



INFLUENCE OF STRATEGIC SOCIAL MARKETING ON THE EFFECTIVENESS OF COMMUNITY BASED HIV AND AIDS ORGANIZATIONS IN NAIROBI COUNTY, KENYA

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ABSTRACT

Countries and societies in general facing a multitude of social problems emanating from various sources such as environmental degradations, hunger and diseases. Among such problems commonly listed are AIDs, overpopulation, drug abuse, and mistreatment of females, use of tobacco product, and behaviour that increases the chances of heart disease. To deal with these challenges, multi sectoral approach is required where all stakeholders including, non-governmental organization, community based organizations, government, religious institutions and voluntary associations play their roles. This study investigated effect of strategic social marketing on effectiveness of Community Based HIV and AIDs organizations (CBOs) in Nairobi County, Kenya. The study was guided by positivistic research philosophy. A cross-sectional survey research design was employed. The population of the CBOs comprised 350 organizations and area sampling technique was used. A sample of 183 CBOs was used in this study from eight constituencies which were proportionately represented. Random sampling was used to select sample elements. Descriptive statistics were used to profile characteristics of the surveyed organizations and the respondents. Correlation and multiple regression analyses were used to evaluate the relationships between strategic social marketing and effectiveness as well as to assess its effect. The findings indicate that strategic social marketing has an influence on the effectiveness of Community Based HIV and AIDs Organizations in Nairobi County. The study concluded that for CBO to design appropriate programmes, define realistic output and outcome levels, they should employ strategic social marketing approach as this influences their effectiveness leading to better performance. This study recommends that managers and practitioners should participate especially in the National HIV and AIDS policy development in order to inform their own policies and activities, as this not only improves their ability to identify the expected outcomes, but also enhances their effectiveness.

KEY WORDS: Strategic social marketing, Efficiency, Community-based organizations



1. INTRODUCTION

The social and economic challenges facing contemporary societies in the 21st century arising from social and health issues such as HIV and AIDS (Andreasen, 1995; WHO, 2008) requires stakeholders to seek more efficient and effective strategies to help communities and countries to mitigate them. One such strategy that is gaining popularity is social marketing. Social marketing is a consumer-centered and research driven approach to promote voluntary behaviour change in a priority population (Grier & Bryant, 2005). The consumer centered approach of social marketing emphasizes in-depth research to inform programme design and constant re-evaluation of every aspect of the programme during implementation (Weinreich, 2010). Social marketing seeks to influence social behaviours with an aim of improving target audience and the general society well-being not the marketer (French and Blair-Stevens, 2007).

Social marketing is grounded on theories and techniques applied in commercial marketing especially consumer behaviour models and exchange theory which emphasize constant research to understand consumer needs. Application of social marketing to mitigate social problems is also supported by other behavioural and social marketing theories such as social Network Theory and Integrated Theory Framework (ITF) which emphasize environmental analyses during programme design and implementation as well as participation and support of all those involved (Levebvre, 2000; French, Blair-Stevens, McVey and Merrit, 2011).

Application of Social Marketing approach to resolve social and economic impacts arising from HIV and AIDS has elicited considerable interest in both academia and practice. As such, substantial literature exist detailing implementation of such social marketing programmes (Price, 2001; Serrat, 2010). However, substantial part of the literature indicates that social marketing has been examined as a communication or campaign tool meant to create awareness among the community and to facilitate successful implementation of a specific health or environmental communication programmes (French et al., 2011). In addition, a majority of social marketing programmes continue to be developed from individual models of change that constrain ability to design community-level interventions (Lefebvre, 2011) even though the impacts affect the society as a whole.

To mitigate some of these limitations, French et al. (2011) proposed Social Marketing to be applied from a strategic perspective that allows linkage between policy, strategy, implementation and community participation.

Strategic Social Marketing helps to engage individuals and communities in social change; linking policy to the very people it aims to reach. This viewpoint is supported by integrated Framework Theory, community organization and social network theories which emphasize research, environmental analysis, community participation and implementation of interventions preferred by the target community.

As Kenya strives to achieve Vision 2030 using a multi-sectoral approach, the role of Community Based Organizations (CBOs) in lowering HIV and AIDS prevalence rate that is estimated at 6.3% and to mitigate its social and economic impacts has been emphasized and strengthened. HIV and AIDS often leads erode human capital and increases expenditure on treatment and care for the infected and the affected resulting in reduced savings and investment. To business enterprises, HIV related illnesses and deaths of employees' increases expenditures emanating from increased health care costs, burial fees, training and recruitment of replacement personnel. CBOs have been on the frontline to deal with the pandemic by increasing treatment access to the infected, home based care, education and supporting the affected through income generating activities which enable them to provide quality life to those infected (GoK, 2010; UNAIDS, 2010). However, effectiveness of CBOs' operations in Kenya has been limited due to lack of finance, lack of management and technical expertise as well constraints of the environment. This study aimed at assessing the extent to which the application of Strategic Social Marketing is perceived to facilitate CBO's to effectively manage the social and economic impacts of HIV and AIDS in Nairobi, Kenya.

1.1 Strategic Social Marketing:-

Social marketing is applies commercial marketing principles in the design and implementation of programmes that influence acceptability of social ideas and promote voluntary behaviour change to benefit individuals and the wider society (Kotler and Zaltman, 1971; Andreasen, 1994; Grier and Bryant, 2005; Weinreich, 2011). Emphasis is placed on understanding consumer needs, interests and motivations in order to develop a mutually beneficial exchange. Knowledge gained through consumer and environmental analysis facilitated development of a marketing plan that reflects the 8Ps of social marketing namely the product, price, place, promotion, partnership, purse strings, publics and policy (Thackeray, Neiger & Hanson, 2003).

Strategic social marketing is the use of marketing techniques to achieve social objectives by incorporating

policy, strategy design and implementation of programmes that target one or more groups of potential adopters (French et al, 2011). It is a systematic plan of action that seeks to influence social behaviours aimed at improving lives of the target audience and the general society. It emphasizes use of consumer-based research for planning, systematic targeting and segmentation; structuring; implementation; monitoring and evaluation for programme effectiveness. Strategic social marketing seeks to examine all possible interventional options and evaluate them based on what consumers express as the most beneficial and effective (Kotler and Roberto, 1989; Dearing et al., 1996; Grier and Bryant, 2005; French et al, 2011).

Andreasen (2005) proposed three levels of social marketing practice: downstream, mid-stream, and upstream social marketing. Most social marketing research and application has been focused on downstream strategies to influence the behaviour of the target group, for example, smokers. The second level focuses on influencing the peers of the target market while the third level targets organisations and institutions that play an important role in supporting an undesirable behaviour or the desirable behaviour. In the case of obesity, for example, the soft drink and fast food industries sell products that promote the undesirable behavior leading to obesity while public health departments and regulatory agencies exist to support desirable behaviours. Social marketers have neglected mid-stream and upstream social marketing (Andreasen, 2005).

Contrary to the above categorization, French et al., (2011) identified two levels of social marketing namely, strategic social marketing and operational social marketing. At operational level, social marketing is undertaken as a tactical plans carried out systematically to achieve specific behavioural goals. At strategic level, social marketing concepts and principles are used to inform and enhance policy formulation and modification, strategy formulation and implementation. Strategic social marketing ensure a strong customer orientation to directly inform identification, evaluation and selection of appropriate interventions). Implementation of both strategic and operational social marketing revolves around the social marketing mix (8P's) namely: social products, price, place, promotion, publics, partnerships, purse strings and policy

A review report on the effectiveness of social marketing initiatives designed to promote condom use among poor and vulnerable groups indicated that such initiatives had reached some success in addressing social

and regulatory constraints to access (Price, 2001). Evidence from experiences of those attempting to undertake social marketing based interventions broadly suggests that it is possible to successfully complete isolated "one-off" projects (Stead et al., 2007b) and various resources that take practitioners through broad processes of initial preparation, planning, implementation and evaluation have been proposed to guide and support such work.

Use of social marketing was found to increase physical activity, fruit and vegetable consumption as well as promote breastfeeding and decrease fat consumption among U.S.A citizens. In Texas local communities successfully used social marketing to encourage community members to seek low cost mammograms, prenatal care, as well as increase utilization of the Supplemental Food and Nutrition Programme for Women, Infants, and Children (WIC) (Grier & Bryant, 2005). PSI (2009) indicates that social marketing has become an effective way of motivating low-income and high-risk people to adopt healthy behaviour and use of health products and services. However, another review of social marketing on nutrition and physical activity interventions found that, although social marketing had been effective in altering some behaviour, its overall effects were limited (Alcalay & Bell, 2000 as cited by Stead et al., 2007).

1.2 Organizational Effectiveness:-

While it isn't limited to productivity, organizational effectiveness certainly encompasses it. Defined narrowly as the amount of physical output for each unit of productive input, productivity has been a human concern for centuries (Miller, 2004). Scott (2003) asserts that organizational effectiveness is a measure of performance against a set of standards or expectations. Its measurement requires a set of standards or indicators. Scott (2003) argues that indicators to be used in evaluating organizational effectiveness have to be chosen from among several possible types. Measures based on outcomes, processes, and structural features of organizations may if considered in isolation produce inconsistent conclusions. Although several representations for differentiating among these concepts have been proposed, Scott (2003) suggests that the three paradigms of organizational perspectives; the rational, natural, and open systems perspective, account for much of the variances in measures of effectiveness. Organizational effectiveness is the extent to which a programme or a project achieves its immediate objectives or produces its desired outcomes (UNDP, 2010).

Other scholars, such as Gish (2015) indicate that organizational effectiveness constitutes its ability to

perform a function with optimal levels of input and output. Companies use organizational effectiveness to measure any number of things, from the relationship between employee performance and company profits to the correlation between manufacturing processes and production volume. No set parameters exist for organizational effectiveness and it follows no definitive mathematical formula – each organization creates its own method of measuring effectiveness. Measuring effectiveness can help a small business without the ability to absorb ineffective processes modify its approach to avoid loss.

1.1.3 Community Based HIV and AIDS Organizations in Nairobi County, Kenya:-

Community-based organizations refer to voluntary and autonomous local self-help organizations with established rules and procedures of operation, which are endogenous to a community. They are formed to address needs of the community (Chitere, 1994; Malena, 1995). A community based organization, public or private non-profit (including a church or religious entity) that is representative of a community or a significant segment of a community, and is engaged in meeting human, educational, environmental, or public safety community needs.

According to US Department of Transport, (2014) a community-based organization is a group of individuals organized by and for a particular community of people based on shared interests and/or attributes. The community could be defined geographically (e.g. a neighbourhood), could contain members from diverse backgrounds, and/or could be defined on the basis of something like religious beliefs or a shared condition. Members may include various stakeholders, such as the public, elected officials, advocacy groups, and business leaders. They focus on issues and concerns at the local level (e.g. neighbourhood, layperson, city, county), not on a national scale. They are often organized around a particular purpose or cause and tend to be grass roots in nature, working from the ground level upward to address issues. Community-based organizations may also participate in regional coalitions with similar groups in support of an issue such as affordable housing, water quality, or connection of open space. Community-based organizations use a number of names to describe themselves, including association, alliance, and commission. Many community-based organizations will hold regular meetings for a specific period of time where

they discuss the issues of common concern. Participation on community-based organizations is generally voluntary and open to any individuals with interest in the particular issue. Community-based organizations work directly with the public and are aware of their basic goals, needs, issues, and concerns. If the public has an issue that needs to be addressed, more people would tend to go to the local level for assistance than a regional, state, or national level. In addition, the public may trust representatives from a community-based organization more than someone from a transportation agency.

Community-based organizations provide a common visible entity with which community members can identify and rally around community issues as a unit. They also give “outsiders” or “supporters” a venue with which to participate in community issues in an organized fashion. Because community-based groups are created by the public; they can exhibit power in numbers and have strong credibility and standing and well-developed connections within the community (US Department of Transport, 2014). In Kenya, CBOs can broadly be divided into income generating or welfare groups whose main aim is to engage in wealth creation activities; and programme oriented organizations set to implement programmes in health, agriculture, and environmental conservation among others (Wanyama, 2001; Odindo, 2009).

Community based HIV and AIDS organizations are programme-oriented organizations, set up to implement health programmes in HIV and AIDS such as prevention and home based care at community level (Odindo, 2009). In Nairobi, at the time of this study, there were 350 CBOs registered by National AIDS Control Council and which were actively involved in implementing HIV and AIDS programmes. These were distributed across the eight constituencies which formed Nairobi County then, including Dagoretti, Embakasi, Kamukunji, Kasarani, Langata, Makadara, Strarehe and Westlands (NACC, 2013).

2. LITERATURE REVIEW

Strategic social marketing promotes strategic use of community based initiatives rather than mass media advertising. Kollmuss and Agyeman (2002) assert that social marketing that is supported by community participation tends to be successful because it transcends the gap between knowledge and action that has characterized many environmental and sustainability projects to date. In the U.S., the Washington D.C.-based organization “Men Can Stop Rape” anti-rape movement successfully used social marketing in posters and other media targeting a rape-prevention message at boys and

young men. However, extent to which this contributes to the performance of implementing organizations remains a question for further research. Moreover, researches in the area of social marketing have concentrated on operational social marketing, with no emphasis on its strategic component. In addition, evaluation of social marketing initiatives has concentrated on programme goals and objectives leaving out other performance indicators such as relevance and financial viability.

Success of any programme is dependent on the processes carried out in planning, design and implementation. Kotler (2007) suggests four step control process that would maximize the probability of a social marketing organization's ability to be effective. These include goal setting, performance measurement, performance diagnosis and corrective actions. Research indicates that social marketing as a strategy of implementing behaviour change programmes has a higher success rate, thus achieving effectiveness than other health communication methods (Thackeray et al., 2011). A review report on the effectiveness of social marketing initiatives designed to promote condom use among poor and vulnerable groups indicated that such initiatives had reached some success in addressing social and regulatory constraints to access (Price, 2001). Evidence from experiences of those attempting to undertake social marketing based interventions broadly suggests that it is possible to successfully complete isolated "one-off" projects (Stead, Gordon, Angus and McDermott, 2007b) and various resources that take practitioners through broad processes of initial

A common criticism levelled against social marketing is that extensive consumer and market research is not undertaken prior to implementation, creating a gap between the rhetoric and reality of social marketing practice. For instance, health educators will create TV commercials without even talking to the people they are trying to reach (Weinreich, 2011). In addition, Pfeiffer's (2004) analysis of social marketing programme in Mozambique illustrates how social marketing techniques may be misinterpreted. This social marketing project promoted condom use in HIV and AIDS prevention and management but was misinterpreted as a technique to promote promiscuity. This was because Western NGOs offered pre-packaged approach to HIV and AIDS prevention. Further, social marketing's emphasis on advertising as the key communication tool for motivating behaviour change has been indicated as ineffective. McKenzie-Mohr and Smith (1999) posit that, passive mass media marketing techniques are often powerless and

limited to operational level of social marketing. The question however is whether strategic social marketing approach can eliminate these criticisms.

It has been acknowledged in the social marketing literature that legislation is often a necessary pre-cursor for individual behavior change where the sought change is immensely difficult for individuals to accomplish. One of the assumptions of many social marketing campaigns is that individuals are responsible for their own behavior because they make intelligent and informed decisions (Hoek and Jones, 2011; Wymer, 2011). However, in cases such as smoking, it has been argued that consumers either do not have full information, or are unable to process it efficiently to make the rational and logical choice not to smoke (Wayne, Connolly and Henningfield, 2004). In contexts such as smoking cessation, a combination of social marketing and legislation is considered the best course to shape an environment where it is easier for individuals to change their behaviors for good (Hoek and Jones, 2011). However, social marketing's effectiveness in influencing such upstream environmental change is limited (Andreasen, 2006), especially when the level of lobbying and financial support from industry is taken into account (Wymer, 2011).

Asian Development Bank (2004) evaluation report concluded that social marketing initiatives in natural resource protection for sustainable livelihoods in Cambodia were successful. This was because the government allowed for decentralized structures and operations, which boosted local community autonomy and participation in national development. Serrat (2010) points out that social marketing achieves expected impact when partnerships are increasingly forged between community members and organizations delivering the programmes. Though extensive empirical evidence exists on social marketing, the link between strategic social marketing and organizational effectiveness of community based HIV and AIDs organizations has not been effectively researched and documented.

3. METHODOLOGY OF THE RESEARCH

The study was guided both philosophically and methodologically by positivistic research philosophy. Positivism seeks facts of social phenomena with little regard for the subjective status of individuals. It presumes that social world exists objectively, externally beyond human mind and is constituted of facts structured in a law-like manner ((Coopers and Schindler, 2004; Stile, 2003). Under this paradigm, knowledge is valid only if it is based on values of reason and facts, gathered through direct

observations and experience, measured empirically using quantitative methods and statistical analysis. Under this paradigm, theoretical models can be developed that are generalisable to explain cause-and-effect relationships (Saunders, Lewis and Thornhill, 2007). Consequently, problem solving under this approach follows a pattern of formulating hypotheses in which assumptions of social reality are made and hypotheses tested often using quantitative techniques (Buttery and Buttery, 1991; Stile, 2003).

The study adopted a descriptive cross-sectional survey design. Zikmund (2003) posits that surveys provide a quick and accurate means of accessing information on a population at a single point in time. A descriptive cross-sectional survey collects data to make inferences about a population of interest (universe); this information provides snapshots of the populations' from which researchers gather data. A survey assists the researcher to establish whether significant associations among variables exist at one point in time, depending on the resources available and the target population (Owen, 2002). A descriptive cross-sectional survey affords the opportunity to capture a population's characteristics and test hypotheses quantitatively and qualitatively. Consequently, the researcher has no control on the variables thus could not manipulate them making is appropriate compared to other research designs such as experimental research design.

The sample of this study was 183 CBOs which was selected based on area and random sampling techniques. The respondents comprised Chief Executive Officers (CEOs), Chairpersons and Directors, or those familiar with the HIV and AIDS activities within their organization. The population consisted of 350 CBOs operating in Nairobi County in Kenya identified from a list of active CBOs provided by the National Aids Control Council (NACC) based on each organization's return of Community Based Program Activity Reports (COBPAP) to NACC offices. Data were collected using both semi-structured questionnaires and interviews. To enhance the response rate and the quality of data collected, the authors contacted NACC headquarters for official communication to Constituency Aids Committee (CAC) officials. Following this, two research assistants were trained and 163 usable questionnaires were received yielding a response rate of 89%.

The study used a four-step measure of reliability. First, those items that been tested for reliability by other researchers were adopted. Second, the researcher used the most common measure of internal consistency known

as Cronbach's Alpha. It indicates extent to which a set of items can be treated as measuring a single latent variable. All items with a reliability value of 0.7 or higher were used in the analysis as they indicate higher reliability of the instrument (Nunnally & Bernstein, 1994; Polgar & Thomas, 2008). Third, the questionnaire was pre-tested with a sample of respondent in the CBOs similar to the sample used in the study. Pretesting evaluated whether each question measured what it was supposed to measure; if all the respondents interpreted the questions the same way; and whether all the response choices were relevant (Walliman, 2011). In addition, pilot study tested for question variation, meaning, difficulty and respondent interest and attention. It also aimed at testing reliability, that is, to assess whether respondents answered the same question in the same way each time. Final revisions were made on the questionnaire using the information obtained from the pilot study. Fourth, Principal Component Analysis (PCA), a confirmatory data reduction procedure with Varimax rotation was used to confirm the underlying dimensions/drivers of the predictor variables. PCA allows reduction of a larger set of variables into a smaller set of variables called principal components. It also establishes the linear components that exist within the data and how particular factors contribute to the component. PCA also establishes the specific variables that measure the variables of the study, avoiding highly correlated variables, thereby increasing research instrument's reliability. Varimax rotation was applied as it attempts to maximize the dispersion of loadings within the components and tries to load a smaller number of variables highly onto each factor (Field, 2006). Only items with Eigen values greater than 1.0 and loadings greater than 0.5 were extracted (Kaiser, 1974). Kaiser-Meier-Oklin (KMO) and Bartlett's test of sampling adequacy were also computed for all study variables.

Content validity was used to examine whether the content of the research instrument covers representative sample of the construct domain to be measured. An instrument has content validity if it contains a representative sample of the universe of subject matter of interest (Cooper & Schindler, 2003). A rational analysis of the instrument was done by four (4) raters who were familiar with the constructs of interest. They recommended changes which were thereafter incorporated in the final instrument. Construct validity was assessed through convergent validity tests. Convergent validity refers to the degree to which the scale correlates in the same direction (converges) with other measures of the same construct implying that the items exhibit

homogeneity within the same construct. Items are only valid when they demonstrate high item to total correlations, high loadings on the intended factors (above 0.60), and with no substantial cross-loadings (Hair, Anderson, Tatham & Black, 1998; Zikmund, 2003). Face validity was also applied to determine if the instrument would measure what it was supposed to measure as recommended by Anastasi and Urbina (1997). Multicollinearity (the linear inter correlation among variables) in the study was tested using Variance Inflation Factor (VIF). This shows the levels of correlation between independent variables. Data were analysed using descriptive statistics, correlations and regression analysis methods.

4.RESULTS OF THE RESEARCH AND DISCUSSIONS

4.1 Descriptive Statistics:-

The Cronbach's Alpha reliability coefficients indicated high levels of reliability of the instrument with the values ranging from 0.8877 (Efficiency) to 0.9615 (strategic social marketing). These values are above the acceptable minimum value of 0.50 (Cronbach, 1951) and above the recommended value of 0.7 (Nunnally & Bernstein, 1994; Polgar & Thomas, 2008). The internal consistency of the measures used was therefore considered to be sufficiently high and to have adequately measured the relevant study variables. A confirmatory factor analysis using PCA technique with Varimax rotation (Kaiser, 1974) was carried out to verify unidimensionality, that is, actual scale item on an instrument, (Gefen, 2003, Gerbing & Anderson, 1988). Prior to subjecting the data to factor analysis, all data relating to various variables measured using multiple items were subjected to Keiser-Meyer-Olkin (KMO) and Bartlett's test of sampling adequacy. KMO values were greater than 0.5 (>0.5) which is the recommended value (Malhotra, 2008). Bartlett test of

Sphericity was $p = 0.01$ which is less than the level of significance of 0.05. The results confirmed the theorized dimensionality of the study constructs. Convergent validity tests to test construct validity revealed that most of the items had loading in excess of 0.5, thus providing support for convergent validity of the measures used in the study.

An analysis of the CBOs surveyed revealed 41% of the participating CBOs had been in existence for two years and below while only 7% had been in existence for more than 14 years. These results indicate that many CBOs are started but few last long enough to continue their activities over a long period of time. This raises questions of the sustainability of these types of organizations. In terms of geographical distribution of the CBOs, Dagoretti Constituency had the highest number of participating CBOs forming 23% of the sample, followed by Embakasi and Langata both at 13%. The least number of CBOs came from Westlands with only 8%. Sources of funding for CBOs varied across organizations with 62% getting funding from community members and 36% receiving funding from local donors and private organizations. Only 31.9% of the surveyed organizations got funding from international donors. Regarding the HIV and AIDS interventions that each surveyed CBO was involved in, the findings indicate that 94.5% were involved in HIV and AIDS awareness campaigns while 73.6% participated in HIV and AIDS prevention activities. However, only 14.1% provided treatment access and literacy services. This suggests that more information is provided on prevention but little or not enough has been done to ensure treatment literacy and accessibility.

4.2 Correlations:-

The relationship between strategic social marketing and effectiveness of CBOs was evaluated using Pearson's product moment correlation analysis. The results are reported in Table 1.

Table 1: Correlation between Strategic Social Marketing and Effectiveness

Correlations						
Variable	1	2	3	4	5	
1 Policy	1					
2 Strategy	.606**	1				
3 Implementation	.568**	.722**	1			
4 Effectiveness	.519**	.463**	.498*	1		
5 Strategic social marketing	.774**	.934**	.880**	.553**	1	
Method: Pearson Product Moment Correlations **. Correlation is significant at the 0.01 level (2-tailed). Sig. (2-tailed, for all was 0.000 less than the P- value or 0.01 and 0.05. sample (n)=163						

Strategic social marketing was measured using three main indicators, namely policy, strategy and implementation. Results presented in Table 1 show varied degree of interrelationships. Both policy and implementation were found to be significantly correlated with effectiveness ($r=0.519, p<.01$; $r=0.498, p<.01$; sig. 2-tailed =0.000<0.05 respectively). This high correlation suggests that an organization’s involvement in policy development in the area of HIV and AIDS might enable it to perform its to achieve the set programme goals and objectives. It may also suggest that implementation has a key contribution towards the effectiveness CBOs in meeting the set targets. Strategic social marketing and effectiveness are demonstrated to have a positive significant correlation ($r=0.553, p<.01$; sig. 2-tailed =0.000<0.05. This implies that when elements of strategic social marketing are combined the relationship between strategic social marketing and effectiveness is increased. This may be interpreted to mean that there is a possibility of strategic social marketing having an effect on effectiveness.

4.3 Hypothesis Testing:-

To evaluate the influence of strategic social marketing on the effectiveness of CBOs, the following

hypotheses were tested through simple linear regression analysis using the enter method.

- H₁ There is a statistically significant relationship between policy and effectiveness of community based HIV and AIDS organizations in Nairobi County, Kenya.
- H₂ There is a statistically significant relationship between strategy and effectiveness of community based HIV and AIDS organizations in Nairobi County, Kenya.
- H₃ There is a statistically significant relationship between implementation and effectiveness of community based HIV and AIDS organizations in Nairobi County, Kenya.
- H₄ There is a statistically significant relationship between strategic social marketing and efficiency of community based HIV and AIDS organizations in Nairobi County, Kenya

Each element of strategic social marketing (predictor variable), was regressed against effectiveness (dependent variable) and then aggregate mean scores of strategic social marketing were also regressed against effectiveness. These results are presented together with hypotheses test results in Table 2.

Table 2: Simple Regression: Policy, Strategy and Implementation Predicting Effectiveness

	Policy	Strategy	Implementation
R	0.519	0.463	0.498
R ²	0.270	0.215	0.248
F	59.498	44.049	53.109
Sig (p)	0.000	0.000	0.000
Constant	2.283	1.998	1.801
B	0.413	0.428	0.489
s.e.	0.054	0.064	0.067
β (beta)	0.519	0.463	0.498
T	7.714	6.637	7.228
Sig (p)	0.000	0.000	0.000
Where: B is unstandardized coefficient; s.e. is standard error; β (beta) is standardized Coefficient Dependent Variable: Effectiveness Independent Variables: Policy, Strategy, Implementation <i>Source: Primary Data</i>			

The Simple regression results of Policy, Strategy and Implementation produced an R² of 0.270, 0.215 and 0.248 respectively for each construct as presented in Table 2. This implies that Policy scores explain more of the variation of effectiveness scores at 27% while strategy explains the least at 21.5%. Further, the results also reveal a statistically significant positive linear relationship between Policy and Effectiveness (beta 0.519, p-

value=0.001). Therefore, we accept the hypothesis at =0.05 and conclude that policy, strategy and implementation influence CBO’s effectiveness. The statistically significant positive relationship between Policy and effectiveness suggests that CBOs’ participation in policy development enable them to clearly outline the expected outputs and methods of achieving them.



Stepwise multiple regressions were conducted to evaluate whether policy, strategy and implementation were necessary to predict CBO's Effectiveness. At 1st, 2nd and 3rd steps of the analysis, implementation, strategy and policy were entered into the regression equation and were found to be significantly related to CBO's Effectiveness $F(1,161)=53.109$ $p<.001$; $F(2,160)=29.684$ $p<.001$ $F(3,159)=26.545$ $p<.001$. The multiple regression coefficients were 0.253, 0.084 and 0.325 respectively; indicating that approximately a unit change in Policy would lead to 32.5% change of CBO's effectiveness. However, at step 2 strategy was left out ($t = 0.844$, $p=0.4000 > .05$) implying that its contribution to effectiveness of CBOs was

not significant (Appendix XII, Table G₁). This implies that when strategy is combined with policy and implementation, its contribution to effectiveness become insignificant. Further, these results imply that focus on policy and implementation would enable an organization to improve its ability in defining its outputs, outcomes and expected impact.

To assess the influence of Strategic Social Marketing on effectiveness of CBOs, regression analysis was carried out to. Simple regression analysis was carried out with aggregate mean scores of strategic social marketing predicting effectiveness. The results are presented in Table 3 and 4.

Table 3: Results of Goodness-of-fit of the Regression of CBOs' Efficiency on Strategic Social Marketing

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.553 ^a	.305	.301	.53333
a. Predictors: (Constant), Strategic Social Marketing				
Dependent Variable: Effectiveness				

Table 4: Significance of the Regression of CBOs' Effectiveness

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.494	.269		5.560	.000
	Strategic social marketing	.572	.068	.553	8.414	.000
a. Dependent Variable: Effectiveness						

The simple regression results presented in Table 3 indicate an R² of 0.305 for effectiveness construct regressed against aggregate scores of strategic social marketing. These results imply that Strategic Social Marketing scores explain 30.5% of the variation in effectiveness. This suggests that using Strategic social marketing approach contributes to CBOs' programme goal achievement and meeting the targets especially the outputs expected. The regression results in Table 4 reveals a statistically significant positive linear relationship between Strategic Social Marketing and Effectiveness (beta 0.553, p-value=0.000). These results indicate a unit change in strategic social marketing results in 0.553 changes in Effectiveness. Therefore, we fail to reject hypothesis at $\alpha=0.05$. The statistically significant a positive relationship between strategic social marketing and CBOs Effectiveness, suggesting that proper application of strategic social marketing approach influences achievement of

organizational objectives with minimum resource wastage. This also implies there is proper input and output ratio in product design and implementation.

5. CONCLUSIONS

The empirical evidence produced by this study indicate that CBOs are concentrating on HIV and AIDs awareness, prevention, care and support with little or no emphasis on treatment access and literacy. This poses a danger in eradicating HIV and AIDS especially if the citizens who are aware of their HIV status do not know where to access treatment and have no knowledge of proper administration and management of medication. This can lead to reversal of the gains made in creating awareness. The findings also revealed that top leadership that manage the surveyed organizations have a minimal level of education raising a concern on the management of these organizations. These findings are consistent with previous findings that highlighted minimal level of



education and lack of appropriate knowledge in project management among the managers as a key challenge facing CBOs' (DeJong, 2003; Cornman et al., 2005; Odindo, 2009).

Policy, strategy and implementation indicators of strategic social marketing were found to be significantly correlated with effectiveness. Consequently, focus on them achievement of the set output levels. The influence of policy, strategy and implementation on CBO's effectiveness was found to be positive and significant leading to a conclusion that CBOs' participation in policy development and consumer research enables them to clearly outline the expected outputs, methods of achieving them and how to utilize resources optimally. The statistically significant positive linear relationship of implementation to effectiveness imply that proper planning at the initial stage leads to informed programmes' identification and design as well as realistic definition of expected outcome levels. This leads to effectiveness. .

Based on the empirical evidence in this study, it is reasonable to conclude that strategic social marketing influences CBOs effectiveness. Strategic social marketing was demonstrated to have a positive and significant influence on effectiveness. These results seem to suggest that application of strategic social marketing enhances effectiveness but do not always result in CBO's ability to attract more funding. This points out that other factors influence access to funds other than strategic social marketing. These findings are supported by Weinreich (2011) findings which state that funding to CBO and other civil society organizations is usually determined by donors who have specific requirements and conditions, commonly referred to as purse strings.

The results of this study have significant policy implications to managers of organizations that implement social marketing and marketing researchers. Managers of CBOs should therefore strive to participate in National HIV and AIDS policy development in order to inform their own policies and activities, as this improves their ability to identify the expected outcomes and enhances their effectiveness. This is supported by the research findings which have shown that policy element of strategic social marketing contributes significantly to CBO's effectiveness. Further, managers of CBOs and other organizations involved in marketing social goods should apply strategic social marketing approach as the findings demonstrated that it enhances their level of effectiveness consequently leading to better performance. This finding is particularly useful as it supports the argument advanced by French, et al., (2011) that social marketing should be strategic in

nature. and the implementation procedures.

The research findings contribute to the frontiers of knowledge. First, the findings of the study indicate that strategic social marketing impacts positively on effectiveness of CBOs. These empirical results are of great importance given that major published reports have been written and evaluated based on the donor requirements. Second, this study focused on CBOs as the unit of analysis and not individuals though HIV and AIDs is a behavioural issue. This provides evidence that contributes to proper programme design and implementation. Third, evaluation of social marketing programmes has always been beneficiary-oriented; this study provided an organization-oriented evaluation as recommended by Marta (2008).

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