreich, 2007). This can include those laws or penalties you can use or enact to further encourage the behavior (such as imprisonment for drunk driving), as well as understanding or changing those policies or laws that may act as barriers to the behavior (such as inconvenient clinic locations) (Turning point 2005). Often, policy change is needed, and media advocacy programs can be an effective complement to a social marketing program (Weinreich, 2013).

b. **Partnership**

Social and health issues are often so complex that one agency cannot make a massive impression by itself. You need to team up with other organizations in the community, such as NGOs, government to really be effective. You need to figure out which organizations have similar goals to yours (not necessarily the same goals) and identify ways you can work together (Weinreich, 2013). For a holistic approach, the state is therefore partnering with international organizations and foundation such as, International Finance Corporation (IFC), Health Fore Technologies (India), Consultants Collaborative Partnership (Nigeria), and Cure Hospital Management Services (U.S) (International Finance Cooperation, 2013) and so on to reach the hinterland with good health care services.

c. **Purse strings**

When working with nonprofits, social marketers must be creative and proactive in seeking funding for their campaigns from sources such as corporate partners, foundations, and government agencies (Weinreich, 2007). Most organizations that develop social marketing

programs operate through funds provided by sources such as foundations, governmental grants or donations (Weinreich, 2013).

Traditional Birth Attendants

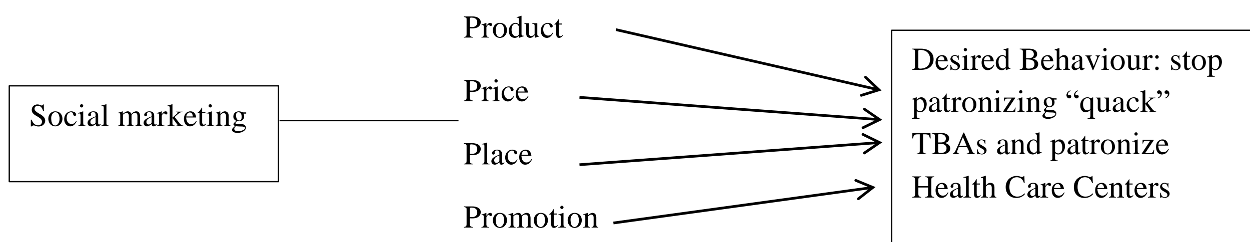
Most Africans believe in the patronage of traditional birth attendants and the effectiveness of traditional medicine. However, not all traditional practices are bad, some have stood the test of time and have positive values, and others are uncertain and negatively harmful, especially to maternal health (Ojua, Ishor & Ndom, 2013). Traditional births attendants are untrained midwives who often do not refer complications to appropriate quarters as a result; several women and children are subjected to preventable deaths (Ugal et al., 2012). In other words, they are community or lay midwives who take care of pregnant women.

Empirical Review

Shamsu-deen (2013) wrote on the assessment of the Contribution of Traditional Birth Attendants to Maternal and Child Health Care Delivery in the Yendi District of Ghana. He discovered that Yendi has a total of 65 trained TBAs and 35 untrained. However, in the study it was clear that about 78% of the women interviewed delivered their babies at home with the assistance of TBAs. This is as a result of the inadequacy of medical staff and the high illiteracy rate among women of child bearing age in the districts. The researcher interviewed a trained TBA who inherited the practice of TBA from her mother; she gave a testimony of being a TBA for 30 years and boasted of delivering about 600 hundred children. The researcher recommended partnership and cooperation with the TBAs.

In Nigeria, a study conducted by (Oshonwoh 2014) on traditional birth attendants and women's health practices: a case of Patani in Southern Nigeria indicates that about 96.4 percent of respondents agreed that the services of TBA's are not expensive. But only 34.5 percent patronize them because their services are cheap, whereas 30.5 percent say they patronize them because there are no alternatives. It also shows that 73.1 percent of the TBAs use facilities located in their area of practices, but only 30 percent of these practices are said to be standard. The study shows that majority of the respondents 78 percent indicated that Traditional birth attendants should be trained and assisted with equipment to enable them perform to expectation and standard.

Fig. 1: Conceptual model of the study



Source: Kotler and Lee (2011), modified in this study.

The model explains that, in order to influence women patronizing traditional birth attendants a combination of the social marketing variables (4Ps) ought to be employed.

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METHODOLOGY

The study adopted a survey research design. The population of the study was 3,798 which consisted 2,939 registered pregnant women in hospitals between May 2015 and May 2016, as follows: General Hospital Calabar (796), University of Calabar Teaching Hospital (982), Faith Foundation Clinic (285), Primary Health Care Center, Akpabuyo, (660) and Ediba Primary Health Care Center (216). Also included were 74 women who patronized TBAs in the month of May (2016): Akpabuyo, (32), Calabar Municipal (16), Calabar South (26), and women of child bearing ages 470: (Akpabuyo, 72), (Municipal, 53) and (South, 345). Teenagers were 315: (Ikot Ewa Secondary School, Akpabuyo 84), (Akim Secondary School, Calabar Municipal , 150), (Unical Demonstration Secondary School, 81), making a total of 3,798 population. The Taro Yamane's formula was applied to determine the sample size of 362 for the study. Systematic sampling technique was used in selecting the sample elements from the population. The instrument was a five-points Likert scale. Regression analytical tool was used to test the hypothesis on Spss version 21 at 0.05 error margin.

Data Presentation and Analysis

362 copies of the questionnaire were administered, while only 329 representing 90.89 percent were returned. The respondents surveyed were between 18 to 55 years.

Table 1: Distribution of respondents on the extent donation of maternal health products/incentives in health centers discouraged women from patronizing quack TBAs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	SD	3	.9	.9	.9
	D	210	63.8	63.8	63.8
	UND	3	.9	.9	10.9
	A	83	25.2	25.2	36.2
	SA	30	9.1	9.1	100.0
	Total	329	100.0	100.0	

Table one shows that out of the 329 respondents surveyed 3 representing 0.9 percent strongly disagreed that donation of maternal and childcare products/incentives did not discourage women from patronizing TBAs; 210 representing 63.8 percent disagreed; 3 representing 0.9 were undecided on this; 83 representing 25.2 percent agreed; and 30 representing 9.1 percent strongly agreed.

Table 2: Distribution of respondents on whether creating more healthcare centers amongst the populace will discourage women from patronizing quack TBAs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	SD	167	50.8	50.8	50.8
	D	23	7.0	7.0	9.1
	UND	15	4.6	4.6	13.7
	A	117	35.6	35.6	49.2
	SA	7	2.1	2.1	100.0
	Total	329	100.0	100.0	

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Table two shows that out of the 329 respondents surveyed 167 representing 50.8 percent strongly disagreed that creating more healthcare centers in strategic locations will reduce the number of women who patronize TBAs; 23 representing 7.0 percent disagreed; 15 representing 4.6 percent were undecided on this; 117 representing 35.6 agreed; and 7 representing 2.1 strongly agreed.

Table 3: Distribution of respondents on whether subsidizing maternal health care services and financial supports could reduce the number of women who patronize quack TBAs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	SD	4	1.2	1.2	1.2
	D	199	60.5	60.5	60.5
	UND	18	5.5	5.5	12.2
	A	90	27.4	27.4	39.5
	SA	18	5.5	5.5	100.0
	Total	329	100.0	100.0	

Table three shows that out of the 329 respondents surveyed 4 representing 1.2 percent strongly disagreed that subsidizing maternal health care services could reduce the number of those who patronize TBAs; 199 representing 60.5 percent disagreed; 18 representing 5.5 percent were undecided on this; 90 representing 27.4 agreed; and 18 representing 5.5 percent strongly agreed.

Table 4: Distribution of respondents on the extent promotional tools such as television, radio, handbills, billboards, traditional rulers, religious leaders, and teachers will assist in educating women on the harmful effect of quack TBAs

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	SD	6	1.8	1.8	1.8
	UND	18	5.5	5.5	7.3
	A	96	29.2	29.2	36.5
	SA	209	63.5	63.5	100.0
	Total	329	100.0	100.0	

Table four shows that out of the 329 respondents surveyed 6 representing 1.8 percent strongly disagreed that promotional tools such as television, radio, handbills, billboards, opinion leaders such as traditional rulers, religious leaders, and teachers could assist to educate women on the harmful effect of TBAs; zero response on agreed; 18 representing 5.5 percent were undecided on this; 96 representing 29.2 percent agreed; and 209 representing 63.5 percent strongly agreed.

Test of hypothesis

Ho: Social marketing is not significantly effective in discouraging women from patronizing quack traditional birth attendants in Cross River State.

HI: Social marketing is significantly effective in discouraging women from patronizing quack traditional birth attendants in Cross River State.

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Table 5: Multiple linear regression analysis showing the effect of social marketing on women patronage of "quack" traditional birth attendants

Model summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.218[a]	.048	.036	4.968

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	395.744	4	98.936	4.008	.003[b]
	Residual	7923.544	321	24.684		
	Total	8319.288	325			

a. Dependent Variable: TBAs
b. Predictors: (Constant), PROMOTION, PRODUCT, PLACE, PRICE

Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	17.657	2.423		7.287	.000
	PRODUCT	.233	.232	.063	1.004	.316
	PLACE	-.128	.222	-.037	-.578	.564
	PRICE	.039	.215	.012	.183	.855
	PROMOTION	-.952	.297	-.227	-3.208	.001

a. Dependent Variable: TBAs

SUMMARY OF RESULTS AND THEIR IMPLICATIONS

Results of Multiple linear regression of analysis shows the composite effect of social marketing variables on womens patronage of traditional birth attendants (TBAs). The results indicate the r-value of 0.218 and a probability value (0.003) less than 0.05 significance. This means that social marketing variables taken together significantly influenced women behaviour from patronizing "quack" TBAs. The regression model statistically significantly predicts the outcome variable, where the value of $F = 4.008$; $p < 0.05$. By this result, the null hypothesis is rejected and the alternate accepted.

The R square of the multiple regression measures the degree of association between the social marketing variables and patronage of "quack" TBAs. The R square results show that 4.8 percent of the variation in TBAs is explained by the variation of the social marketing variables

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(product, place, price and promotion) while 95.2 percent of the variation in TBAs is explained by the other variables which are extraneous to the study, such as individual factors.

The coefficient slope (B) of product (.233) shows that a percentage change in product while other variables are held constant would lead to 23.3 percent increase in the patronage of TBAs. The slope of place (-.128), shows that, a percentage change in place while other variables are held constant would lead to 12.8 percent decrease in the patronage of TBAs. The slope of price (.039) shows that a percentage change in price while other variables are held constant would lead to 3.9 percent increase in the patronage of TBAs. The slope of promotion (-.952), shows that a percentage change in promotion when other variables are held constant would lead to 95.2 percent decrease in the patronage of TBAs.

The implication is, the overall result shows that the social marketing 4Ps variable is more effective when jointly employed. This is evident where product = .316, place = .564, price = .855, and promotion = .001. To support this result Brisibibe, Ordinioha & Gbeniol (2015), assert that social marketing promotion is the strongest convincing tool that helps clients to take up clinical preventive support. Similarly, Montero-Simo, Araque-Padilla & Rey-Pino (2016) observe that within the field of social marketing, social promotion is the most visible dimension in action.

All these reveal that social marketing will be significant in discouraging women from patronizing “quack” traditional birth attendants in Cross River State, Nigeria, and indeed other parts of the world where the practice is prevalent. This is because social marketing will bring about the acceptability of the products, the cost-factors in accessing services from heathcare centres, and the place variable. Meanwhile, social marketing promotion remains the strongest convincing tool that helps clients to take up clinical preventive suppo ((Brisibibe, Ordinioha, Gbeniol, 2015; Seetharam, Priya, Somu & Varun, 2014).

CONCLUSION

The essence of the study is to determine the effect of Social marketing in positively influencing womens behavior who patronizes “quack” TBAs for the benefit of the society. The study emphasized how the social marketing variables are significant in behavior-change campaigns when employed together.

RECOMMENDATIONS

Based on the above findings, it is recommended as follows:

1. That social marketing should be used to create awareness towards demarketing quack TBAs in developing countries.
2. That social marketing awareness campaigns should be used to allay the “fear of episiotomy” and other orthodox medical practices amongst traditional women.
3. The environmental conditions and facilities at Community Health Centers in developing countries must be improved upon, to make them appealing to women, in order to reduce infant and maternal mortality.

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