EFFECTS OF SOCIAL MARKETING ON CUSTOMER PATRONAGE OF FAMILY PLANNING PRODUCTS IN MAIDUGURI

BY
Dr. Veronica N. Ndubuisi (Corpd author, 08100986028, veronicawaltern@gmail.com)
Entrepreneurial Marketing Unit, Division of General Studies University of Maiduguri, Maiduguri

Professor Y.B.K. Imam
Department of Marketing University of Maiduguri, Maiduguri
&
Associate Professor Bintu Mustapha
Department of Marketing University of Maiduguri, Maiduguri

Abstract
Effect of societal attitude on customer patronage of family planning products was examined among women of reproductive age bracket in Maiduguri Metropolis. The study employed both descriptive and inferential statistics for data analysis. While descriptive statistics was employed to analyse the demographic data of the respondents, the inferential statistics of multiple linear regression analysis was used to test the hypothesis formulated using the SPSS version 21. The study established positive follow-up attention to customer and willingness to adopt family planning as effect of societal attitude towards customer patronage of family planning products. The combined variables were significant in explaining the variation in the dependent variable, though religious belief posited otherwise. In the same vein, the independent variables are all significant and they show significant effect on customer patronage in Maiduguri. It recommended that accessibility and affordability of the family planning products should be made easy and social marketing should step up efforts for behavioral change with respect to religious belief. The study further recommended that social marketing should be on top gear for positive attitudinal change, for every positive attitudinal change is an addition to value chain of customer patronage.

KEY WORDS: Societal attitudes, family planning products, social marketing, customer patronage

Introduction

Consumer patronage accordingly means a person who buys goods and services for personal consumption or use. People patronize organization products services at one time or the other. In the context of this study, patronage is not loyalty but there is a strong relationship between patronage and loyalty. Patronage precedes loyalty and patronage is born out of desire to be committed to an organization based on its services quality or how customer perceives the family planning products as consistent to the predictors of societal attitude of religious belief, cultural belief and peer group influence as independent variables while customer patronage is the dependent variable. (Kenneth Adiele, Miebeka & Ezirim, 2015).

Social marketing is the purveyor of independent variable of the subject matter with its proxies, as derivative of marketing, such as willingness to adopt, religious belief, cultural belief and peer group influence. embedded in behavioral science. Marketing covers various processes that are connected with the selling of the company's products and services. These activities include advertising, consumer research, Product design

(Gleeson, 2018). Experts and business associations in the field have conceptualized marketing variously, for example, Kotler (2009) defined marketing as "the science and art of exploring, creating, and

Knowledge, attitude and practice gap is a global social issue in family planning which has attracted attention in decision making due o its importance in well-being of individual families and the society. The use of contraceptives is still low especially in the developing countries including Nigeria where more than 23.7% of currently married women had never used one (Apuke, 2017). Contraceptive use is still low in many developing countries despite all efforts made in educating the society on the importance of having a healthy family and healthy society (NPC, 2009, Adeleye, Akona, Shuaib & Ogholoh, 2010). Contributory factors to this could be ignorance, illiteracy, Nigerian traditional values and norms, husband dominance among others (Apuke, 2017).

Problem Statement

Attitude and Knowledge were investigated by Adeleye, et al, 2010 to societal attitude needed to solve the problem among women in Irrua, Edo State, Nigeria. Factors considered in a cross-sectional design and structured questionnaire were control of family size, child spacing and absence of pregnancy complications. On the whole, no statistically significant association was demonstrated between knowledge, attitude and practice (KAP) and family planning benefits. In a study among married women in Babiyana, Rohtak, it was concluded that there is knowledge and practice gap in the use of family planning methods.

In another study of knowledge, attitude and practice (KAP) by Oyediran, Ishola & Feysetan (2002),it was observed that education, place of residence, the number of living children and consideration of family planning are key factors in determining contraceptive knowledge and the use among married men in Nigeria. The decision on the number of children a couple should have is typically decided by men in Nigeria and it is a taboo not to have a male child and being childless in African setting (Musalia, 2003). In a related study by Khan & Patel (2015), it was found that discussion between husband and wife on family planning takes place only after two or three births and it is usually initiated by husbands. The number of deaths of previous children has negative association with contraceptive acceptance and use. It was also discovered that in a traditional setting,, senior women and women with five or more living children were more likely to have mutual discussion on family planning with their husbands. This practice of family planning depends on knowledge, attitude and practice of methods and places where they can be obtained.

Mairiga, Kullima, Bako & Kolo (2010) in a study conducted among the Kanuris in Nigeria revealed that few Kanuri women used modern methods of family planning. The barriers to this are objection by their husbands, fear of delayed return to fertility, fear of damage caused to womb that might prevent them from given birth and the belief that modern contraception was introduced to reduce Muslim population. In another study on Suri people of Ethiopia, prevention and delaying pregnancies is common by using natural family planning methods which enabled the women regain their strength following the injuries caused by pregnancy and delivery, and the attention given to the welfare of growing children (Eyayou, Berhane & Zerhun, 2004). However, lack of knowledge, aptitude and practice (KAP) is the main cause of the prevalence of family failure.

Further, the paucity of literature on family planning; lack of manpower skills and facilities; the inherit traditional method of family planning and lack of behavioral change despite a high level of awareness inform the need for the study. All these inform

the researcher to undertake the research work in order to examine the effect of societal attitude on customer patronage of family planning products in Maiduguri.

Objective of Study

The objective of the study is to evaluate the effect of societal attitude on customer patronage of family planning products in Maiduguri

Research question

To achieve the objective, the following question is asked: What is the effect of societal attitude on customer patronage of family planning products in Maiduguri?

Research Hypothesis

The null **(Ho)** hypothesis is: There is no significant effect of societal attitude on customer patronage of family planning products in Maiduguri.

Literature Review

Concept of Patronage

The concept of patronage is closely linked to theories of attitude. They are tri-component of attitude based on trilogy of attitudes. There is understanding of relationship between attitudes and patronage. As a result, many researchers sought to construct models that capture the dimensions of patronage in an attempt to explain or predict attitude. These models are Tri-component attitude model, multi-attribute attitude model, the trying-to-consume model, and attitude-toward-the-ad models. Each of these models provides different perspectives on how they are inter related (Asiegbu, Powei & Iroka, 2012). This involves how we see situations as well as how we perceive and react towards situations or objects for Pickens (2005) stated that attitude may be an enduring evaluation or actions or inactions of a person towards patronage intention.

It is also noted that barriers are hindrances to desired behavior change that are identified by the societal attitude. These may be factors external or internal to target customers. For example, the belief that fate causes illness and one cannot alter fate and lack of skill to influence societal attitude But this research work is concerned with the Tri-component attitude model and its relationship with consumer patronage.

Consumer Patronage Intention:

Service organizations can enhance customers purchase behavior by creating value in product offerings to meet customers' expectations and satisfy their needs. Fishbein and Ajzen (1975) view consumers purchase intention as an important indicator for predicting consumer behavior. Patronage intention describes the likelihood that the consumer will be willing to buy a specific product in the future. Zeithaml (1988) notes that merchandize value perceptions drive purchase intentions and purchase behavior in organizations. Consumers' evaluations of merchandise or product value impact their patronage intentions in traditional stores. Therefore, purchase intention is found to be influenced by product value. Consumers‟ intention to purchase can also be seen as a connection between their attitude towards a product and its actual purchase. According to Fishbein & Ajzen (1975), there are three notable measurement items for gauging purchase intentions: possible to buy, intended to buy and consider buying.

Effect of Societal Attitude on Customer Patronage of Family Planning Product (FPP).

Very often, the productivity of nursing mother is affected by societal attitude. The business community has also recognized its ethical responsibility and economic interest in protecting its most valued asset, its workforce. Earlier than now, some

projects led in the effort to get the corporate sector involved in helping to change peoples' attitude through work place initiatives. The big organizations today provide Day Care for nursing mothers so that their productivity does not fall. This has contributed to ushering in an era wherein policy makers and researchers began to view the workplace as a setting for mother and child (Arimoto, Hori, Ito, Kudo & Tsukada, 2012). In their study, Rogers & Wright (2014) reported that there were increased knowledge of use of contraceptives and prevention; improved attitudes towards condom use; and improved attitudes towards mother and child at work place.

In a similar study of knowledge and attitude regarding HIV/AIDS and antiretroviral therapy among patients by Olowokere, Fatiregun & Adewole (2012) revealed that a majority of the people with HIV/AIDS (PLWHA) possessed a large amount of knowledge and positive attitude about HIV/AIDS and ART adherence. However, stigmatization was a problem among these PLWHA which could be reduced through intensive social marketing in making the clinic more patient-friendly. This is also supported by the work of Orogundade & Faloore (2012)

Features of Social Marketing

Although, a variety of definitions have been proposed by social marketers and the debates continue (Smith, 2000), social marketing is typically defined as a program-planning process that applies commercial concepts and techniques to promote voluntary behaviour change (Andreasen, 1995; Kotler, Roberto & Lee, 2002). Social marketing facilitates the acceptance, rejection, modification, abandonment or maintenance of particular behaviours (Kotler, Roberto&Lee, 2002) by groups of individuals, often referred to as target audience. Although social marketing's target audience is usually made up of consumers, it used also to influence policy makers who can address the broader social and environmental determinants of health (Donovan & Henley, 2003; Siegel & Doner, 1998). Hastings & Siren's (2003) definition for social marketing includes also the analysis of the social consequences of commercial marketing policies and activities, e.g. monitoring the effects of FP or frequency of attendance to talk shops. This can be deduced to the model of societal attitude on customer patronage.

Model of Societal Attitude on Customer Patronage

Fig. 1 demonstrates the model feature of Societal Attitude on Customer Patronage of family planning products. The proxies that work in tandem with social marketing for behavioral change on societal attitude for customer patronage of family planning products are religious belief, cultural belief. Peer group influence, infidelity and willingness to adopt. The receipient of the end result is customer patronage of family planning products.

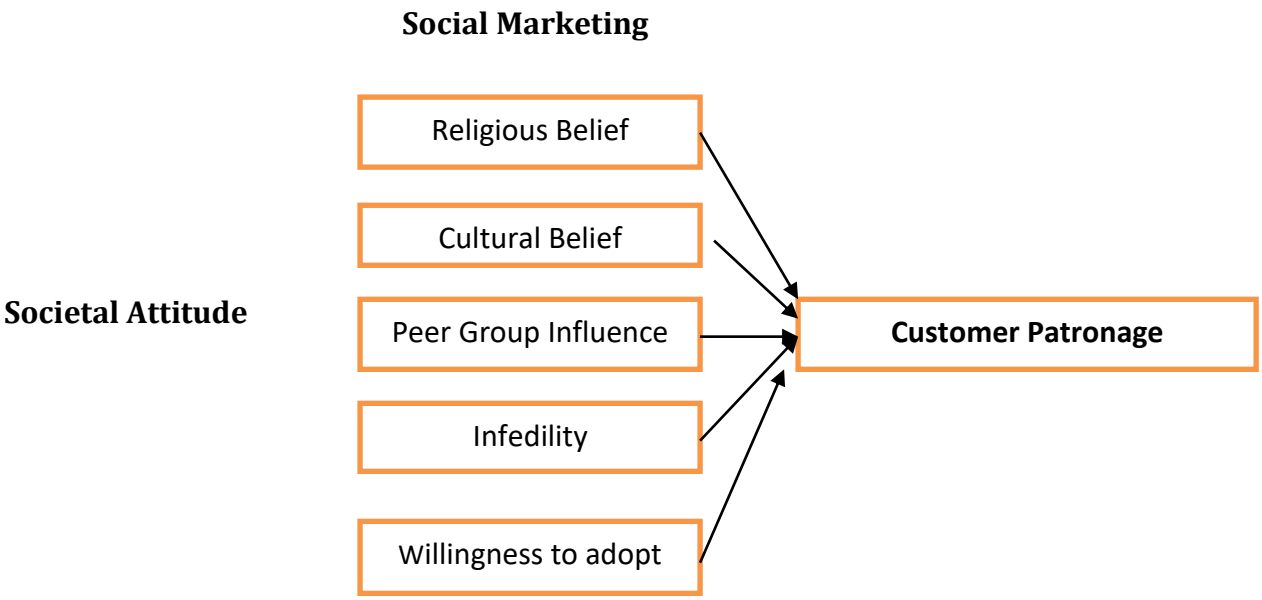

Fig 1: Model of Societal Attitude on Customer Patronage

Source: Author's, 2019

The defining features of social marketing emanates from marketing conceptual framework and this includes exchange theory, audience segmentation, competition, the marketing mix, consumer orientation and continuous monitoring. Although social marketing shares many features with other related public health planning processes, it is distinguished by the systematic emphasis marketers place on the strategic integration of the elements in marketing's conceptual framework (Grier & Bryant, 2005).

Principle of Exchange: The field of marketing attempts to influence voluntary behavior by offering or reinforcing incentives and consequences in an environment that invites voluntary exchange (Rothschild, 1999). Exchange theory (Emerson, 1976: 351) views consumers acting primarily out of self-interest as they see ways to optimize value by doing what gives them the greatest benefits for the least cost. Contrary to commercial exchanges in which consumers receive a product or service for a cash outlay in public health situations, there is rarely an immediate, explicit payback to target audiences in return for their adoption of healthy behavior (Rothschild, 1999). However, the concept reminds social marketers that they must:

i) Offer benefits that the consumer (not the public health professionals) truly values

ii) Recognize that consumers often pay intangible costs, such as time and psychic discomfort associated with changing behaviors and

iii) Acknowledge that everyone involved in the exchange including intermediaries must receive valued benefits in return to their efforts (Donovan & Hanley, 2003).

The social marketing seeks to build a relationship with the target group over time and their feedback is sought at all times in the process of development and implementation of the program. Social marketing offers a proven and time-tested method of influencing group behavior through variety of steps such as:

i) Analysis of the social marketing environment
ii) Research and selection of the target population
iii) Definition of social marketing objective

iv) Design of social marketing strategy
v) Implementation, monitoring and evaluation of the social marketing program (Ganju, Madhavi & Prasad, 2004).

Other social marketing strategies according to literature include:

vi) Audience Segmentation & campaign design (Henrich & Lang, 2017; Detenber, Rosenthal, Liao, & Ho, 2016) which include the understanding of the network or social media audience, then followed with proper segmentation to allow adequate coverage in service provision.

vii) Competition analysis (Varadarajan, & Yadav, 2005 and Bergen & Peteraf, 2002) aspiring marketing must take into cognizance the key players, marketer and producers of similar products and services. This analysis gives marketers and marketing organizations sales and profit advantage over others.

viii) Consumer engagement and brand equity (Kuvykaite & Piligrimiene, 2014 and Abdullah & Siraj, 2016), continuous patronage or otherwise loyalty to a product is a product of the branding. Making distinction from other similar products attracts the customer's engagement

Theoretical Frame work

Practice and Behavioral Change Theory

Theory is a "concept or scheme". While psychologists say that theory is about human thought and behavior, scientists say it is a tested and testable concept explaining an occurrence? In this context, therefore, adoption is the first or minimal level of behavioral utilization (Rogers, 2003). Practice goes with innovation. Diffusion is the first step in the process by which an innovation is communicated through certain channels overtime among the members of a social system (Rogers, 2003). Innovation is any new knowledge introduced into and utilized for adoption in an economic or social process (OECD, 1999) which includes new products, equipment and also new methods and ideas (Hoffmann, 2005).

Practically, adoption does not take place in a vacuum. Hence, innovation system is defined as a network of organization, enterprises and individuals focused in bringing up new products, new processes and new forms of organization into economic use, together with the institutions and policies that affect their behavior and performance (The World bank, 2007). In this respect, family planning (FP), Society for Family Planning (SFP) and Ministry of Health (MOH), all these constitute the innovation system under which this study is carried out.

Whereas agents comprise individuals and firms as well as public institutions and non-state actors, including the patients, the health workers, NGOs, the talk shops etc. All these constitute the main operating components of the system. Precisely, a good functional innovation system creates an enabling environment for adoption

Attitude and Behavioral Change Theory

As defined by Allport (1935), attitude is a mental or natural state of readiness, organized through experience, exerting a directive or dynamic influence on the individual's response to all objects and situations to which it is related. A simpler definition of attitude is a mind-set or a tendency to act in a particular way due to both an individual experience and temperament (Pickens, 2005).

Tri-component of Attitude Theory

Attitudes are a complex combination of things we lend to call personality, beliefs, values, behaviors and motivations. One's attitude is referred to emotions and behaviors. To get it right, a person's altitude toward preventive medicine encompasses his or her point of view about the topic (e.g. the thought); how he or she feels about the topic (e.g. emotion), as well as the actions (behaviors) he or she engages in as a result of attitude to preventing health problems. Fig. 2 is tri-component of model of attitudes. An attitude has three components (Fig. 2): an affect (a feeling), cognition (thought or belief), and behavior (an action)

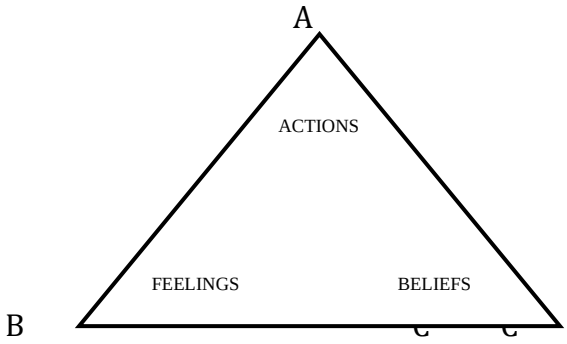

Fig. 2 Tri-component Model of Attitudes
Source: Pickens, 2005

Attitude helps us to define how we see situations, as well as define how we behave towards the situation or object. As shown in Fig. 2, attitudes include: feelings, thoughts/beliefs, and actions. Attitudes may be an enduring evaluation of a person or object (Pickens, 2005).

On the foreground, the theories of tri-component, attitude and behavioral change explain how understanding the psychology of attitudes and perceptions can help the health workers manage the audience of FP and AIDS clients. Psychological principles when applied to behavioral health issues can assist health care managers to deal with patients absorbent of necessary behavioral change for care of their health problem. The lessons learnt from attitude and perception brings some insights on how they relate to human behavior which is the key to behavioral change. Without behavioral change, the adoption of any principle is far-fetched. Hence, attitude which works in consonance with behavioral change is a measurable factor of this study and this is succinctly covered by Tri-component Model of Attitude.

Empirical Review

Customer's purchase intention and actual patronage of various products and services are known to be influenced by several factors which include attitude (Chipeta, Chimwaza & Kalilani-Phiri, 2010) that is triggered by factors such as income status, custom, religion, marriage status etc., (Ayoola, Adeboye & Balogun, 2017). Attitude is the way an individual think and responds to everything in life. It is a mood, a feeling, an opinion which affects every aspect of the persons' everyday activities. Societal attitude is composed of the social beliefs, customs, and tradition which has been developed over a long period of time that determines how the social environment sees and attends to some issues.

Societal attitude towards social goods and services has significant influence and effects on the patronage of the products or services. Arising from the findings of a study on "Attitudes Toward Family Planning and Reasons for Nonuse among Women with Unmet Need for Family Planning in Ethiopia" Korra, (2002) opined that women's attitude towards family planning impacts their willingness to use a method of contraception.

Assessment of the size of the factors that predict unmet need for family planning among currently married women in Dangila town was the focus of a study by Genet, Abeje & Ejigu (2015). The study employed a Community based cross sectional study design to collect data from a total of 551 currently married women using pretested structured interview administered questionnaire. This study revealed that women whose partners had non-supportive attitude about contraceptives use were more likely to have unmet need for family planning compared to women whose partners had supportive attitude.

The studies have therefore, revealed that the knowledge of an item or products is a prerequisite to attitude development towards the product (Emens, 2008; Mahmood & Ringheim 1996).This is bordered on societal attitude which consists of social beliefs, customs and tradition developed over a long time that determines how social marketing influence behavior and issues

Research Method

Research Design

Descriptive and exploratory survey design was used for this study. This entails seeking information from a group or selected individuals otherwise known as sample about issues, events and relationships concerning a large group (Fajonyomi,2003).

The effect of societal attitude on the customer patronage of family planning products (FPP) in Maiduguri Metropolis was examined. Maiduguri Metropolitan Council (MMC) consists of 15 wards while Metropolis consists of the MMC, annex of Jere and Konduga LGAs. The study used an exploratory research with a well-structured questionnaire administered to the respondents. The questionnaire sought to get answers from the respondents on the impact of religious belief, cultural belief and peer group influence.to adopt family planning products.

These instruments gave descriptive-demographic traits of the respondents for the study. The reproductive age of the respondents was made up of 15-24, 25-34 and 35-44 years at a percentage level of 66%, 29% and 5% respectively. In the case of marital status, single was 30%, married 67% widow 1% and divorced 2%. Whereas no formal education was 19%, primary 11%, secondary 37%, NCE/NDE 12% and degree/HND 21%..

As a guide and plan of action, the effect of societal attitude on the customer patronage of FP in Maiduguri Metropolis was studied using an exploratory research. A well-areuctured questionnaire was administered. These instruments gave descriptive-demographic traits of the respondents for the study.

Population, Sample Size and Sampling Techniques

Out of the target population of 2,123 women, three hundred and twenty-seven (327) women were drawn (Table 1) using Krejcie & Morgan's 197. The study employed

purposive sampling technique. The average intercept of ten minutes of first-in-first-out and the waiting room was adequately utilized to administer questionnaires in each of the five (5) designated hospitals and Family Planning units in three (3) days each as shown in Table 1. The research area was mapped out and delineated for easy entry and exit in the administration of research questionnaire. At collation, the actual was 324 with three overflows.

Table 1: Population and Number of Questionnaire Administered

S/n	Hospital	Population	Sample
1.	UMTH	571	81
2.	State Specialist Hospital	472	71
3.	Nakowa Specialist Hospital	321	52
4.	UmaruShehu Hospital	432	61
5.	Kanem Hospital and Maternity	327	62
	Total	**2123**	**327**

Source: Hospitals Record, 2019

Method of Data Analysis

Descriptive statistics was employed to analyze the demographic data of the respondents and inferential statistics of multiple linear regression analysis was used to test the hypotheses formulated using the statistical package for social sciences (SPSS) version 21.

Model Specification

Social marketing is a purveyor of societal attitude which is represented as independent variable while customer patronage is represented as dependent variable. The multiple regression formula is expressed implicitly as;

$Y= ß_0 + ß_1 X_1 + ß_2 X_2 + ß_3 X_3 ... X_n + e$ (multiple regression model),where

Y = Dependent variable

$X_1 - X_n$= Independent variables

e = error term

B_0 = Constant or intercept of the regression line

B_1-B_n = Estimates or slopes of the regression line

For hypothesis

$CTMP = B_0 + B_1RGSB + B_2CLTB + B_3PGI + e$

Y= Customer Patronage (CTMP)

X_1= Religious Belief (RGSB)

X_2= Cultural Belief (CLTB)

X_3= Peer Group Influence (PGI)

Research Question : What is the effect of societal attitude on customer patronage of family planning products (FPP)?

Table 2: Effect of Societal Attitude on Customer Patronage of FPP

S/n	Statement	SA	A	DA	SDA
1.	Religious belief	138(42.6%)	**152(46.9)**	24(7.4%)	10(3.1%)
2.	Cultural belief	76(23.5%)	**158(48.8)**	58(17.9)	32(9.9)
3.	Peer group influence	**139(42.9)**	112(34.6%)	41(12.7)	32(9.9)
4.	Infedility	**185(57.2)**	112(34.6%)	25(7.7%)	2(0.6%)
5.	Willingness to adopt FP earlier	142(43.8%)	**158(48.8)**	10(3.1%)	14(4.3)

Source: Field Survey, 2019

Table 2 shows the effect of societal attitude towards FP products on customer patronage. Item one shows that, (42.6%) and (46.9%) of the respondents strongly agreed and agreed respectively with the statement, while 7.4% and 3.1% disagreed and strongly disagreed respectively with the statement. It can be generalized that religious belief discourages societal attitude on customer patronage of FPP. From statement two above, 23.5% strongly agreed, 48.8% agreed, while 17.9% disagreed and 9.9% strongly disagreed with the research statement. This means that cultural belief affects societal attitude towards FP products on customer patronage.

Item three shows that (42.9%) and (34.6%) of the respondents strongly agreed and agreed respectively with the statement, while 12.7%% and 9.9% disagreed and strongly disagreed respectively with the statement. This suggests that peer group encourages societal attitude encourages customer patronage of FPP. From statement four, 57.2% strongly agreed, 34.6% agreed, while 7.7% disagreed and 0.6% strongly disagreed with the research statement. This means that use of contraceptives is one of the effects of societal attitude towards FP products on customer patronage. Item five also shows that, (43.8%) and (48.8%) of the respondents strongly agreed and agreed respectively with the statement while 12.7% and 9.9% disagreed and strongly disagreed respectively with the statement. This suggests that willingness to adopting family planning is one of the effects of societal attitude towards FP products on customer patronage.

Hypothesis (H0): There is no significant effect of societal attitude on customer patronage of family planning products in Maiduguri Metropolis

Table 3: ANOVA on Effect of Societal Attitude on Customers Patronage of Family Planning Products in Maiduguri Metropolis

Model	Sum of Squares	Df	Mean Square	F	P-value
Regression	14.417	3	4.824	4.647	0.000
Residual	332.092	320	1.038		
Total	**346.509**	**323**			

Source: Computed Using SPSS Version 21

Table 3 shows the results of the ANOVA technique employed to test the null hypothesis against alternative hypothesis. There is a significant effect of societal attitude towards FP products on customers' patronage in Maiduguri Metropolis. This is because the probability value (P = 0.000) is less than alpha (α = 0.05) level of significance (P< α).

Table 4: Summary of Multiple Regression Analysis on Effect of Societal Attitude on Customer Patronage of FPP in Maiduguri Metropolis

Variables	B	Standard Error	t-value	P-value	Remark
Constant	0.451	0.151	2.987*	0.000	S
RGSB (X_1)	-0.877	0.366	-2.396*	0.008	S
CLTB (X_2)	2.161	0.174	12.419**	0.000	S
PGI (X_3)	0.261	0.018	14.500**	0.000	S
R^2	0.761				
N	324				

Note: ** indicates significant at 1% level, * indicates significant at 5% level,
Dependent variable: CTMP
Independent variable: RGSB, CLTB and PGI
Linear model: CTMP= $\beta_0+\beta_1$ RGSB+β_2CLTB+β_3PGI+e

The result of the multiple regression in Table 4 shows that societal attitude towards FP products has significant effect on customers patronage in Maiduguri Metropolis. This is because the probability values (P = 0.008, 0.000, 0.000) are less than alpha ($\alpha = 0.05$) level of significance (P<0.01; 0.05).

The combined variables were significant in explaining the variation in the dependent variable. The R^2 is 0.761 and it implies that 76% of the variation in CTMP is accounted for by RGSB, CLTB and PGI. Other factors outside the scope of this study accounted for the remaining 24%.

Furthermore, the t-values for the independent variables are all significant at 1% and 5% and show significant effect on customer patronage in Maiduguri Metropolis. Table 4 also shows that PGI (t = 14.500) has the greatest positive effect on CTMP. The equation of the fitted model is defined as; CTMP = 0.451+0.877* CLTB +2.161* PGI +0.261*FPU +e. All the variables included in the model were significant in explaining the effects of societal attitude on customer patronage of FPP in Maiduguri Metropolis.

Religious Belief (RGSB)

The coefficient of RGSB was negative and significant at 5% level. This implies that RGSB has negative effect on customer patronage in Maiduguri Metropolis. This may be as a result of the fact that RGSB discourages the uptake of family planning. In other words, religious belief does not promote societal attitude towards customer patronage of family planning products.

Cultural Belief (CLTB)

The coefficient of CLTB was positive and significant at 1% level as expected. This implies that CLTB has positive effect on customer patronage in Maiduguri Metropolis.

Peer Group Influence (PGI)

The coefficient of the variable PGI was found to be positive and significance at 1% level. This means that PGI has positive effect on customer patronage in Maiduguri Metropolis. This is because determines the uptake of contraceptives. This is because family planning unit encourages the use of contraceptives, thus it has susceptible effect on societal attitude towards encouraging customer patronage of FPP.

Discussion of Findings

The finding revealed a significant effect of societal attitude towards FP products on customer patronage in Maiduguri Metropolis ($P<\alpha$), although RGSB posited otherwise. This finding supports the finding of Olowokere, Fatiregun & Adewole (2012) in a similar study which revealed that a majority of the PLWHA possessed a large amount of knowledge and positive attitude about prevention of mother to child transmission (PMCT) and ART adherence. However, stigmatization (belief) was a problem among these PLWHA, which could be reduced through intensive social marketing in making the clinic more patient-friendly. This is also supported by the work of Orogundade and Faloore (2012).

In a dissenting view, the study by Mairiga, Kullima, Bako & Kolo (2010) conducted among the Kanuri women revealed that Kanuri women rarely patronize family planning products because of some societal attitude towards customer patronage with respect to cultural and religious beliefs.

Conclusion and Recommendations

The hypothesis revealed that there is significant effect of societal attitude towards FP products on customer patronage in Maiduguri Metropolis. This means that there is positive behavioral change in favor of customer patronage of FP products. This is in acceptance of available use methods by the target group. It is also in line with the concept of repurchase principle which eventually increases the customer patronage of FP products in Maiduguri Metropolis.

The result further shows that the societal attitude towards FP products has significant effect on customer patronage in Maiduguri Metropolis. This is because the probability values are very high and the combined variables are significant in explaining the effect of societal attitude towards customer patronage of FPP. Consequence to the result, the study concluded that societal attitude (people) towards FP products for customer patronage is a combination of religious belief, cultural belief and peer group influence and that social marketing should be on top gear for positive attitudinal change. Every positive attitudinal change is an addition to value chain of customer patronage**.**

In this regard, social marketing should be stepped up in an effort for behavioral change on religious belief to patronize family planning products. Affordability and accessibility of the products should be made easy. This in a way will enhance societal attitude towards customer patronage of FPP.

References

Abdullah, A., & Siraj, D. S. (2016). Brand Equity through Customer Engagement in Social Media: A Critical Review. *IOSR Journal of Business and Management, 18*(08), 38-46. doi:10.9790/487x-1808023846

Adeleye, O.A,, Akoria, O.A.,Shuaib, Z.O., & Ogholoh, O.D. (2010). Barriers and Knowledge of Benefits Regarding Family Planning Methods Among Wpmen Attending Antenatal Clinics in a Southern Nigerian Community. *Asian Journal of Medical Sciences* 2(4)

Allport, G. W. (1935). Attitude in Murchison C. (Ed), *Handbook of Social Pyshcology*, Worcester, M. A. Clark University Press.

Andreasen, A. (1995), *Marketing Social Change: changing behavior to promote health, social development, and the environment*, Jossey-Bass, San Francisco, CA.

Apuke, O.D., (2017). Knowledge, Attitude and Practice of Family Planning amongMarriedWomen Living in Jalingo, Nigeria, *Arabian Journal of Business and Management Review* (Nigeria Chapter). ISSN 2315-8638, Vol 4(4)

Arimoto, Y., Hori, N., Ito, S., Kudos, Y. & Tsukada, K. (2012).*Social Relationship and HIV Testing in the Work Place: Evidence from South Africa,* Internally Valid Econometric Studies*,* Interim Report. South Africa.

Ayoola, F. J., Adeboye, N. O., & Balogun, K. (2017). On the Investigation of Awareness Level of Family Planning among Rural Dwellers in Nigeria (Principal Component Analysis Approach). *Open Access Library Journal*, *4*(08), 1-11.

Bergen, M., & Peteraf, M. A. (2002). Competitor identification and competitor analysis: a broad-based managerial approach. *Managerial and Decision Economics*, *23*(4-5), 157-169. doi:10.1002/mde.1059

Chipeta, E.K., Chimwaza, W., & Kalilani-Phiri, L. (2010). Contraceptive knowledge, beliefs and attitudes in rural Malawi: misinformation, misbeliefs and misperceptions. Malawi Medical Journal; 22(2) 38-41.

Detenber, B., Rosenthal, S., Liao, Y., & Ho, S. S. (2016). Audience segmentation for campaign design: Addressing climate change in Singapore.*International Journal of Communication* 10, 4736–4758

Donovan, R. J., & Healey, N. (2003). *Social Marketing Principles and Practice*, Melbourne, IP Community

Emens, A. (2008). *Perceived Fertility Regulation Costs and Contraceptive Use in Nepal*. Population Studies Center Research Report 08-644. University of Michigan.

Emerson, R. M. (1976). Social exchange theory. *Annual Review of Sociology*, 2: 335-362

Eyayou, Y.,Berhan, Y., & Zerihun, L., (2004).Sociocultural Factors Decisions Related toFertility in Remotely Located Communities. The Case of The Suri Ethnnic Group. Ethiop J. Health Dev. 18(): 171-174

Fajonyomi. A.A. & Fajonyomi, M.J. (2003). Research Process in Education and Social Science, Goldy O. Publishing Co., Lagos Nigeria.

Fishbein, M. & Ajzeri, L. (1975). *Beliefs, Attitude, Intention and Behaviour: An Introduction to Theory and Research*. Reading, M. A: Addison-Wesley.

Genet, E., Abeje, G., & Ejigu, T. (2015). Determinants of unmet need for family planning among currently married women in Dangila town administration, Awi Zone, Amhara regional state; a cross sectional study. *Reproductive health*, *12*(1), 12:42.

Gleeson,, Patrick. (2018, June 29). The Importance of Marketing for the Success of a Business. *Small Business - Chron.com*. Retrieved 08/12/2018 from http://smallbusiness.chron.com/importance-marketing-success-business-589.html

Grier, S. & Bryant, C. (2005). Social Marketing in Public Health, *Annu. Rev. Public Health,* 26:319-39.

Hastings, G. & Saren, M, (2003): The Critical contributions of Social Marketing: Theory and Application, Mark. Theory 3:305-22.Retrieved 5/08/2018 from .https://journals.sagepub.com/doi/abs/10.1177/147059310333005

Henrich, V., & Lang, A. (2017). Audience Segmentation in Social Media. *Proceedings of the Software Demonstrations of the 15th Conference of the European Chapter of the Association for Computational Linguistics.* doi:10.18653/v1/e17-3014

Hoffmann, V. (2005). Knowledge and Innovation Management, Reader. University of Hohene in Stuttgart, Germany.

Kenneth C. A., Miebeka D. G., & Ezirim A. C, (2015), Physical Evidence and Customer Patronage: An Empirical Study of Nigeria Banking Sector, *British Journal of Economics, Management and Trade 7*(3):188-199.

Khan, M.E., & Patel, B.C. (2005). Male Involvement in Family Planning A KABP Study of Agra District, India.

http//www.pop.counci.org/pdfs/frotiers/OR/TA/Asis/India_MI.pdf. (April,24,2011).

Kotler, P., Roberto, N. & lee, N. (2002). *Social Marketing: Improving the Quality of Life*. Thousand Oaks, C. Sage

Kotler, P. (2009). *Marketing management*. Harlow: Pearson Education.

Korra, A. (2002). Attitudes toward family planning, and reasons for non-use among women with unmet need for family planning in Ethiopia. Calverton, Maryland, USA: ORC Macro. Retrieved 2/8/2018 from https://dhsprogram.com/pubs/pdf/FA40/ETFa40.pdf

Kuvykaite, R., & Piligrimiene, Z. (2014). Consumer Engagement into Brand Equity Creation. *Procedia - Social and Behavioral Sciences*, *156*, 479-483. doi:10.1016/j.sbspro.2014.11.225

Mahmood, N. & K. Ringheim (1996). Factors affecting contraceptive use in Pakistan. *Pakistan Development Review 35*(1): 1-22.

Mairiga, A.G., Kullima,A.A,, Bako, B., & Kolo, M.A. (2010).Socio Cultural Factors Influencing Decision Making Related to Fertility Among the Kanuri Tribe of North-eastern Nigeria. Afr. J Prm. Health Care Fam. Med, 2(1).

Musalia, J.M. (2003). Extraconjugal Determinants of Spousal communication about Family Planning in Kenya. http//www.questia.com (October. .2011).

NPC/UNICEF (2001). Nigeria Children Women's Rights in Nigeria, a Wake-up Calls; Situation Assessment and Analysis, National Planning Commission, Abuja and UNICEF Nigeria.

Nwosu, U.M., Eke, R.A. & Chigbu, L.N., (2011) Factors Influencing the Practice of Modern Family Planning in Communities in Abia State, Nigeia. *ABSU Journal of Environment*, *Science and Technology*. Vol.,1:128-136.

Olowookere, S.A., Fatiregun, A. A. & Adewole, I. F. (2012). Knowledge and attitudes regarding HIV/AIDS and antiretroviral therapy among patients at a Nigerian treatment clinic, *J Infect Dev.Ctries* 2012 6(11):809-816**.**

Organisation of Economic Cooperation and Development (1999). Corporate Governance: Effects on Firm Performance, OECD Task Force.

Oyediran, K.A., Ishola, G.P., & Feyisetan, B.J., (2002). Factors Affecting Ever Married Men's Contraceptive Knowledge and Use in Nigeria.http/www.journals.Cambridge.

Pickens, J. (2005). Attitudes and perceptions. *Organizational behavior in health care*, 43-76.

Rogers, E. M. (2003). Diffusion of innovations. 5th Edition, Free Press, New York. US.

Rogers, S. J., & Wright Jr, J. W. (2014). Multi-country survey of attitudes towards the treatment of HIV/AIDS in the workplace. *African Journal of Business Management*, *8*(14), 531-539.

Rothschild, M. L. (1999). Carrots, Sticks and Promises. *Journal of Marketing*, 63: 24-27.

Siegel, M. & Doner, L. (1998). Marketing Public Health: Strategies to Promote Social Change. Gathersburg, MD, ASPEN

Varadarajan, P. R., & Yadav, M. S. (2005). Competitive strategy in a global electronic marketplace: extant strategy perspectives revisited. *Handbook of research in international marketing, Edward Elgar Publishing Limited*, 313-335. doi:10.4337/9781781950395.00027

World Bank (2007). Enhancing Agricultural Innovation: How to go beyond the Strengthening of Research Systems, Washington, D. C. World Bank.