

// STRATEGIES AND CHALLENGES IN THE MARKETING OF
CONDOMS: A SOCIAL MARKETING PERSPECTIVE BY NON-
GOVERNMENTAL ORGANISATIONS IN KENYA //

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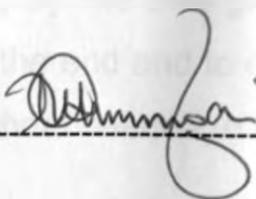
THIS PROJECT IS SUBMITTED IN PARTIAL FULFILMENT OF
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DECLARATION

This project is my original work and has not been submitted for a degree in any other University.

Signed -----



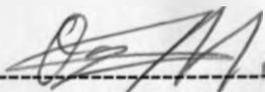
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This project has been submitted for examination with my approval as the University Supervisor.

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DEDICATION

This project has been dedicated to my loving husband Kihia Mwangi for standing by me and giving me the hope and encouragement to carry on to the end and to our lovely daughter Muthoni Kihia for giving me the joy that I needed to encourage me to complete this project.

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ACRONYMS

1. NGOs - Non- Governmental Organizations
2. STDs - Sexually Transmitted Diseases
3. STI's - Sexually Transmitted Infections
4. HIV - Human Immunodeficiency Virus
5. AIDS - Acquired Immunodeficiency Syndrome
6. WHO - World Health Organization
7. UNAIDS - Joint United Nations Programme on HIV/AIDS

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I would like to take this opportunity first and foremost to appreciate my dear husband Kihia Mwangi who contributed significantly in helping me select this topic for my project and has encouraged me through out the period of my study to the end. He was very supportive during the times I had to come home late from my studies and many times came to pick me after classes and sometimes from the library during late hours of the night. Thank you dear for your understanding.

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Lastly, I truly thank my Lord and Saviour for giving me the opportunity to advance my career, and for the strength and hope that I needed to endure this tough yet so valuable MBA course. May our good Lord repay back the kindness in one way or another, to all who have contributed to my success.

ABSTRACT

This study was conducted over the period between, July 2001 and completed in July 2002. The study sought to establish the state of marketing of condoms in Kenya and specifically addressed the following three objectives:

1. To establish the types of condoms marketed in Kenya.
2. To identify the current strategies used in Marketing Condoms in Kenya.
3. To determine the challenges faced in the marketing of condoms in Kenya.

This topic was selected owing to the fact that this is a very current issue that has raised major concerns amongst Kenyans, on whether condoms should be marketed aggressively and how this should be done. The population of study included the NGOs, listed in the Directory of Non Governmental Organizations under reproductive health, which confirmed to be marketing condoms in Kenya.

A semi-structured questionnaire was used to collect data (See Appendix II), and below is a summary of the findings:

To address the first objective, it was established that NGOs in Kenya are mainly marketing the male condoms, and the female condoms are seldom marketed. Very little marketing research is being done with regard to the consumer's wants and needs in order to meet their requirements. Only 25% of the sampled population indicated they have a marketing

department, which perhaps explains the low usage of the commercial marketing strategies used to increase the effectiveness of social marketing. Program officers, or research managers, who did not have a good knowledge of how to apply the marketing concepts into social marketing, carried out most of the marketing functions. This led to one of the major recommendations made by this study, that future marketers of condoms need to consider having a marketing department, that would plan, implement and evaluate marketing strategies which hopefully should increase the usage of condoms in Kenya.

The second objective established that various marketing strategies were adopted in Kenya. The most common were social marketing strategies, which included social and educational campaigns mainly the use of peer counseling. Others that were fairly common included print media materials such as pamphlets, posters and brochures. These have proved most effective in creating awareness and education on how to use condoms. The least common used strategies were product differentiation and pricing strategies. The findings indicated that these were limited owing to the fact that there is no condom production in Kenya at the moment, and the non profit making objective of NGOs hindered the application of most preferred pricing strategies. Perhaps the introduction of the proposed condom factory in Kenya will lead to the use of most of these strategies currently not in use.

The third objective, sought to establish the major challenges facing condom marketing in Kenya. There were about fourteen challenges mentioned and these were weighted to measure their significance using percentages. The major challenges scoring 100% were social stigma associated with the use of condoms in Kenya, as many people associate

them with immorality. There is serious opposition mainly from the religious circles that the government should not promote the use of condoms to reduce the spread of sexually transmitted diseases especially the killer AIDS/HIV. Most of the lobby groups opposing the use of condoms are advocating chastity and abstinence amongst the youth as the way forward on this subject.

Despite all these controversies, marketers of condoms still have to face the challenge of how they will market condoms effectively to increase their use, given that so far, researchers have confirmed condoms to be most effective barrier method against sexually transmitted diseases.

CHAPTER ONE

INTRODUCTION

1.0 BACKGROUND

In recent months, the Kenyan society has been experiencing huge debates on whether condoms should be distributed widely even amongst the youth in schools to reduce the risk of Sexually transmitted diseases (STDs). Approximately 100 million condoms are used in Kenya each year and the government has declared that condoms will become a major focus of the anti-aids war in a draft National Condom Policy and Strategy. This strategy immediately drew battle lines renewing conflict with religious leaders. (Daily Nation/Friday, October 12, 2001).

Condoms are one of the oldest modern contraceptive methods that have been available for many years dating back to 1350 BC. This is a health product that is used to reduce the risk of unwanted pregnancies and sexually transmitted diseases. Condoms have not been used widely in most parts of the world, especially when other forms of contraception became available in the 1960's. However, beginning 1980's, the world wide spread of Sexually Transmitted Diseases (STDs) including Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome (HIV/AIDS), has prompted a renewed interest in condoms and more programs are actively promoting condoms, which to date remain the most effective method of prevention against disease transmission during sexual intercourse (Family Health International, 1998).

There are both male and female condoms. The male condoms have existed for a longer period and are widely available and accessible in most parts of the world. The female condom was developed in recent years in response to the need for more female controlled methods. It is a soft loose-fitting plastic sheath with a flexible ring at each end. The female condom has been approved for use by several regulatory agencies and is being marketed in Europe and America as Femidom and Reality. The male condom serves as receptacle for semen and prevents sperm and micro-organisms from entering the woman's reproductive tract. It also prevents fluid and micro-organisms from the female partner from coming into contact with the penis. Studies indicate that the female condom has not been widely used or marketed as much as male condoms for various reasons which include lack of easy availability, high prices that are not affordable to the average female, and lack of awareness of their existence.

Since there is no condom production carried out in Kenya, most condoms are imported from donor's abroad and distributed directly to the consumers through various channels. These include local NGOs, social workers in community based distribution programs, clinics, chemists and kiosks among others. Most of the condoms are distributed for free to ensure that even those who cannot afford to pay have access to them. However, as revealed by a recent study carried out by Family Planning Association of Kenya (FPAK) in May 2000, consumers prefer to pay a small price such as KES 5.00, rather than get them for free. Trust condom is one of the branded condoms sold in supermarkets, kiosks and chemists for KES 10.00. Many organizations such as corporate institutions and hotels are providing condoms to their staff and

customers respectively and encouraging people not to engage in unprotected sex. Condoms now come in different sizes, colours, shapes and thickness. Some are lubricated with silicone or other water based lubricants, while others have spermicides added to the lubrication. There are three types of condom materials, which are natural materials, latex rubber, and plastic. The earliest natural condoms were sheaths made of animal intestines, bladders and skins and these are still available in some countries. They are not very effective in prevention against viral organisms such as HIV. Hence the rubber condoms were developed in the 19th Century followed by latex rubber in 20th Century, and these are less porous than natural condoms. They are more effective in preventing transmission of small viral organisms like HIV, but reduce heat transfer hence this contributes to reduced sexual pleasure. Plastic condoms are under development and offer effective protection against small viral organisms, while at the same time allowing better transfer of heat hence more pleasurable.

Lewis (1998) noted that, along with many technical improvements in the condom product, research has contributed to a better understanding of the behaviours that influence whether and how condoms are used. Unfortunately, these great improvements in condom design and reliability are not widely known. Consumers and service providers alike continue to lack confidence in the condoms ability to prevent pregnancy and STDs. Many men and women prefer unprotected sex or using other contraceptive methods other than using a condom. According to United Nations estimates of contraceptive use, an average of 5% of married women use condoms as contraceptives world wide, and only 3% in developing countries. Demographic Health Surveys have found that men report higher condom use with partners other than their spouses.

According to Brown and his colleagues (1999), in surveyed countries, 5% to 33% of unmarried men say they have started using condoms to avoid AIDS, while others say they either abstain from sex entirely or remain faithful to just one spouse. Yet many married couples need condoms too, both for family planning and sexually transmitted diseases.

In Kenya, studies by Kigundu et al (1992) have shown that powerful social norms prevent people from using condoms even when they know the risks they are exposed to. The most frequent reasons people give for not using a condom include; lack of sensation or interrupted sexual behaviour, psychological and social factors including the assumption that condoms are for use in extramarital relationships and with prostitutes, lack of availability and confidence in the reliability of condoms. An individual's knowledge, attitudes, habits, perceptions, and awareness are critical to condom use. For example, women who know that their husbands have sex outside marriage cannot suggest to them to use condoms for fear that their husbands might abuse or reject them. The same study shows that other reasons that prevent the use of condoms include, lack of knowledge of their existence, dislike of condoms, inability to afford them, or access them easily, fear of breakage during intercourse, embarrassing to buy and discard, difficult to put on and sometimes comes off during intercourse, low perceived risk of HIV infection and causes mistrust as it makes your partner think you have AIDS. The use of condoms has also come under heavy criticism from religious groups such as the Catholic Church. All these factors make narrowing the gap between condom need and use a major public health challenge, and have also made the marketing of condoms a challenging task.

Condoms are most effective if used correctly and consistently, which requires sustained behaviour change. Recent research by Family Planning Association of Kenya, has shown that increased consumer acceptance and consistent use of condoms is influenced by condom attributes such as shape, colours, material used, lubricants, width, thickness and variety of designs.

In the past, the marketing of condoms has been quite poor. Initially, condoms were first developed as a defence against Sexually Transmitted Diseases (STDs). It is probably this initial association with STDs and with prostitution that has given the condom it's negative image in encouraging loose morals, and making it less acceptable within marriage relationships (Wilson and West, 1981). Hence most people in society, especially developing countries like Kenya, would rather not talk about it. For example, parents, teachers, and administrators would rather ignore this topic and let the young people grope in the dark, full of endless array of books, magazines, movies, discos, and peer groups seeking information on sexuality. The increasing sexuality amongst young people is responsible for many unwanted pregnancies, high rate of STDs, abortions, high rate of school drop puts, maternal morbidity and mortality. In this era of AIDS, use of condoms during intercourse is a measure one can take to prevent oneself from this dreaded STD. During the 13th International Aids Conference, World Bank's Debrework Zewdie said; "AIDS is hitting the labour forces in both public and private sectors eroding productivity, raising the cost of doing business, deterring investment, depleting an already scarce supply of managers and policy makers, and severing affecting the health and education in the economies of the World and particularly in Africa". (Daily Nation Saturday July 17th, 2000). Hence the marketers in this field are paused with a great challenge of finding innovative ways of promoting this

product to create acceptance and increased use of the condom. It is a unique product, which, though very important and useful in area reproductive health, it is faced by very many challenges and social stigmas.

1.1 STATEMENT OF THE RESEARCH PROBLEM

Condoms have been proven to be the most effective barrier method against sexually transmitted diseases like gonorrhoea, syphilis and trichomoniasis just to mention a few. While most STIs can be cured through the use of medication, HIV/ AIDS is not curable. Hence the only prevention method that has been proven to work if used correctly and consistently is the condom. Yet, despite the condom's importance as a method of contraception for birth control and for protection against STDs, it is faced with a lot of social stigmas resulting to its non acceptance and low usage. It has even faced open opposition from religious circles such as the Catholic Church, in the view that it encourages immorality.

Although marketing of condoms appears to have been carried out in Kenya, the rate of success in the usage of condoms appears to be relatively low.

The researcher has done a preliminary survey among the key marketers of condoms and it indicates that a lot of marketing has been done on condoms. However, how effective, this marketing has been on the usage of condoms in Kenya, raises certain fundamental questions.

A study by Kigundu et al (1995), reported that, amongst 360 truck drivers and their assistants interviewed on their use of condoms, the rate of usage in

stable relationships was only 6%. This suggests that the condom is not a common method of contraception used for birth control.

Another study by Kigundu et al (1992), among Long Distance truck drivers and their assistants revealed that, **99%** of the respondents had heard of condoms , yet many of them continued to expose themselves to STDs through risky sexual behaviours. Although **84%** indicated awareness of condom as a means of protection against STDs including AIDS, many of them continued to have a negative attitude towards the use of the condom, for various reasons ranging from traditional beliefs to no reason for non- use.

A similar study by Kigundu and colleagues (1995), done amongst University Male Students revealed that **91%** of the students were aware of the condom as a method of contraception as well as for protection against STDs including HIV, but only **34.5%** had ever used it. Their attitude towards the condom was very poor with half the students indicating that condoms were messy to use, and **25%** of them felt shy to collect condoms from a source. **24%** of them would not want to be seen holding a condom by their girlfriends. The impression gained from this study showed that given the right information, access and motivation, students would continue to use the condom as a preventive measure against STDs. Other factors identified that prevent the use of condom included, the fact that they are not natural, they reduce sexual satisfaction, their partners did not like them, they were difficult to access, and some respondents did not know about condoms. Those who used the condom only use it outside their marriage or stable union relationships, hence exposing their wives or stable partners to the risk of STDs and AIDS.

From these studies, it is quite evident that the awareness of the condom's ability to protect against unwanted pregnancies and contracting STDs is high, but the rate of usage is fairly low.

In order to increase its usage; marketing is one way that can be used. The ultimate goal of marketing is not just to create awareness, but also to create action. According to Gilligan and Crowther (1976), the **AIDA model** devised by E.K Strong, postulated that in marketing communication, there are different stages of buyer readiness state. Awareness leads to interest, which leads to desire and finally action in buying a product. In Kenya however, we see a lot of awareness having been created, but the interest, and desire to finally use the condom, has remained at fairly low levels. The factors preventing the use of condoms in Kenya can be addressed through marketing efforts.

To demonstrate this, Wilson and West (1981), reported that the marketing strategies adopted by the London Rubber Company U.K. (LRC), producers of Durex condoms have led to its great success. The company has gone through various stages since the Roman times, when they encountered great difficulties in marketing. These ranged from inability to carry out market research on condoms owing to their unmentionable status, to media advertising being banned. Point of sale material was limited to display of the brand name only without reference to what the product was or its benefits. Today, due to various marketing efforts LRC is the leading supplier of condoms in the U.K. It has achieved substantial market dominance, such that their brand name Durex, has become the generic name for condoms as a result of various marketing strategies that they applied.

Hence, although quite a bit of marketing appears to have been carried out in Kenya, it seems not to have been very effective. The documentation of any marketing studies carried out in Kenya also seems to be very scanty. Although there is a lot of social stigma associated with condoms, how these translate into marketing problems and the strategies that have been adopted to overcome these problems has not been documented.

Population Information Program (1999, sited Uganda and Thailand as good examples of countries that have been successful in increasing the use of condoms. Since 1986, Yoweri Museveni, president of Uganda, supported strongly the use of condoms in the AIDS prevention programs. The Ugandan National Task Force was set up in 1990, and carried out strong campaigns on condom promotion and distribution, involving songs, drama groups, counselling and support services. This increased condom use from 20% in 1985 to 60% in 1995. Thailand's 100 percent condom program has been one of the world's most successful condom promotion campaigns. A strong mass media campaign and free condom distribution increased use of condoms from 25% in 1989 to 90% in 1994 in commercial sex establishments.

For these reasons therefore, this research seeks to address the Question: **"What are the strategies and challenges in the Marketing of Condoms in Kenya?"**

This research will be carried out from a Social Marketing Perspective by NGOs in Kenya.

1.2 OBJECTIVES OF THIS STUDY

The three objectives of this study are:

1. To establish the types of condoms marketed in Kenya.
2. To identify the current strategies used in the marketing of condoms in Kenya.
3. To determine the challenges faced in the marketing of condoms in Kenya.

1.3 IMPORTANCE OF THIS STUDY

The Condom has been identified as a very important product both used as a means of contraception for preventing unwanted pregnancies and sexually transmitted diseases. According to the WHO/UNAIDS epidemiological fact sheet, latex condoms are the only technology available that can prevent sexual transmission of STDs including HIV/ AIDS, which has been declared a National Disaster in Kenya and World wide. Despite its importance, it has been faced by very many challenges and social stigmas.

It is important to note that a condom factory estimated at KES 185 million has been proposed to open in Kenya in year 2001 (Daily Nation, August 03,2000). It is expected to be the biggest factory in Africa and it will be known as Condomi Health Kenya. This is quite a controversial issue as it has received a lot of criticism from the church, which says it is likely to encourage immorality. However, those setting up the factory argue that it will provide accessibility of condoms as a protective measure both for family planning as well as against STDs.

In view of this, the importance of this study to the government, the marketers of condoms and the public of Kenya at large is quite substantial.

1.4 ORGANIZATION OF THE REPORT

The report of this project is composed of five chapters. Chapter one is an introduction to the study and consists of background information on the subject matter, the statement of the problem, objectives of the study, importance of the study, and structure of the report.

Chapter two reviews the literature relevant to the subject of the study. This covers the marketing concept, social marketing in Kenya, and the different marketing strategies of condoms in Kenya. It also reviews the types of condoms, and highlights attributes of condoms focusing mainly on correct usage of both the male and female condom.

The third chapter provides the research methodology. It defines the population of interest, gives a brief description of the respondents interviewed, and the data collection method.

Chapter four deals with analysis of the data collected from the study and reports the findings.

Chapter five is the conclusion. It summarises the results, discusses them and draws conclusions. This chapter also gives the limitations of the study and provides for recommendations and suggestions for future research.

CHAPTER TWO

LITERATURE REVIEW

2.0 INTRODUCTION

This chapter reviews the marketing concept as well as social marketing concept, and reviews the findings that have been established by researchers with regard to the condom use and marketing in Kenya. The chapter also gives a background study about the condom, its development over the years, and also captures information on how to effectively use both the male and female condoms, highlighting some of the positive and negative attributes of the female condom that could possibly explain its low usage worldwide.

2.1 MARKETING CONCEPT

According to Kotler (1997) the term Marketing has been defined in various ways. One of the definitions is " Marketing is a social and managerial process by which individuals and groups obtain what they need and want through creating, offering and exchanging products of value with others." For the purpose of this study, the marketing starts with the human need for safe sex. Marketing is also a process, and consists of analysing marketing opportunities, developing the marketing strategies, planning marketing programs, and managing the marketing efforts." (Kotler, 1997). According to Stanton et al (1994), marketing has also been defined as the total system of activities designed to plan, price, promote and distribute want-satisfying products to target markets, so as to achieve organization's objectives. Hence marketing is also defined in terms of the 5 P's, which includes Probe, Product, Price, Place

(distribution), and Promotion. In each of these, it is very important that the marketers consider what is important to the customer to increase his or her satisfaction level.

2.2 SOCIAL MARKETING

Social Marketing refers to the application of commercial marketing techniques to achieve a socially beneficial goal by using advertising, product promotions attractive pricing strategies, good distribution network systems and marketing research. It is important to note however, that the non-profit organisation's objectives are different from those in profit making organisations. For example, their pricing strategies are determined by the donor market, and amount of donation they provide (Stanton et al, 1994). Social Marketing has been a highly successful method of distributing the male and female condoms (Family Health International, 1996).

Social Marketing programs are usually subsidised and donor funded but also work around the four P's i.e. providing the product at locally affordable prices, in readily available places, and using creative promotional techniques. These however must be carefully considered owing to the non-profit nature of such programs, and involving potential clients in the design of strategies and materials for the campaign is essential for success.

This approach, which was used as early as 1970's in parts of Asia has been widely expanded in recent years focusing on HIV, prevention, and family planning as well. In countries such as Zaire, where aggressive condom social

marketing has been developed, the number of condoms distributed has sky rocketed. For example, sales increased from 300,000 in 1987 to 18.3 million in 1991. In one study, three of every four persons reported that they have bought the condoms for family planning as well as preventing STDs.

Community Based Distribution (CBD) programs, are used to increase the accessibility of condoms particularly to people in remote areas and urban slums. When sponsored by family planning programs, CBD workers are usually women that go door to door in villages and slums. These programs if well utilised can be used to promote the use of condoms to prevent unintended pregnancies and STDs. For example the Jamaican family planning association has emphasized the condom distribution in its outreach program, into communities, work places and rural areas.

NGOs have been slower than profit seeking organizations in employing modern management techniques. But changing economic conditions have made non-profit institutions improve in marketing their operations (Stanton et al,1994).

2.3 MARKETING STRATEGIES

Ansoff (1965), defines strategy as a set of decision making rules for guidance of organization behaviour. According to Aaker (1998), a business or marketing strategy can be defined by six elements which include: product line strategy, positioning strategy, pricing strategy, distribution strategy, manufacturing strategy, and segmentation strategies. Porter (1985) suggests that the two basic strategies that most successful firms use are low cost and differentiation strategies. Differentiation strategy is one, which the product offering is

differentiated from the competition providing added value to the customer. Enhancing the performance, quality, prestige, reliability or convenience of the product, which could lead to a price premium, can do this. In contrast, low cost strategy is based on achieving sustainable cost advantage in some important element of the product. It leads to overall cost leadership through high market share or other advantages like favourable access to raw materials.

2.3.1 PRODUCT DIFFERENTIATION STRATEGIES

People satisfy their needs with **products** (goods, services, and ideas). Aaker (1998), argues that a successful differentiation strategy provides customers with perceived and actual value that is difficult for competitors to copy. According to Levitts (1980), a customer attaches value to a product in proportion to its perceived ability to help meet his needs or solve his problems. In the case of this study, the condom is a product that will satisfy the need for safe and healthy sex. Marketers should lay more emphasis not on the physical product itself, but on the services that it offers. For example, more emphasis should be laid on the fact that if the condom is used correctly and consistently, then it protects against unwanted pregnancies and sexually transmitted diseases including HIV / AIDS. A product is anything that can be offered to the market to satisfy a need or a want. They include physical goods like the condoms, services such as counselling, and ideas such as family planning. Marketers need to think through five levels of the product (Kotler 1992). These include the **core - benefit** that the consumer is buying, in our case it is safe and healthy sex, the **expected product**, which is the set of attributes that the consumer expects from the product he or she is buying product. An example is that the condom should be of good quality and should not leak or tear during

sexual intercourse, and thus offer the protection that is needed. It should also be easy to use. The **augmented product** is that which exceeds the customer's expectations. An example is that the condom increases the sexual pleasure.

Other attributes of the product include **branding, packaging and labelling** which are very important marketing concepts because they affect the acceptability of the product amongst consumers. Hence if the Durex condom is generally associated with high quality, then this is likely to increase the purchase of this brand. The packaging influences consumer buyer behaviour and it includes the activities of designing, and producing the container or wrapper for a product. Hence if the packaging of the condom brand is attractive to the consumer, this is likely to influence the buyer to purchase that product. Packaging is a potential marketing tool and therefore well designed packaging will contribute to consumer affluence (consumers' willingness to pay a little more for the prestige of better packaging). Labelling is a subset of packaging and sellers need to label their products for various reasons such as, to identify the product amongst many other products especially in self-service stores, to describe the product such as who made the product, where and when it was made and what it is made of. This will give an indicator of product quality and durability, what it contains, and how it is to be used safely.

Family Planning Association of Kenya (F.P.A.K) carried out a condom study in May 2000, in various parts of Kenya to establish the potential market for condoms on behalf of a company that would like to open a condom manufacturing firm in Kenya. A total of 874 respondents were interviewed and some of their findings indicate the following:

On the branding, respondents have preference to certain brands, where 61% used trust condoms, 48% used Rough-rider, 22% used durex, and 11% used government donated condoms. On packaging, 43% indicated they preferred three condoms in a pack, 34 % preferred six, while 10% preferred nine. 26% indicated that they would like to see a photo on the package, while 12% said no photo, and 16% said they would like to see only the company logo. 13% said they would like to see comic on the package. Preferred colours for the package were numerous. 18% said they liked blue, 18 % red, 17 % green, 11% white. On the fragrance, 24% preferred chocolate fragrance, 20% preferred scented condoms, while 19% indicated that they preferred none.

Other suggested brand names for the new condom were defender, Kinga, Ulinzi wetu and Golden touch.

This research confirms that the attributes of the product condom that are very important to the consumer are brand name, packaging which includes the colour and number of units per pack, labelling, and fragrance.

2.3.2 PRICING STRATEGIES

All profit and non-profit organisations set a price for their products or services. Price can be defined as the cost one incurs to obtain a good or a service e.g. To acquire the condom one needs to pay some amount of money to the seller to get it. Owing to the national importance for everyone to have access to the condom, this has necessitated that it is sometimes distributed for free by the

government. Pricing is very key, because it is the only element of the marketing mix that produces revenue. The others produce costs. But for most non-profit organisations, revenue is not their goal, hence the price of condoms is very much subsidised.

According to Aaker (1998), organizations can adopt the low-cost strategy as a marketing strategy pegged on pricing. When setting the price of a product, the marketers must carefully consider, the pricing objective. Is it to attract the low income earners, or appeal to high class consumers? Is it to maximise their sales, or is it price leadership.

Trust condom for example is priced low to maximise on sales and ensure that the low income earners have access to the condom. Their target audience is the youth aged 15 - 24 years who do not have high income. Durex condom on the other hand is priced high to appeal to the higher income groups. The higher price is meant to give an indication that it is a higher quality product.

After setting their pricing strategies, companies need to remember that this should be flexible. It can be caused to change by external factors such as competition, change in consumer tastes and preferences. Some of the other pricing strategies include:

Cost-Plus pricing, which is total, cost plus a desired profit, marginal cost analysis, and prices based on competitive market conditions. There are market entry strategies, which include market skimming pricing and market penetration strategies. The former sets relative high prices for a new product to recover research and development costs immediately while the latter sets relatively low initial prices to penetrate the mass market immediately. This

leads to price leadership. Other pricing strategies include giving discounts i.e trade, cash and quantity discounts and allowances, and geographical pricing strategies. Special pricing strategies include one-price or fixed price strategies.

From the same research conducted by F.P.A. K, it was identified that 26 % of the respondents were willing to pay KES 10 for a single high quality German condom, 14% were willing to pay KES 20, while 18 % were willing to pay KES 5.

Pricing in non- profit making organisations is different from pricing for profit making firms. The pricing is often set by the donor's contributions depending on how much they are willing to donate (Stanton et al, 1994).

2.3.3 DISTRIBUTION STRATEGIES

This constitutes the marketing or distribution channels. These are the intermediaries who bring the final product to the consumer in the market. According to Stern and El- Ansary (1998), marketing channels are defined as sets of inter-dependent organisations involved in the process of making a product or service available for use or consumption. These include brokers, facilitators, manufacturer's representative, merchants retailers, sales agents, and wholesalers.

The use of intermediaries boils down to the efficiency in making goods available and accessible to target markets. They make the flow of goods and services smooth since the manufacturers typically produce a large quantity of a limited variety of goods, whereas, the consumers usually desire only a

limited quantity of a wide variety of goods. Hence their role is to bridge this gap. Other important roles played by the distributors of the product include:

Collecting and disseminating market research information about potential and current customers, competitors, and other market forces. Promoting the development and dissemination of persuasive communications designed to attract customers to the offer. Negotiation and the attempt to reach the final agreement on price and other terms so that transfers of ownership or possession can be effected. Ordering to re-stock once their stock levels are down. Financing including the acquisition and allocation of funds required to finance inventories. Risk taking, especially when the intermediary takes title to the goods and is responsible for storage until they are bought by the final consumer.

Designing a channel system calls for analysing customer needs, establishing channel objectives, and identifying and evaluating the major channel alternatives. All these should be geared towards achieving the overall marketing mix objectives.

The same research by F.P.A.K revealed that the most favourable outlet for collecting the condom is chemist / pharmacy 72 %, 19% kiosks, and 7% supermarket.

2.3.4 PROMOTION STRATEGIES

Modern marketing calls for more than developing a good product, pricing it attractively, and making it accessible to target customers (Kotler 1992). Companies must also communicate with their present and potential customers, retailers, suppliers, and other stakeholders and the general public at large. This constitutes Marketing Communications or promotion mix. There are five major modes of communication:

Advertising - This is done through various means such as electronic media like television and radio, print media such as magazines, newspapers, brochures and booklets, billboards and shop paintings.

Sales Promotion - This is a variety of short term incentives to encourage trial or purchase of a product or service. It includes activities such as samples, premiums and gifts, exhibitions, demonstrations, rebates, fairs and trade shows.

Public Relations - This is a variety of programs designed to promote a certain product or company's image. It can be done through seminars, sponsorships, community relations, and events.

Personal selling - It includes face-to-face interaction with one or more prospective purchasers. It is a very useful method in convincing the buyer to purchase a certain product. It includes the use of sales representatives.

Direct marketing - It is the use of non-personal contact tools such as mail, telephone, fax, voice mail and e-mail, to communicate directly with the specific customer or prospect.

To communicate effectively, the marketers need to understand the fundamental elements underlying effective communication. In the communication cycle, it includes the sender who encodes the message, through a given media, and the receiver who decodes the message and gives feedback. The marketing communicator needs to establish the following:

Identify the right target audience - This is either current users, potential users, deciders or influencers of the purchase. This target audience influences what will be said, how it will be said, where and who will say it. It is also important to do an image analysis to establish the current set of beliefs, and impressions that a person holds regarding the product.

Determine the communications objectives - According Gillian and Crowther (1976), the AIDA model which was developed by E.K Strong, postulated that before becoming a user of a product, the recipient of a message moves from the stage of **Awareness** of the product existence to developing an **Interest** in it. From this stage he/she develops a **Desire** towards the product, and finally generates **Action** to actually purchasing that product. Hence communication objectives should bear in mind this AIDA model in order to increase their effectiveness.

Designing an effective message that will achieve the communications objectives given the target audience.

Designing appropriate Message Content involves searching for a message appeal, theme or selling propositions. Rational appeals for example appeal to the self-interest of the consumer, emotional appeals stir up either negative or positive emotions that motivate purchase of a product, moral appeals are directed towards what is right and proper.

Message Structure and Format should also be carefully selected. The message can either be one-sided or two sided messages depending on the target audience. One-sided messages work better with lesser-educated, predisposed audiences while two-sided messages work better with better educated, opposed and more exposed audience. The lay out or format of the message should also be appropriate, depending on the objective of the message.

2.4 TYPES AND ATTRIBUTES OF THE CONDOM

There are various barrier methods that can be used to prevent both unwanted pregnancies and Sexually Transmitted Diseases (e.g.) gonorrhoea, syphilis, chancroid and Human Immunodeficiency Virus (HIV). These barrier methods include: condom, diaphragm, cervical cap and sponge among others.

There are both male and female condoms, and there are three types of condom materials i.e. natural materials, latex rubber and plastic. Studies have shown that the only barrier method that gives substantial protection against HIV/AIDS is the latex condom. However for it to be effective, there is need for correct and consistent use of the condom. Most of the users, who experience breakage of the condom, have been found not to use it correctly.

To use the male condom correctly, one has to open the package correctly to avoid tearing the condom, especially with sharp objects like fingernails, teeth or scissors. Roll condom directly into the erect penis all the way to the base of the shaft (do not unroll before putting on). Pinch the end of the condom while unrolling it to leave room for the semen. After ejaculation, hold the rim of condom and pull penis out of vagina before the penis gets soft, to prevent

condom from slipping off. Slide condom off the penis without spilling the semen. Dispose properly after use. Avoid genital contact before condom is put on. Use a separate condom for each act of intercourse and never re-use a condom. Use only water based lubricants such as K-Y jelly, oil based lubricants such as hand lotion or vegetable oils weaken condoms in just a few minutes making them more likely to break. Proper storage is very important. If the package has been torn or damaged, condom feels brittle or dry or has changed colour do not use the condom.

To use the female condom correctly, open the package carefully to avoid tearing the condom. Do not use sharp objects like scissors, fingernails or teeth. Insert inner ring high in the vagina against the cervix. Place the outer ring properly outside the vagina. During inter-course be sure the penis is placed inside the female condom. Other considerations for successful usage of the condom includes, avoiding genital contact before condom is put in and after it is removed. A woman who is pregnant or menstruating can use the female condom, but not one who has a tampon inserted. It is pre-lubricated with silicone, and a vial of lubricant is provided to allow adding more lubrication to meet a couple's preference. Adding lubricants also reduces noise during use. Dispose off properly after use.

The Latex condom

The use of condom as a barrier method dates back to at least 1350 BC (E. Mc Neil et al, 1998) both for protecting against STDs and unintended pregnancies.

The Latex condom has been available since 1930's. Contraception became available in 1960's and 1970's. However in 1980's with the world wide epidemic of STDs including HIV/AIDS, there was an increased and renewed interest in the latex condom, which to date has remained the cost effective method of preventing HIV/AIDS.

Despite the many technical improvements in the product contributed by research, it is sad to note that consumers and service providers continue to lack confidence in the condom's ability to prevent unwanted pregnancies and STDs. This is due to various reasons which include: - lack of belief that they are at risk of contracting STD/HIV, dislike the feeling of a condom, worry about partners feeling if they suggest use of condom, lack of skill in using condom, cultural and religious barriers.

A meeting held by experts convened by Family Health International in May 1996, brought together representatives from research, industry, regulator agencies and donor community. They assessed the needs and set priorities for future research on latex condoms. These experts proposed a publication that would summarise the state-of-the-art information from various disciplines involved in the production, quality assurance, behavioural research and promotion of latex condoms.

To the principles of promoting women's reproductive health at the international conference on population and development in Cairo and the fourth world conference on women in Beijing.

Statistics from various researches carried out indicate that the rate of acceptability of the female condom is high, both by women and men (George & Mane, 1995). For example:-

- In Cameroon 95% of respondents liked the female condom very much or fairly well. After several weeks of use 85% of women said they would use the female condom in future if available. Nearly 80% of the partners liked the female condom fairly well or very much.
- In Kenya, 38 women not at high risk of HIV were interviewed (Ruminjo et al 1991), where 84% of those who used the female condom reacted favourably, 76% either preferred female condom to male condom or liked them equally well. From initial response of partners 53% indicated problems with female condoms, but after long use no partners reported problems. Women all liked that female condom was under their control.

Some studies were conducted in other countries in Asia & Sub-Saharan Africa. South Africa, Uganda, Zambia, Thailand and Singapore all reflected positive responses. Europe and USA were also researched and results were also positive.

A common finding was that loss of sensation or stimulation was less than with the male condom. Many study participants found that sensation was similar or sometimes improved than having sex without female condom (Ruminjo et al; 1991 ; Zamera et al. 1996)

Summary of positive and negative attributes of the female condom from acceptability studies

Positive	Negative
Increases sexual stimulation; feels warm	Reduces sexual pleasure
Internal ring stimulates with rubbing and orgasm is reached more quickly	The outer part of the condom covers the clitoris and inhibits orgasm
Women gain power and control	Men are absolved of responsibility
Provides opportunity for communication about sex, pregnancy, STDs/HIV	Women are unable to discuss it with partners (as with the male condom) or men will refuse to use it
Insertion/use becomes easier over time and experience	Difficult to insert; causes frustration and quick abandonment of method
Lubrication reduces pain during intercourse	Too much lubrication; makes insertion difficult; not appropriate in contexts where dry sex is valued
Very clean feeling after using method because ejaculate remains in the condom, which can be removed after intercourse	Is messy
Does not interrupt erotic play and no risk of partner losing his erection because it can be inserted ahead of time. Can be eroticized.	Interrupts lovemaking, not spontaneous requires forethought/planning
<ul style="list-style-type: none"> - Non-constricting (unlike male condom) - Odourless and tasteless 	<ul style="list-style-type: none"> - Internal ring painful for both partners - Noisy
<ul style="list-style-type: none"> - Less likely to slip or break compared to latex male condom; stronger than male condom 	<ul style="list-style-type: none"> - Expensive
<ul style="list-style-type: none"> - Can use multiple forms of lubrication 	<ul style="list-style-type: none"> - May not be appropriate for all sexual positions; appears to work best in the "missionary position"
<ul style="list-style-type: none"> - Soft, non-drying texture 	<ul style="list-style-type: none"> - Too large; aesthetically unpleasant; looks like a plastic bag
<ul style="list-style-type: none"> - Makes women feel safe, secure 	<ul style="list-style-type: none"> - penis can enter vagina outside the female condom or push the whole condom inside vagina
<ul style="list-style-type: none"> - Reduces need to hurry to have the partner withdraw after intercourse out of fear of it from slipping off while inside the vagina thus prolonging intimacy 	<ul style="list-style-type: none"> - Arouses suspicion of infidelity; raises issues of trust; may lead to violent reaction male partner

Source : The Female Health Company Journal (1999), Expanding the opportunities for safer sex

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 INTRODUCTION

This chapter considers the population of the study, the respondents and the data collection method used in the study.

3.1 POPULATION OF INTEREST

The population of interest included the marketers of condoms in Kenya. This comprises those who are concerned with making marketing decisions such as marketing research, product development, pricing, distribution and promotion of this product.

From the Directory of Non-Governmental Organizations (NGOs) 1996 Edition, there are only four registered local NGOs that have been identified to be dealing with reproductive health. Although there are several International NGOs listed under the area of reproductive health, they do not do the actual marketing of the reproductive health products such as the condom. Their role is to obtain donor funding and identify local NGOs, which can facilitate the marketing and distribution of reproductive health products and services such as the condom. Hence these local NGOs are the best suited to obtain this information. (See Appendix III)

Other units such as chemists, pharmacies, clinics, kiosks and supermarkets do not market condoms, but mainly serve as distribution channels to enable consumers access condoms easily.

3.2 RESPONDENTS

The respondents in two of the NGOs interviewed were Research managers while the other two organizations had a Marketing manager and the Program manager. These were the respondents who were familiar with the marketing practices of these organizations. Three of the NGOs have been in operation in Kenya for over 25 years, while one of the NGOs has operated in Kenya for about 10 years. All the four NGOs confirmed that they have other objectives other than marketing condoms in Kenya. These include improving maternal and child health, reducing child mortality rate by diseases such as malaria, and improving the accessibility and availability of quality family planning and other reproductive health information and services amongst others. Three of the four organizations indicated that the geographical coverage of their activities is country wide, while one of the NGOs confirmed that they concentrate their activities only to the urban and peri urban areas. Only one NGO seems to put a lot of emphasis on the condom marketing in Kenya, while the other three do not lay much emphasis on the condom.

3.3 DATA COLLECTION METHOD

Primary data was collected from these marketers by use of a semi-structured questionnaire, (see Appendix I), which was administered by the researcher using the in-depth interview method. This questionnaire consisted of both open ended and closed questions. Section I consisted of questions intended to

provide some demographic data of the organization. Section II consisted of questions aimed at obtaining data on the state of marketing of condoms in Kenya while Section III mainly sought to identify the strategies used and the challenges faced in the marketing of condoms in Kenya. This sought to obtain in-depth information about strategies and challenges relating to the marketing of condoms. Once the data was collected, the results from the questionnaires were analysed using content analysis. This method was useful in identifying the major strategies and issues in the marketing of condoms.

The researcher first made contact with the respondents by sending the questionnaire via email for the respondents to review and then followed up with an appointment to personally conduct an in-depth interview with each respondent.

CHAPTER FOUR

DATA ANALYSIS AND FINDINGS

4.0 INTRODUCTION

This chapter highlights how the questionnaire was scored and the data analysed.

The data analysis was done in relation to the objectives of the study using descriptive statistics and content analysis. The statistics include mean scores, frequencies and percentages. The mean scores were determined using a scale of 1 to 5, where a score of 5 was very high and a score of 1 was the lowest score, which indicated not at all used.

The chapter is divided into three sections. The first section presents research findings on the state of marketing of condoms in Kenya and looks mainly at the types of condoms being marketed, whether or not marketing of condoms is a major function and which marketing functions are being carried out by these NGOs. The second section presents results on the strategies that have been adopted by the NGOs to market condoms in Kenya. The third section presents findings on the challenges faced by the NGOs in marketing condoms in Kenya.

4.1 STATE OF MARKETING CONDOMS IN KENYA

In this section, the researcher sought to establish which condoms the NGOs were marketing whether or not they had a marketing department, and if they were marketing any other goods except condoms.

Tables 1 below, shows whether condoms are being marketed in Kenya and which types are marketed. The findings as shown in Table 1, reveals that 100% which is all the four NGOs market the male condoms while female condom scores 0%, which means none of NGOs market the female condom. Family Planning Association of Kenya however, mentioned that they had a pilot project in 1999 to test the effectiveness and acceptability of the female condom in Kericho, Nandi and Thika. The results were not very positive hence the marketing of female condoms was abandoned.

Table 1: Types of condoms marketed in Kenya

Type of Condom	Number of NGOs	Percentages
Male	4	100%
Female	0	0%

n=4

Table 2 below shows whether the NGOs have a marketing department and if they also marketing other products and services save the condom. The findings as shown in Table 2 indicate that only 25%, which is one out of the four NGOs has a marketing department, and the other three NGOs do not have a marketing department. The findings also reveals that 100%, which includes all the four NGOs, confirmed that they market other goods and services other than the condom. On interviewing them further, all the respondents confirmed that other family planning methods like the pills, and other related reproductive health services are provided and, condoms were

only a small proportion of the reproductive health services provided by these NGOs. One NGO confirmed to be marketing insecticide treated mosquito nets (ITN's) to diversify their social marketing services, which is one of their objectives. Three out of four NGOs stated that not much emphasis is laid on the marketing of condoms in comparison with other reproductive health options.

Table 2: Focus given to Marketing of condoms in Kenya

	Number of NGOs	Percentages
Existence of a Marketing Dept	1	25%
Marketing of other goods/services	4	100%

n=4

The study also sought to establish the functions of marketing that were being carried out by these NGOs. The findings as shown in table 3 below, reveals that, promotion and distribution of condoms scored highest at 100%, where all the NGOs confirmed that they do carry out these two functions in marketing the condoms. Market Segmentation also scored 100% and the findings in the table shows this is carried out by all the four NGOs, as they all confirmed to be targeting certain age groups for their condoms. One NGO stated that they target ages 15-25 years as this is the age group most vulnerable to sexually transmitted diseases due to unsafe sex given that most of them are highly sexually active, yet they do not have one committed sexual partner. The other

NGOs stated that they target both the youth as well as the older age groups since both groups need the condom either for family planning to protect themselves against unwanted pregnancies or against sexually transmitted diseases. Other factors considered in market segmentation included geographical location where three out of four concentrate on urban and peri-urban, while Family Planning Association of Kenya has expanded their focus countrywide including rural areas. Other reasons given for low coverage in the rural areas by the other three NGOs, include inaccessibility and costs associated with trying to reach very remote areas.

Market Research scored 50% with two NGOs i.e. PSI and FPAK confirming that they actually go out to try and identify if there is a ready market for condoms. They carry out research to establish the social, economic and environmental factors affecting condom marketing in Kenya. PSI confirmed that they have also carried out a survey to establish if there are other condom brands in the market competing with Trust condoms and which other organizations market condoms in Kenya. The other three NGOs did not seem to carry out any market research on competition analysis. Hence these findings indicate that market research is not being carried out at high levels.

All the four respondents confirmed that they do not carry out any production of condoms as this function had a score of Zero. On further research, the NGOs stated that the condoms are sourced from donors abroad or they are supplied by the ministry of health in the local government. Hence, not much decision making is done on the production of condoms, which is one of the major marketing functions.

Only 25%, which is one out of the four NGOs confirmed to be pricing condoms before distribution to the consumers. The other three NGOs receive condoms from donors or from the Ministry of Health in local government and they distribute them freely or at very subsidized costs, dictated by the donors. This is because condoms are targeted to meet social needs and hence should be made available to as many people as possible regardless of whether they can afford them or not.

Distribution of condoms is done by all the four NGOs since their major objective is to make available reproductive health services to the society. This function scored very highly at 100%.

Table 3: Functions of Marketing carried out by the NGOs in Kenya

Functions of Marketing	Number of Organizations	Percentages
Market Research	2	50%
Production	-	-
Pricing	1	25%
Distribution	4	100%
Promotion	4	100%
Market Segmentation	4	100%

n=4

4.2 MARKETING STRATEGIES

In this section, the researcher sought to establish the marketing strategies that have been adopted by the NGOs in marketing of condoms in Kenya. For each of the strategies identified, the extent to which these strategies have been adopted was rated on a scale of 1 to 5, where 5 was very high and 1 was very low or not at all used. A mean score was calculated for each strategy to establish the overall rating for each marketing strategy. The strategies analysed include: product differentiation strategies, pricing strategies, distribution strategies and promotion strategies.

The findings as shown in table 4 below, reveals that product differentiation strategies are used at fairly low levels. Product quality registered the highest mean of 3 which suggests it is moderately used as a strategy to market condoms in Kenya. Some of the reasons given that limit the usage of this strategy include the fact that no production of condoms is done in Kenya. Hence the NGOs have little control over the product quality. However, it was confirmed that the Ministry of Health ensures that all the condoms imported into the market are of good quality as consumers of condoms need a high level of assurance that the quality of the condoms being provided to them are of high quality in order to be well protected against the sexually transmitted diseases especially the killer disease HIV/AIDS. PSI confirmed that the condoms they import from donors and checked to ensure they are of high quality before they are packaged under the brand name Trust.

Amongst the other product differentiation strategies listed below, attractive packaging, labelling, use of different colours, brand variety and product

trademark were not used at all, by three of the NGOs. All these strategies had a low mean score of 2. Overall the low mean scores can be interpreted that the use of product differentiation strategies is seldom used by NGOs in marketing condoms in Kenya. Only one NGO appears to be using the other product differentiation strategies at a very high level. The Trust condom is very well packaged and the trademark is very well known in the market, which is a result of the aggressive product differentiation strategy adopted by Population Service International in Kenya (PSI). PSI have also established that the consumers prefer to use branded condoms such as Trust, as they associate them with high quality as opposed to non-branded condoms which are mainly donated through the government. The other reason given for low use of product differentiation strategies is the fact that there is very little competition amongst the condom brands hence there is little need for aggressive differentiation amongst brands.

Table 4: Product Differentiation Strategies

Product differentiation strategies	Very high	High	Moderate	Low	Not at all	Mean Score
Product quality	1	-	2	-	1	3
Attractive packaging	1	-	-	-	3	2
Labelling	1	-	-	-	3	2
Different colours	1	-	-	-	3	2
Brand variety	-	-	-	-	4	1
Product trade mark	1	-	-	-	3	2

n=4

The findings as shown in table 5 below, reveal that the usage of pricing strategies is also at fairly low levels. The highest mean score of 2.75, which is near moderate, is the subsidised pricing strategy. This is mainly because condoms are highly subsidised so that they can be accessible even to the poorest communities. Further in-depth interview revealed that NGOs are limited in the use of pricing strategies since they are non-profit making by nature and most of them actually distribute them for free to fulfil their main objective, which is social responsibility. It is also a government requirement that when they give the NGOs condoms donated by donors, they must be accessible to all irrespective of whether they can afford them or not. The average price of Trust condoms is KES 10 for a packet of three, which is highly subsidised.

Table 5: Pricing strategies

Pricing Strategy	Very high	High	Moderate	Low	Not at all	Mean Score
Cost leadership (low price)	1	-	-	-	3	2
Market skimming (high price)	-	-	-	-	4	1
Cost plus (total cost + profit)	-	-	-	-	4	1
Based on market price	-	-	-	-	4	1
Buying price +mark up	-	-	-	-	4	1
Subsidised price	-	1	2	-	1	2.75
Giving discounts	-	-	3	-	1	2.5

n=4

Distribution strategies were also analysed and results from table 6 below, shows that that none of the producers of condoms distribute directly to the consumers, as this scored a mean of 1. Most of the NGOs use multiple distribution channels, which scored the highest mean of 3.25 and from further investigation it appears that each NGO has it's own distribution network different from the others. Family Planning Association of Kenya has a highly selective distribution network, which only involves their established clinics, community based agents and counsellors. These community based distribution agents are usually workers mainly women who go door to door in villages and slums and the NGO indicates that this method of distribution has been very effective. Population Service International (PSI) applies a highly intensive distribution strategy by distributing condoms to as many wholesalers as possible, who then sell to retailers to get to the final consumer.

Table 6: Distribution Strategies

Distribution Strategy	Very high	High	Moderate	Low	Not at all	Mean Score
P-C	-	-	-	-	4	1
P-R-C	-	-	-	-	4	1
P-W-R-C	1	-	-	-	3	2
P-A-W-R-C	-	-	-	-	4	1
Multiple Channels	1	1	1		1	3.25
Intensive Distribution	1	-	-	2	1	2.5
Selective Distribution	1	-	-	2	1	2.5

n=4 P= Producer C= Consumer R= Retailer W=Wholesaler A=Agent

Promotion plays a very vital role in creating awareness, interest and finally convincing consumers to buy the product. Table 7 below shows the results of the promotional strategies that have been adopted by the NGOs in marketing condoms in Kenya. The extent to which these strategies have been used was rated on scale of 1 to 5, where 5 is very frequently used and 1 is Not used at all. The means scores were used to establish the overall use of each strategy.

Table 7: Promotion Strategies

Promotion Strategy	Very Frequent	Frequent	Moderate	Rarely	Not at all	Mean
TV advertisement	1	-	-	-	3	2
Radio Advertisement	1	-	-	-	3	2
Newspaper Adverts	-	-	1	-	3	1.5
Magazines	-	-	1	-	3	1.5
Brochures & pamphlets	4	-	-	-	-	5
Gifts (t/shirts, pens, key chains)	1	-	-	2	1	2.5
Posters & Bill Boards	2	1	-	-	1	3.75
Point of Sale adverts	1	-	-	-	3	2
Promotional events e.g. sports	2	-	2	-	-	5
Peer counselling	4	-	-	-	-	5
Demonstration campaigns	4	-	-	-	-	5
Educational campaigns	3	-	-	-	1	4.5
Counselling	3	-	-	-	1	4.5

n=4

From the results in the above table 7, electronic media does not seem to be a preferred means of advertising the condoms as these scored a mean of 2 which is rarely used. Only PSI appears to be aggressively advertising condoms through TV and radio adverts. The other 3 NGOs do not at all use this method of advertising. The more preferred method of advertising is print media and specifically, pamphlets and brochures which had a high mean score of 5 which is frequently used while posters and bill boards scored a mean of 3.75 which is about frequently used. Further investigation revealed that these are more effective because community based agents can use them during the counselling sessions.

The other promotional strategies that were commonly used were personal selling strategies, which included peer counselling with a high mean of 5, which is very frequently used and counselling by non-peers, which scored a mean of 4.5 which is above frequently used. All the four NGOs confirmed that use of peer counselling is the most widely used promotion strategy by NGOs to market condoms in Kenya.

Sales promotion and public relations strategies were also very frequently used and this includes promotional events and demonstration campaigns all of which scored a high mean of 5. All the respondents confirmed that this is a very effective means of creating awareness and interest in the use of condoms especially in the rural areas. Some of the promotional events include sports and road shows. Educational campaigns are also frequently used given that many people require to be educated why condoms are a good option for family

planning and protection against sexually transmitted diseases and also need training on how to use condoms correctly for best results.

4.3 CHALLENGES FACED IN THE MARKETING OF CONDOMS

The research sought to establish the challenges, which hinder effective marketing to increase the acceptability and use of condoms in Kenya. The respondents sited various challenges, which they face and the results are tabled below:

Table 8: Challenges in the Marketing of condoms

CHALLENGES OF MARKETING	NUMBER OF MENTIONS	PERCENTAGE
Social stigma	4	100%
Religious Opposition	4	100%
Low acceptance by target groups	4	100%
Competition from other family planning options	3	75%
Poor infrastructure especially in rural areas	1	25%
Poverty in rural areas and government requirement to give out condoms for free.	2	50%
Condoms are donated by donors, hence no production done locally	3	75%
Strict legislation not to distribute condoms especially in schools	2	100%
Non Profit making objective by NGOs	2	50%
Lack of competition amongst the marketers of condoms	3	75%
Lack of marketing department	2	50%

n=4

Results from Table 8 show that social stigma, opposition by religious groups mainly the Catholic Church and low acceptance amongst the target groups had the highest number of mentions with a score of 100% each. The respondents further explained that condoms have been associated with immorality and this has hindered effective marketing of this product in Kenya.

The other major challenge that seems to face the marketing of condoms is the lack of competition amongst the marketers, which had a high score of 75%. It was quite evident from the results that the only NGO that appears to be applying the traditional marketing strategies used in commercial marketing was PSI. The other three NGOs had little or no conviction of the need to apply most of these strategies. The main reason given was because condoms was just one of the family planning methods amongst many others and they paid little focus on its emphasis which was another challenge that had a high score of 75%. Hence there was competition to market other family planning methods other than the condom.

The other major challenge that scored a high score of 75% was that, foreign countries donate condoms and hence the NGOs marketing condoms in Kenya do not have much control of the product quality, packaging, labelling and trademarks. The NGOs are in most cases required to distribute them for free especially to rural areas where people cannot spare even KES 10 to buy condoms, but rather use that money to buy food.

The other challenges, which scored 50% which was average, included the lack of a marketing department in the NGOs and the non-profit nature of NGOs.

The fact that only one NGO out of the four appeared to have a marketing department is a clear indication that there was little effort being made to improve the marketing strategies for condoms and their effectiveness. Research or program officers did most of the marketing functions and hence the depth of knowledge and application of the commercial marketing strategies was limited. The NGOs appeared to have several other objectives which include the improvement of reproductive health services, and reduce the child mortality rate e.g. by malaria. Hence marketing of condoms has received very little focus and perhaps this has also contributed significantly to the poor use of commercial marketing strategies to increase the use of condoms in Kenya

Finally, poor infrastructure was mentioned as another challenge facing the marketing of condoms in Kenya, with a low score of 25%. The NGO, which finds this a challenge has targeted to distribute condoms countrywide, where as most of the other NGOs have limited themselves to urban and peri-urban areas. Hence, accessing the very remote areas where roads are almost impassable has proved to be quite a challenge.

CHAPTER FIVE

CONCLUSION

5.0 INTRODUCTION

In this concluding chapter, the results of the analysis are summarised, findings discussed and conclusions drawn. The chapter also includes recommendations, limitations of the study and suggestions for future research.

To satisfy the three objectives of the study pertinent data were collected from four (4) NGOs, which were the only NGOs listed in the directory of Non Governmental Organizations under the area of reproductive health that confirmed to be carrying out marketing of condoms. A semi-structured questionnaire based on the literature and preliminary survey done by the researcher on some of the key players was used as the instrument of data collection. This questionnaire was self administered to facilitate interpersonal communication and ensure concepts were well understood and any necessary clarification was sought. The data was then analysed using descriptive and content analysis

5.1 SUMMARY, DISCUSSIONS AND CONCLUSIONS

To address the first objective, the findings as outlined in the first section of chapter four, evidence that the marketing of the male condom takes dominance over the female condom as none of the NGOs market the female condom while all of them confirmed that they are marketing the male condom. This indicates that the female condom is seldom marketed in Kenya and

consequently not accessible to most women in Kenya. The need to start marketing the female condom amongst Kenyan women at affordable prices and make it easily available to them, confirms the literature outlined by the Female Health Company review (1999) about the state of female condom marketing worldwide.

From the findings it is also evident that most of the NGOs do not have a marketing department. Conclusions can be drawn that the lack of existence of a marketing department in most of the NGOs, may be a contributing factor to the effectiveness of the marketing efforts leading to the low usage of condoms in Kenya. Market Research is a fundamental ingredient in guiding marketing efforts by establishing the consumers needs and wants. Despite its importance, the research findings outlined in chapter 4 confirms that more effort needs to be put in order to find out the needs of the consumers as far as condoms are concerned.

In summary, very little focus seems to be given to the functions of marketing condoms as a method of family planning, and this is something that needs to be addressed.

The second objective of this study sought to determine the marketing strategies used in marketing of condoms in Kenya. The findings of this study as presented in chapter 4, indicate that various commercial and social marketing strategies have been adopted by the NGOs to increase the use of the condom in the Kenyan society. However the extent to which these strategies are being used was quite limited and only one NGO i.e. Populations Service International (PSI) appeared to be aggressively marketing the condom

use and applying all the various commercial marketing strategies such as mass media advertising, market research, branding and low cost pricing. It was also evident that although condoms have been in existence for a long time, use of aggressive marketing strategies has only been triggered recently by the rising HIV/AIDS pandemic. Many of the marketing concepts did not appear to be a priority to the NGOs who seemed to have other objectives such as improving the reproductive health services for other family planning methods such as pills, Norplant, vasectomy and tubal ligation as well as reducing child mortality rates. Lack of a marketing department in three out of four NGOs also confirmed that the focus given to marketing strategies for condoms was also quite low. This limits the effectiveness of marketing strategies, as they tend to be *ad hoc*.

The fact that no production of condoms takes place in Kenya, limits product differentiation strategies that can be used by the NGOs. Most of the condoms are imported from donors and hence there was little flexibility to adopt strategies such as attractive packaging, different colours, fragrances, shapes, sizes and variety of brands to attract consumers to increase the use of condoms in Kenya. Branding is only done by PSI, and hence this has increased the use of Trust condoms amongst Kenya youth especially. Further discussions with the respondents of the other 3 NGOs revealed that non branded condoms distributed for free are hardly used as the targeted consumers tend to doubt the quality of these condoms. Sometimes they tend to stay and expire in the distribution outlets such as clinics and dispensaries, thus reducing their effectiveness as they break during use if they are expired. Variety of condom brands to choose from also appears to be very limited as only four brands were commonly available to consumers, which includes, trust,

durex, rough rider and sultan. This confirms that the choice for the consumers in condoms is lacking as product differentiation strategies are seldom applied. This could also be one of the reasons for low use of condoms in Kenya especially in the rural areas where a majority of the condoms distributed are not branded.

Although there are serious considerations to put up a condom factory in Kenya which could address most of the issues above, this has received a lot of opposition mainly from religious circles citing that this is a clear opening to increasing immorality in Kenya and this may pose serious challenges to the government of Kenya.

Due to the Non profit making nature of NGOs, their pricing strategies are very limited. Only one NGO reported to be selling condoms at a low price affordable even by low income earners. Most of the other NGOs are given condoms by the government and are supposed to distribute them to all, even those who cannot afford to pay for them. Further research indicates that that this has a limitation on the use of condoms confirming findings from literature reviews that human beings tend not to value what they are given for free and prefer to pay a price for something they value (Family Planning Association of Kenya Survey, 2000). In some of the kiosks visited, the attendants confirmed that Trust condoms, which cost KES 10 for a packet of 3, were fast moving compared to non branded condoms which were distributed for free. This has probably led to the decision by the government in the recently drafted National condom policy and strategy to ensure that people pay a small price for condoms in all parts of the country. Hopefully, this should lead to an increase in the use of pricing strategies adopted in commercial marketing in the future.

The conclusion that can be drawn from the research findings is that each NGO appears to have adopted a different distribution strategy from the other. PSI has adopted an intensive distribution strategy using wholesalers who then distribute to retailers who then reach the final consumer. The other NGOs appear to be more selective in their distribution strategy preferring to use community distribution agents to reach their target groups. This is similar to the Jamaican Family Planning Association approach, which was very successful in using outreach programs distribute condoms in communities, work places and rural areas to increase the use of condoms. This limitation of poor infrastructure has also affected the effectiveness of the use of condoms in Kenya as many people especially in rural areas state that they do not use condoms for family planning due to their unavailability.

The research findings draw us to the conclusion that various promotion strategies are being used by NGOs to create awareness and convince target groups to increase the use of condoms. The most common promotion strategies used are personal selling strategies with a social marketing approach such as peer counselling and educational campaigns. Peer counselling is a social marketing technique that has proved to be very effective in other countries cited in the literature. This is because condoms are a unique product that requires education on how to use it effectively and also requires a lot of convincing given that it is associated with social stigma that it promotes immorality. Other common promotion strategies include promotional events such as sports and road shows, which are very effective is creating the right image that the condom is a good product and people should not be ashamed to use it for safe sex. Mass media advertising has received a lot of opposition and mainly from the religious circles as well as the older age groups stating

that condoms should not be encouraged amongst the youth. This is perhaps one of the reasons why this is not a preferred strategy amongst the other three NGOs since there is a lot of controversy at the moment on whether or not this is the right approach or not. PSI has especially faced many challenges regarding their TV adverts some stating that they are offensive and very embarrassing for parents to be watching condom adverts with their children in the sitting room (Daily Nation February 21, 2002).

The third objective of this study was to establish the challenges facing condom marketing in Kenya. In summary, the major challenges facing condom marketing in Kenya revolves around the stigma and bad image associated with condoms that they promote immorality. Thus any efforts to market condoms are countered by serious opposition and lack of confidence by the target groups. This ultimately results in low usage of condoms in Kenya.

Many lobby groups have demonstrated against the government policy of distributing condoms to combat AIDS. In particular, the Catholic Church and Muslim leaders have stated on several occasions that they will fight any effort by the government to encourage the use of condoms. They state that abstinence is the only way to fight the spread of HIV/Aids and opposed the importation of 300 million condoms by the government sighting that this was a clear way of promoting promiscuity in the nation. A day after the government announced this plan, a group of youths demonstrated in the streets of Nairobi and asked the authorities to utilise the money on programs that encourage Kenyans to be of good moral behaviour. (Daily Nation October 12, 2001). This demonstrates the opposition and low acceptance of the use of condoms

amongst the target groups, which includes the youth between ages 15-30 years.

Social marketing approach aims to meet a social need hence it is non profit making by nature while commercial marketing aims to maximize profits. Hence social marketing usually involves subsidizing the product and services and achieves a balance between affordable prices and cost recovery. The most effective pricing strategies are mainly applicable to profit making organizations and this explains the low usage of these strategies by NGOs in marketing condoms.

This seems to be a challenge faced by the NGOs in using the various marketing strategies especially in pricing the condoms, which most target groups would rather do without given their low income levels. The recently drafted National Condom Policy and Strategy, commits the government to aggressively make youth and other sexually active people to use condoms. It is to market SURE a brand that is already being sold in some parts of the country and introduce the sale of condoms at public health centres besides encouraging NGOs to sell condoms. This is likely to see more pricing strategies being applied by the NGOs if they have to sell condoms as opposed to giving them out for free.

5.2 RECOMENDATIONS

If the use of marketing strategies was to become more effective, then all the NGOs who market condoms need to consider having an active marketing department. This department should be responsible for planning, implementing and monitoring marketing strategies and their effectiveness.

Although social marketing approach has lagged behind for a long time, many NGOs are now adopting the commercial marketing approach more aggressively than in the past. One such example is PSI who stated that they run their organization like a business, and use commercial marketing techniques (Daily Nation/Friday, March 15,2002, PSI Supplement). They involve private sector partners and use their dynamism and resources to achieve social goals.

For condom marketing in Kenya to overcome some of the major challenges the players need to have one voice so as to achieve their objectives. While the opposition mainly from the religious circles have one voice on why condoms must not be advocated, the NGOs do not appear to have one voice to convince Kenyan's the reason why condoms are good and need to be used more for family planning and protection against sexually transmitted diseases. I suggest that they form lobby groups who will carefully design their campaign messages to change the image that condoms promote immorality and start preaching that they can be used to save the lives of innocent Kenyans such as children who face the risk of being born with HIV, or innocent wives or husbands who have been faithful to their partners, but unfortunately do not have spouses who share in the same values.

5.3 LIMITATIONS OF THE STUDY

The major limitation of this study was that the researcher faced difficulties in identifying the population of study, which constitutes the marketers of condoms. Most of the NGOs that deal with reproductive health did not seem to have an understanding of the marketing concepts except for PSI. Further,

many of the internationally registered NGOs operating in Kenya stated that they are not allowed to market condoms. They are required to identify local NGOs and fund them to market condoms. This was however addressed by personal interviews, which facilitated explanation and clarification.

The other limitation was that the population of the researchers study was restrictively small, which posed some difficulty of wide statistical study, when percentages were computed. Three respondents out of four calculated in percentages was 75% which could easily be misinterpreted. Hence to overcome this limitation, the researcher limited the use of percentages and used mean scored mainly for analysis especially on the first main objective.

The last limitation was the application of commercial marketing concepts to social marketing. Given that NGOs are non profit making by nature, this restricted the use of most of the marketing concepts.

5.4 SUGGESTIONS FOR FUTURE RESEARCH

Arising out of the limitations of the study, future research to could be carried out, to study the extent to which commercial marketing practices can be adopted in social marketing of other products other than the condoms, and establish whether the same limitations are encountered. This should aim to cover a larger population, as the population in this study was quite small.

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Appendix I

Mrs Monicah Wanjiku Kihia
C/O M.B.A Office
University of Nairobi
P O Box 30197
Nairobi

Dear Respondent,

I am a post graduate student studying for a Master of Business Administration Degree at the University of Nairobi. I am currently conducting a research in the area of "Condom Marketing " with the aim of finding out the state of marketing, the strategies that have been used in Kenya and the challenges being faced.

The purpose of this letter, therefore, is to request you to assist me by responding to the attached questionnaire. The information you provide will be held anonymous and treated in strict confidence. This information will be used for academic purposes only.

Thank you very much in anticipation.

Yours sincerely

Monicah Kihia

Appendix II

QUESTIONNAIRE FOR CONDOM MARKETERS

SECTION I - DEMOGRAPHIC DATA

- 1) Name of Organization _____
- 2) HeadQuarters of Organization _____ (Town and Country)
- 3) Type of Ownership (Tick appropriate answer)
 - a) Foreign ()
 - b) Local ()
 - c) Joint -Local & Foreign ()
- 4) How long has your Organization existed in Kenya ? _____ Years
- 5) Year of Registration _____
- 6) Objectives of your Organization in Kenya (name three major ones)
 - a)
 - b)
 - c)
- 7) What Geographical coverage does your organisation cover in branch network?
 - a) Urban areas only ()
 - b) Urban and Peri-urban ()
 - c) Urban, Peri-urban , and Rural area ()
 - d) Country-wide ()

13) Who makes the following marketing decisions regarding the condoms?

a) Type of condoms to be sold/distributed _____

b) Quantities to be sold / distributed _____

c) Who will do the distribution _____

d) What price the condom will be sold at or if _____

they will be given out for free

e) What promotion strategies to use _____

f) When to do promotion _____

g) If and when to carry out market research _____

14) If you have carried out marketing research, did you seek to establish the following information?

- | | Yes | No |
|--|-----|-----|
| a) The environmental factors affecting condom marketing in Kenya. | () | () |
| b) If there are other condom brands that compete against your brand | () | () |
| c) Other Organisation distributing and marketing condoms in Kenya | () | () |
| d) If there is potential/ ready consumer market for condoms in Kenya | () | () |

15) Which of the following is your target audience in condom marketing?

Upto 15yrs () 15- 25 yrs () 26 - 40 yrs () above 40 yrs ()

16) What are the reasons for selecting your target audience ?

17) How many brands of condoms do you distribute?

18) Please specify the names of the brands

Brand Name

Where do you obtain them from (supplier)

SECTION III - MARKETING STRATEGIES

19) Do you make decisions on what strategies to adopt in marketing your Condoms?

Yes ()

No ()

20) To what extent have you used the following strategies to influence your target group to use the condom?

PRODUCT DIFFERENTIATION

	Very High	High	Moderate	Low	Not at all
a) Product quality	()	()	()	()	()
b) Attractive packaging	()	()	()	()	()
c) Labelling	()	()	()	()	()
d) Different colours	()	()	()	()	()
e) Variety of Brands	()	()	()	()	()
f) Product Trade Mark	()	()	()	()	()
g) Others(specify)	()	()	()	()	()
h) _____					
i) _____					
j) _____					

For those strategies not used at all, please indicate some of the reasons why you do not use them and the challenges that you face.

PRICING STRATEGIES

	Very High	High	Moderate	Low	Not at all
a) Cost leadership (low price)	()	()	()	()	()
b) Market skimming (high price)	()	()	()	()	()
c) Cost-Plus (Total cost+profit)	()	()	()	()	()
d) Based on market prices	()	()	()	()	()
e) Buying price + mark-up	()	()	()	()	()
f) Subsidised price	()	()	()	()	()
g) Giving discounts	()	()	()	()	()
h) Others (please specify)	()	()	()	()	()
i) _____	()	()	()	()	()
j) _____	()	()	()	()	()
k) _____	()	()	()	()	()

For those pricing strategies not used at all, please indicate some of the reasons why you do not use them, and the challenges that you face:

DISTRIBUTION STRATEGIES - P = Producer, C= Consumer, R= Retailer W=

Wholesaler, A= Agent,

	Very High	High	Moderate	Low	Not at all
a) Producer - Consumer	()	()	()	()	()
b) P-R-C	()	()	()	()	()
c) P -W-R-C	()	()	()	()	()
d) P- A- R- C	()	()	()	()	()
e) P-A-W-R-C	()	()	()	()	()
f) Multiple channels	()	()	()	()	()
g) Intensive distribution	()	()	()	()	()
h) Selective distribution	()	()	()	()	()
i) Others(specify)	()	()	()	()	()
j) _____	()	()	()	()	()
k) _____	()	()	()	()	()
l) _____	()	()	()	()	()

For those distribution strategies not used at all, please indicate some of the reasons why you do not use them, and any challenges faced :

PROMOTION STRATEGIES- To what extent do you use the following promotional factors to market condoms in Kenya?

	Very Frequent	Frequent	Moderate	Rarely	Not at all
a) TV Advertisement	()	()	()	()	()
b) Radio Advertisement	()	()	()	()	()
c) Newspaper Adverts	()	()	()	()	()
d) Magazines	()	()	()	()	()
e) Brochures & pamphlets	()	()	()	()	()
f) Gifts(T/shirts,pens)	()	()	()	()	()
g) Posters & Bill Boards	()	()	()	()	()
h) Point of sales adverts	()	()	()	()	()
i) Promotional events (sports)	()	()	()	()	()
j) Peer counselling	()	()	()	()	()
k) Demonstration campaigns	()	()	()	()	()
l) Educational campaigns	()	()	()	()	()
m) Counselling	()	()	()	()	()
n) Any other (specify)	()	()	()	()	()
o) _____	()	()	()	()	()
p) _____	()	()	()	()	()

25) Please explain in brief some of the major challenges you face that hinder you from adequately using some of the promotional strategies listed above.

Appendix III

List from the Directory of Non Governmental Organizations 1996 Edition (NGOs interviewed)

- 1) Family Planning Association of Kenya
P O Box 30581
Nairobi
- 2) Population Services International
P O Box 22591
Nairobi
- 3) Family Health Foundation of Kenya
P O Box 43609
Nakuru
- 4) Program for Appropriate Technology in Health (PATH)
P O Box 76634
Nairobi