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## Gender Marketing and the Consumption of Family Planning Methods

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### Abstract

Questions remain about how we can initiate use of vasectomy and other underutilized birth-control methods for men over contraception medication for women. This paper's analysis of sex promotion in Nigeria, utilizing the indicators continually featured in the extant literature, uncovers the result of the masculinization of contraception medication marketing and use. People are projected to change their conceptive activities to decelerate populace increase, but the converse is also true. How can we better comprehend the contradiction in the birth control market and the reasons behind birth control manufacturers' decision to choose a particular business strategy in a time marked by sustainability champions? Although companies hold divergent views on marketing approaches for successful and broad utilization of contraception medication, over the long run, most have zeroed in on mass promotion. Researchers have identified the financial and segment conditions that rouse couples to oversee their fertility, but this study examines gender marketing and family planning methods. We hypothesize that masculinization of birth control marketing induces consumption in men. We adopted the Likert scale of 1 (strongly disagree) to 5 (strongly agree) for the data collection on birth control consumption. Data analysis relied on the use of graphs and ANOVA. This study substantiates that masculinization of the marketing mix elements (combined stakeholder engagement, mass marketing, celebrity endorsement, & communications) will induce birth control consumption in males. This discovery is an invaluable contribution to knowledge in both theory and practice.

### Author's Note

Ms. Afobunor A. N is an advocate for the rights of women and girls. She has spent the last 15 years working with grassroots organizations to bridge the gender divide by providing expert advice and solutions on advancing the Sustainable Development Goals. She currently serves on the Strategy and Operations team at SDSN Youth in New York, New York. My experience has provided me the opportunity to witness the dynamics in organizational structures and the gender-power imbalance in households which underscores my commitment to the interdisciplinary field of social marketing and special interest in family consumption patterns. Future studies will analyze social marketing efforts by above-the-line leadership in the birth control industry.

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**Keywords:** Gender marketing, Birth control, Masculinization, Consumption

# 1. Introduction

## 1.1 Background to the Study

Sustainability remains at the forefront of the discussion of birth control despite the ongoing arguments made by academics that starting a business with the sole goal of social profit is "madness," as the fundamental purpose of business is financial profit or both financial profit and social profit (Business in the Community, 1997; Varey, 2002; Hastings & Angus, 2011; Peattie & Peattie, 2003; Jiatong et al., 2021). But how can we better comprehend the contradiction in the birth control market and the reasons behind contraception companies' decision to choose a particular business strategy in a time marked by sustainability? (Defourny & Nyssens, 2017; Mishra & Singh, 2020; Chakraborty et al., 2021; Sachs et al., 2021).

Consequently, the family as a spending and policymaking unit is a crucial marvel in advertising and purchaser conduct (Jah, et al., 2014; Commuri & Gentry, 2000; Diana, 2020). While people are projected to change their conceptive activities to decelerate populace increment, unfortunately this is not always the case (Ashford, 2020). In this paper, we re-evaluate the existent writing to demonstrate that several significant and surprising examination inquiries remain unaddressed. Although companies hold divergent views on marketing approaches to execute successful and broad utilization of contraception medication, over the long run, most examinations have zeroed in on mass promotion to deal with conception prevention. Researchers have given responses to questions encompassing the financial and segment conditions that rouse couples to oversee their fertility (Dumond, 1975; Cleland & Wilson, 1987; Coale, 1973; Tone, 1996; Steinfeld et al., 2018; Winterton, 2021).

Edwards and Stewart (2017) indicated, through their gender impact investigation of contraception medication utilization, that gender focal point is basic to delivering a gender equitable strategy on family arranging. Gender focal point refers to greater consideration of gender equality issues in daily operations.

Bandura (2002) opined that a country's foreign capital investment in the long term depends on how evenly it applies its female and male-directed family planning programs. Will marketing mix components (combined stakeholder engagement, mass marketing, celebrity endorsement, & communications) in cause-driven organisations remain on the periphery, or will social entrepreneurs and social marketers accept the idea of a mixed marketing strategy to address its social impact agendas? So, it is important to comprehend the marketing-related characteristics and components that motivate social change behaviours.

Therefore, in this examination, we evaluate the result of the masculinization of contraception medication marketing and utilization.

## 1.2 Statement of Problem

The best strategy to slow down population growth in the Global South remains unknown. One question is whether a masculinized family planning marketing approach will induce consumption in men (Tone, 1996; Commuri & Gentry, 2000; Dixon-Ogbechi, 2015). The imbalance in the consumption of effective birth control calls for grave concern (Babugura, 2017; United Nations, Department of Economic and Social Affairs, Population Division [UNDESA], 2019). In the wake of the global climate and economic crises (Winterton, 2021), and in addition to appropriate

Nigeria's attractiveness to investors in the extended length, pivots on how evenly it applies its feminization and masculinization programs on family planning.

### **1.3 Objectives of the study**

This study identifies what gender marketing methods reinforce birth control consumption in men. It determines if men would consume birth control marketed for men specifically, or if endorsed by a male celebrity, and examines if men will consume birth control more than women if the male gender is predominant in the marketing of family planning.

### **1.4 Research Questions**

- i. What gender reinforces birth control consumption in men?
- ii. Should men consume birth control?
- iii. Will men consume birth control marketed for men specifically?
- iv. Will men consume birth control for men if a male celebrity endorses it?
- v. Will men consume birth control more than women if the male gender is predominant in marketing of family planning?

### **1.5 Research Hypothesis**

H<sub>0</sub>: masculinization of birth control marketing induces consumption in men

### **1.6 Significance of the study**

There has been little research done on how vasectomy and other more effective birth control techniques for men can be reinforced in Nigeria to increase family planning.

### **1.7 Scope of the Study**

This study investigates gender marketing and family planning consumption in Nigeria. It mainly focuses on specific marketing mix elements that are prominent in literature published in reputable online scholarly journals from the 1900s to 2021 (Coale, 1973; Cleland & Wilson, 1987; Tone, 1996; Valente et al., 1996; Soler et al., 2000; Munthanje, 2001; Bandura, 2002; Seltzer, 2002; Arsel et al., 2015; Warde, 2015; Steinfeld et al., 2018; UNDESA, 2019). The World Bank Group projects slow poverty reduction in Western Sub-Saharan Africa between 2021 and 2030, but a focus in health and training remains crucial (Gates & Gates, 2019; 2021).

## **2. Review of Literature**

### **2.1 Preamble**

In accordance with Tifferet and Herstein (2012), gender is the most well-known type of division utilized by marketers (Duraisamy & Malathy, 1990; Tone, 1996; Valente et al., 1996; Arsel et al., 2015; Katie, 2019; Tami et al., 2019 (as referenced in Diana, 2020)).

### **2.2 Theoretical and Conceptual Framework**

Given the multiple definitions of "gender marketing," a unified underpinning theory is difficult to achieve (Wedgewood, 2009). Gender theory proposes looking at masculinity and femininity as sets of mutually created characteristics shaping the lives of men and women, marking a significant shift from the days when 'gender' was synonymous with women (Human Rights Council [HRC], 2021; Arsel et al., 2015; Rachel et al., 2015). Labelling theory provides an opportunity for

identity-based labelling or “identity appeals” where invoking an identity can motivate individuals to conform to characteristics of that identity (Kim et al., 2019). Gender marketing for this study is shaped by the attributes of the customer and the birth control methods. (Coale, 1973; Cleland & Wilson, 1987; Kincaid et al., 1996; Tone, 1996; Soler et al., 2000; Munthanje, 2001; Bandura, 2002; Seltzer, 2002; Arsel et al., 2015; Warde, 2015; Steinfeld et al., 2018; UNDESA, 2019). Therefore, we posit that masculinization of birth control marketing induces consumption in men.

### 2.3 Empirical Literature

According to Open PR (n.d.), gender marketing alludes to a marketing procedure that inspects the activities of designated sex and uses systems to engage the designated sex.

Despite global forums for consigned females, their privileges are routinely spurned. 63% of rural women in low-paid positions in families ignore the advantages of effective birth control (Tone, 1996; Babugura, 2017; UNDESA, 2019; Winterton, 2021). Financial experts have fought about the causes of this trend, which range from marginal changes in behavior to a shifting balance of the costs and benefits of having various numbers of children in low-income economies (Cleland & Wilson, 1987; Coale, 1973). Researchers more often use the term “conception prevention” to refer to the family organizing technique which combines modern and traditional approaches to regulate or end childbearing (United Nations, Department of Economic and Social Affairs, Population Division [UNDESA], 2019). The typical contraception approaches in Sub-Saharan Africa include, but are not limited to, male condoms, musicality, female sterilisation, vasectomy, IUD, implant, injections, pills, and withdrawal (UNDESA, 2019). According to Tone (1996), during the 1920s economic crisis, when consumers’ purchasing power was low, a McCall’s magazine Lysol advertisement portrayed the typical fears of women about losing their youth due to childbearing and heightened their feelings of dread. This led to an increase in the use of contraceptives among women who watched it. Although contraception has always been important for societies, birth control has consistently been portrayed as a necessity for women by manufacturers who understood the impact of the advertisement and missions in marketing (Tone, 1996; UNDESA, 2019). Despite the strict legal requirements and the economic depression, the conception prevention sector was profitable. Due to the widespread hardship in the 1930s, U.S. entrepreneurs advised families to limit the number of children they bore. The success of contraception is reflected in annual sales which exceeded \$250 million by 1938. Fortune magazine described contraceptive drugs as possibly the most successful new industry of the decade (Tone, 1996). Since then, the contraception medicine market has continued to grow.

However, a third worldview arose during the 1950s, as the number of inhabitants in the Global South was snowballing and that for individuals in low-income nations to decrease their fertility; yet birth control methods were still largely dependent on women without much success (Green & Cunningham, 1975; Tone, 1996; Schultz, 1994; Babugura, 2017; White et al., 2017; UNDESA, 2019; Ashford, 2020; Yining, 2020; UN Women, 2021). In Sub-Saharan Africa, 76% of women report that modern methods have satisfied their need for family planning, leaving 24% of the population unaccounted for (UNDESA, 2019). The question of how to effectively market contraception methods remains unanswered despite the proliferation of contraception drugs. In comparison to men, women continue to face barriers to employment, including business access, employment choice, working conditions, wage equality, and balancing work and family responsibilities (UN Women, 2021). Green and Cunningham (1975), forerunners in gender roles direction, examined this variable in relation to advertising and consumer behaviour to determine the

consistency of its relative impact. They investigated its effects on female career directions and discovered that “the wife’s” verbally stated position had a higher impact on behavior than a traditionally female job direction. They further examined differences in family dynamics among various types of families (Green & Cunningham, 1975) and identified higher-pay groups and younger couples as more sensitive to traditionally female work distinctions (or their lack) among spouses. They also discovered that husbands expressed fewer independent choices when their wives had unconventional attitudes towards traditionally female employment.

According to Schultz (1994), as the cost of conception prevention decreases, people are expected to have fewer undesired births. This method was previously disregarded but may now be worth considering due to changes in desired levels of fertility. According to reports, there is a decline in the use of sterilizing, IUD, and conventional methods (White et al., 2017; UNDESA, 2019); Sub-Saharan Africa is the only region where injectables are the predominate method, with a prevalence of 9.6% among women of fertile age and the fastest decline in the use of contraception medication methods (UNDESA, 2019). Male sterilization has not been documented, even though female sterilization is the most often used method of contraception globally, according to UNDESA (2019). However, the organization also noted that only 2% of Nigerian women employed this method. This could be a reminder of the events in 1933 when merchants distributed and marketed goods for “female cleanliness” in large quantities to women, preying on their eagerness to consume contraceptive methods (Tone, 1996). By the 1940s, contraception drug commercialization had become a significant industry, changing the way commerce was conducted (Tone, 1996). Fertility control existed before the economic slump, but manufacturers had the option of feminizing the provision of a contraception drug technology and popularizing it. This was determined by the maker’s choice rather than the buyer’s requirements (Tone, 1996; White et al., 2017).

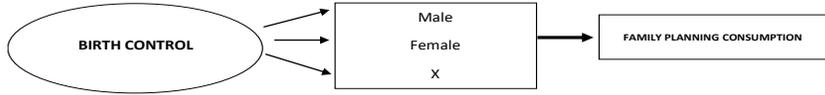
Post-frontier Ghana used a similar strategy. The National Family Planning Program’s [NFPP] goal was to lower the birth-rate and bring population growth to a level suitable for the public turn of events (Ashford, 2020). Despite progress, there were only 46 clinics in May 1970, 63 in December 1970, and 80 in March 1971. In April 1971, 39,858 people had visited family planning centres across Ghana, indicating that the number significantly expanded over the course of nearly a year. By November 1972, 139 organizations had signed up with the NFPP. Nonetheless, more women than men travelled to Korle Bu Medical Clinic, the primary location for family planning, from where it was located outside of Accra. Despite limited transportation, the women marched out in large numbers (Ashford, 2020).

Family arranging programs were officially launched in China in 1971 after the State Council of China approved the report which laid out the family arranging strategy. These programs are most notable for the fourth Five-Year Plan, which ran from 1971 to 1975 (Yining, 2020). Soon, offices for family planning were established at all levels of regulation, and work to prevent conception was carried out similarly to the NFPP (Ashford, 2020). The objective populace of the NFPP is China’s largest ethnic group, the Han, which represents 93% of the populace. Women again were the objective of these family arranging efforts. The prevalent technique for contraception at that time was the IUD (Intrauterine Device) (Yining, 2020). Other techniques used included tubal ligation, male sterilization (vasectomy), and early abortions under certain conditions. In March 1978, China adopted a stricter strategy known as the One Child Policy. Then, in 1982, the family arranging strategy became flexible to participants and permitted families that fulfilled certain conditions to have a subsequent child.

The critical interaction between population, reproductive health, gender roles, and climate change cannot be removed. These studies reveal that traditional functional gender roles are still observed in non-traditional couples, establishing that a gender focal point is critical to produce gender-equal policy for birth control consumption through critical interchange between policymakers and researchers (Gentry et al., 2003; Pullanikkatil et al., 2013; Edwards & Stewart, 2017). As elaborated in the findings of Steinfield et al. (2018), they uncover a misalignment of social marketing attempts and gender injustices (Dibb & Carrigan, 2013; Kotler & Keller, 2013).

## 2.4 Research Conceptual Model

### *Construct 1*



### *Construct 2*



Figure 1: Conceptual Model of Gender Marketing

## **2.5 Gap in Literature**

Questions about how we can initiate utilization of vasectomy, and other underutilized conception prevention for men over contraception medication for women remains unanswered (Kincaid et al., 1996; Arsel et al., 2015; White et al., 2017; Steinfield et al., 2018; Lara, 2019; UNDESA, 2019; Ashford, 2020; Steinfield et al., 2021; Open PR, n.d.). While studies have openly laid the foundation on gender outlooks in consumerism, there is still room for progress (Arsel et al., 2015).

## **3. Methodology**

### **3.1 Preamble**

The hypothesis formulated in section 1.5,  $H_0$ : masculinization of birth control marketing induces consumption in men, will be addressed using the research questions in section 1.4.

### **3.2 Research Design**

This study employs a descriptive research design which uses both qualitative and quantitative approaches.

### **3.3 Population and Sample size**

The total consumer strength of family planning methods is approximately 922 million (UNDESA, 2019). Contrasting approaches to determining the sample size exist (Yamane, 1967; Crouch, 1984; Bryman & Bell, 2003). The respondents were a readily accessible cluster of birth control consumers observed by the researchers, doctoral candidates within the Department of Business Administration at the University of Lagos. Bryman and Bell (2003) assert that there are various methods for calculating sample size. For this study, we used a purposive examining approach with a sample size of 36.

### **3.4 Data collection and analysis**

A camouflaged inquiry form within Section A consisted of closed-ended and multiple-choice response structures for gathering demographic data from the respondents. Section B sought data about the possible masculinization of birth control marketing and consumption using the Likert scale of 1 (strongly disagree) to 5 (strongly agree) (Saunders et al., 2015). Section A we analyzed using graphs and B using ANOVA on IBM Statistical Package for Social Sciences (Version 26).

#### *Pilot Study and Assessment of Reliability and Validity*

The pilot study included drafting an initial questionnaire for distribution that contained multiple choice questions of twelve items using the Likert scale of 1 (strongly disagree) to 5 (strongly agree) and using a North American population (SDSN Youth Facebook workplace) within the researchers reach. This enabled the researchers to keep items that were relevant to the study, providing a greater sense of confidence (Bryman & Bell, 2003). The instrument was validated through content analysis consisting of relevant variables on gender marketing and consumption of birth control discussed in section 1.7 with an alpha value of 0.655 deemed acceptable (Hair et al., 2010).

### **3.7 Model Specification**

The basic mathematical expression of the model as discussed in section 2.4 is as follows:

#### MODEL 1

$$Y = b_0 + b_1M + b_2F_i + \mathcal{E}_i$$

Where Y = Should men consume birth control

$b_0$  = Constant / intercept (X)

$b_1M$  = Male

$b_2F_i$  = Female

$\mathcal{E}_i$  = Error term (other factors that may affect the dependent variable or family planning consumption).

#### MODEL 2

$$Y = b_0MCBCMKTS + b_1MCBCMEMC + b_2MCBCMTW + \mathcal{E}_i$$

Where Y = SMCBCi (should men consume birth control)

$b_0MCBCMKTS$  = Constant / intercept (men will consume birth control marketed for men specifically)

$b_1MCBCMEMC$  = men will consume birth control for men if a male celebrity endorses it.

$b_2MCBCMTW$  = men will consume birth control more than women if the male gender is predominant in marketing of family planning.

$\mathcal{E}_i$  = Error term (other factors that may affect the dependent variable or family planning consumption).

Y is the outcome variable, X is the predictor variables, and  $e$  is the accidental error term. The  $b_0, b_1, b_2, \dots, b_n$  are the regression coefficients that represent, on average, the amount the dependent variable y changes when the corresponding independent variable changes one unit (Field, 2017). The standardized version of the beta coefficients are the beta weights, and the ratio of the beta coefficients is the ratio of the relative predictive power of the independent variables. According to Field (2017), dummy table (Table 3) applies when using Analysis of Variance to analyse data to reduce errors. Therefore, a post-hoc analysis is not important once dummy coding surfaces in the test of hypothesis. Regression coefficients were to evaluate the strength of the relationship between the independent variables and the dependent variable (Field, 2017).

## 4. Data Presentation, Analysis, and Interpretations

### 4.1 Response rate

A total number of 36 instruments were returned revealing a response rate after data editing process of 83.33%. That is only 30 were properly filled and found valid for use in the data analysis.

### 4.2 Demographic data

This section presents the demographic analysis of respondents by gender, age, birth control consumption and gender marketing approaches using pie charts, histograms, and a simple error bar chart.

#### 1. What is your Gender?

36 responses

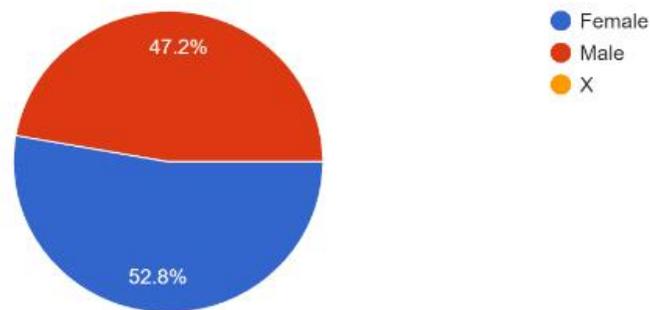


Figure 2: Pie Chart Depicting the Gender of Respondents.

#### 2. Age

36 responses

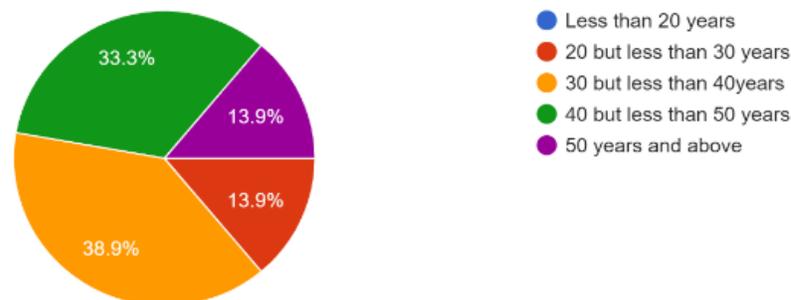


Figure 3: Pie Chart Depicting the Ages of Respondents.

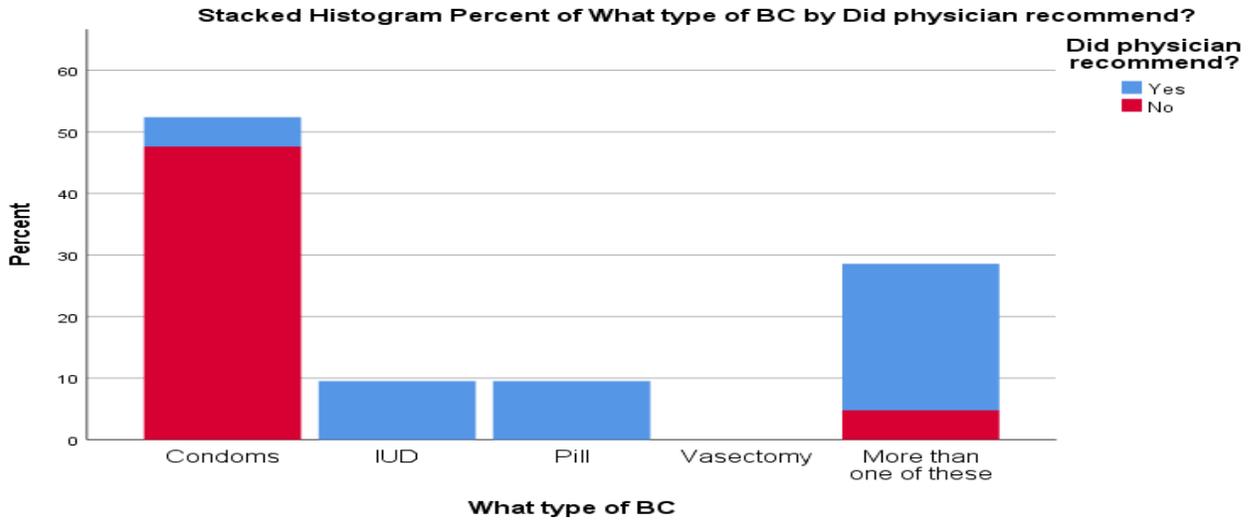


Figure 4: Stacked Histogram Depicting if a Physician Recommended the Type of Birth Control Consumed by Respondents.

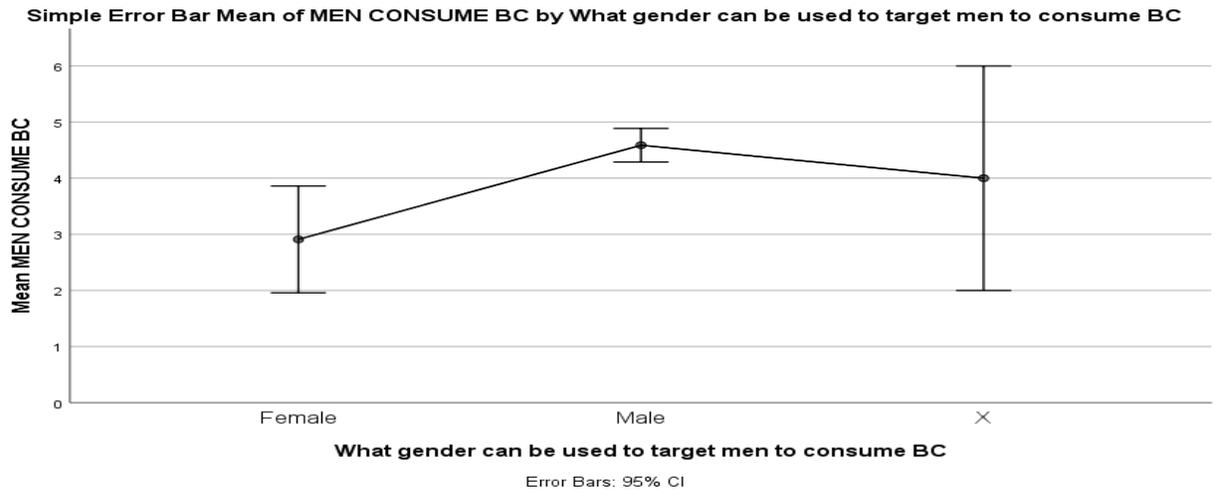


Figure 5: Error Simple Bar Depicting that the Male Gender Can Reinforce Birth Control Consumption in Men.

Figure 1 reveals that there were 14 (47.2%) male respondents and 16 (52.8%) female respondents, which signifies that most respondents were females.

Figure 2 reveals there were 4 (13.9%) respondents between the ages of 20 but less than 30 years old, 12 (38.9%) respondents who were at least 30 but less than 40 years old, 10 (33.3%) respondents who were at least 40 but less than 50 years old, and were 4 (13.9%) respondents who were 50 and above years old. This implies that most consumers of birth control are between the age group of 30 – 39 years old.

Figure 3 reveals that 16 respondents used condoms (54%), and 14 (47%) were not recommended by a physician while 2 (7%) were recommended by a physician. Only three respondents used IUDs (9%) although all three did so based on a physician’s recommendation. Additionally, none reported using vasectomy as a form of birth control. Eight respondents were consumers of two or more combinations of either condoms, IUDs & pills (28%) with 1 (4%) revealing that a physician did not recommend it, while the remaining 7 (24%) revealed that their consumption of two or more combinations of birth control was instructed by a physician. These data reveals that most consumers of birth control are compelled by gendered marketing approaches.

Figure 4 is a simple error bar chart that reveals a linear relationship between female and male genders at 95% confidence levels. It also reveals that the frequency of respondents who strongly agreed that using the male gender alone to target male birth control consumption is more effective. It was also more statistically significant with an error value from the mean that is smaller relative to the error value from the mean for female and x genders and their frequency all together.

### 4.3 Analysis of data according to research objectives

*Analysis of data according to research objectives I (Model 1)*

**TABLE 1: Analysis of Variance**

Model 1	Sum of squares	df	Mean square	F	Sig
Regression	18.840	2	9.420	7.701	0.002 <sup>b***</sup>
Residual	33.027	27	1.223		
Total	51.867	29			

Source: Survey Research, 2021

Adjusted R<sup>2</sup> =0.316

F= 7.701<sup>\*\*\*</sup>

\*\*\* Significant at 5% level

Consequently, from Model 1  $Y = b_0 + b_1M + b_2F_i + \mathcal{E}_i$ , results reveal the following:

- ✓ There was a significant positive linear trend and effect of male gender used to target men on levels of birth control consumption,  $F(2, 29) = 7.7, p = 0.002, \omega = 0.56$ .
- ✓ Planned contrasts revealed that having a male in the marketing mix significantly increased consumption in men compared to having just control,  $t(3.92), p = 0.001, r = 0.32$ , but having D1 (contrast of control versus male & female combined did not significantly increase birth control consumption in men to having D2. The degrees of freedom have changed to reflect how  $F$  was calculated.

*Analysis of data according to research objectives II – V (Model 2)*

TABLE 2a: Analysis of Variance

Model 2			Sum of Squares	df	Mean Square	F	Sig.		
MARKETED FOR MEN	Between Groups	(Combined)	13.158	4	3.290	2.678	0.055		
		Linear Term	Unweighted	6.982	1	6.982	5.684	0.025***	
			Weighted	5.882	1	5.882	4.789	0.038***	
			Deviation	7.276	3	2.425	1.975	0.144	
		Quadratic Term	Unweighted	1.577	1	1.577	1.284	0.268	
			Weighted	0.039	1	0.039	0.032	0.860	
			Deviation	7.237	2	3.619	2.946	0.071	
		Within Groups			30.708	25	1.228		
		Total			43.867	29			
ENDORSED BY MALE	Between Groups	(Combined)	11.943	4	2.986	2.924	0.041***		
		Linear Term	Unweighted	4.269	1	4.269	4.182	0.052	
			Weighted	5.528	1	5.528	5.415	0.028***	
			Deviation	6.414	3	2.138	2.094	0.126	
		Quadratic Term	Unweighted	0.868	1	0.868	0.850	0.365	
			Weighted	0.007	1	0.007	0.006	0.937	
			Deviation	6.408	2	3.204	3.138	0.061	
		Within Groups			25.524	25	1.021		
		Total			37.467	29			

\*\*\* Significant at 5% level

TABLE 2b: Analysis of Variance

Model 2			Sum of Squares	df	Mean Square	F	Sig.		
MORE THAN WOMEN	Between Groups	(Combined)	5.033	4	1.258	1.110	.374		
		Linear Term	Unweighted	4.237	1	4.237	3.738	.065	
			Weighted	2.715	1	2.715	2.396	.134	
			Deviation	2.318	3	.773	.682	.571	
		Quadratic Term	Unweighted	1.633	1	1.633	1.440	.241	
			Weighted	2.269	1	2.269	2.002	.169	
			Deviation	.049	2	.025	.022	.978	
		Within Groups			28.333	25	1.133		
		Total			33.367	29			

Table 2a & b,  $Y = b_0MCBCMKTS + b_1MCBCMEMC + b_2MCBCMTW + \mathcal{E}_i$ , results reveal the following for the weighted values:

- ✓ There was a significant linear trend of birth control marketed for men between groups specifically determinant on levels of birth control consumption in men,  $F(1, 29) = 4.789, p = 0.038$
- ✓ There was a significant linear trend of birth control endorsed by a male celebrity determinant on levels of birth control consumption in men,  $F(1, 29) = 5.415, p = 0.028$
- ✓ There is no significant linear trend of birth control consumption more than women when male gender is predominant in marketing determinant on levels of birth control consumption in men,  $F(1, 29) = 2.396, p = 0.134$

Therefore, Hypothesis  $H_0$  accepted under 5% level of significance that masculinization of birth control marketing induces consumption in men.

#### 4.4 Discussion of Findings

The demographic data reveals that vasectomy, a method of birth control for men, is not a family planning option nor consumed by any of the male respondents which further corroborates the report of UNDESA (2019) that in Nigeria only women undergo sterilization.

Also men who participated in this research strongly believe that birth control should be consumed by men and that such consumption be reinforced by utilizing male marketers as can be seen in the Analysis of Variance for each predictor ( $b_0MCBCMKTS, b_1MCBCMEMC, b_2MCBCMTW$ ) with male birth control endorsed by a male celebrity showing a stronger significance,  $F(1, 29) = 5.415, p = 0.028$ .

Other academics have also proposed that decisions should be seen through the prism of a business sustainability model (Defourny & Nyssens, 2017; Mishra & Singh, 2020; Chakraborty et al., 2021). Despite the unending debates in the birth control market over optimizing a business strategy in the wake of the green and economic crises and a time characterized by sustainability promoters, our results suggest that a business sustainability model may produce better results.

### 5. Summary of Findings, Conclusions and Recommendations

The challenges associated with depopulation, the conceptualization of gendered marketing strategies, and gender theory are major issues that are highlighted by this study. The literature reviewed reveals the importance of regulating population towards a greener economy (Gentry et al., 2003; Pullanikkatil et al., 2013). While gendered approaches to marketing of female birth control products were effective 88 years ago, the same cannot be said for today (Tone, 1996).

Hence, masculinization of birth control marketing is feasible if marketers increased male pedagogies to reinforce consumption of birth control in men.

Therefore, we recommend that masculinization targeted at the marketing mix elements combined (stakeholder engagement, mass marketing, celebrity endorsement, & communications) will induce consumption of birth control in males. However, a stronger significant relationship exists between male celebrity endorsement and birth control consumption in men. In view of this, until a prevailing interchange happens between birth control manufacturers, social marketing attempts

targeted at gender injustices of reproductive health rights is likely to remain futile (Dibb & Carrigan, 2013; Kotler & Keller, 2013; White et al., 2017). This finding corroborates, Arsel et al. (2015) who posit sex roles to be manipulative and ethically questionable. According to this study, an invaluable contribution to knowledge towards a balanced gendered marketing approach for a sustainable population and planet is eminent.

### *Suggestion for Further Studies*

Future studies to be conducted across social marketing efforts by above the line leadership in the birth control industry.

This study is not exempt from its own limitations and that includes the fragmentation of gender marketing, operational cost, lack of cultural diversity. We conducted this research using personal funds.

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## APPENDIX I

TABLE 3: Planned Contrast Dummy Coding (Orthogonal Contrast Coding)

<b>GROUP</b>	<b>D1</b>	<b>D2</b>
X (CONTROL)	-2	0
MALE	1	1
FEMALE	1	-1