THE INFLUENCE OF CONDOM POSITIONING STRATEGIES ADOPTED BY POPULATION SERVICES INTERNATIONAL (PSI) ON BEHAVIOUR CHANGE AMONG UNIVERSITY OF NAIROBI STUDENTS

BY

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A Management Research Project Submitted in Partial Fulfilment of the Requirements for the Degree of Master of Business Administration School of Business, University of Nairobi

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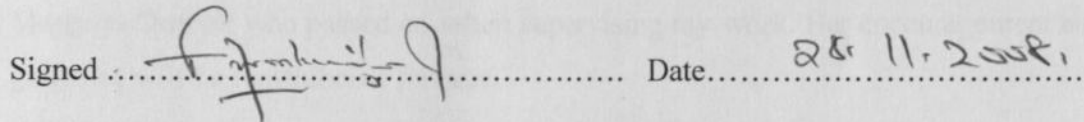
DECLARATION

This Research Project is my original work and has not been submitted for award of a degree at the University of Nairobi or any other University.



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`Atina Wafulah Francis

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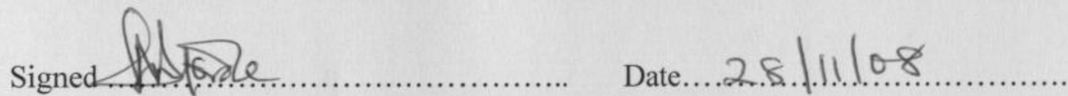
This Research Project has been submitted for examination with my approval as the University Supervisor



Signed .... Date 28/11/08

Mary Kinoti (Mrs.)

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DEDICATION

This study is dedicated to my beloved wife Mellen and children Sharon and Paul whose support was insurmountable and who missed out precious family time when I was undertaking the study. The study is posthumously dedicated to My late Mum Mrs. Nyantinge Atina who inspired me to pursue this programme, and the late Mrs. Margaret Ombok who passed on when supervising my work. Her encouragement and guidance will be remembered forever.

ACKNOWLEDGEMENT

I owe my supervisor Mrs. Mary Kinoti special gratitude for her guidance throughout the study. Your acceptance to supervise my work within short notice when I lost my first supervisor inspired me. Madam thanks for your encouragement and support; without you the study would have been an exercise in futility.

Special thanks to my friends particularly Mr. Isaac Kiptoo, P.King'oina, M. Obiero, Joseph Owino and MBA colleagues for words of advice and acts of encouragement throughout the postgraduate program. Thanks to my research assistant, Mr. Isaac Waasamba who did tremendous job of data collection.

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LIST OF ABREVIATIONS

AIDS – Acquired Immune Deficiency Syndrome

GOK – Government of Kenya

HIV – Human Immunodeficiency Virus

NGOs – Non Governmental Organizations

PSI – Population Services International

Std – Standard

STIs- Sexually Transmitted Infections

UON– University of Nairobi

VCT – Voluntary Counselling and Testing

ABSTRACT

The objective of the study was to establish the extent to which positioning strategies of condoms by Population Services International (PSI) result to sustained behaviour change among students (regular) at the School of Business, University of Nairobi. Quota sampling survey was adopted and the population of interest was all regular undergraduate students at the School of Business, University of Nairobi. Data was collected through interviewer administered questionnaires. Out of the 120 targeted students, 107 responded representing a response rate of 89 per cent. The data was analyzed using descriptive statistics such as percentages, mean scores and standard deviations.

The study established that all brands of condoms were used to a small extent except Trust condom which was used to a moderate extent (mean = 3.2). The most important benefits of condom were its ability to protect, good quality, affordability and accessibility in that order. Failure to use Trust condoms was linked to discomfort, low quality, abstinence, and price also in that order. Results revealed that inconsistent use of condoms was prevalent among 60 per cent of the students, agreeing with earlier findings by Scott *et. al.* (2001) and PSI (2001) both of which reported inconsistent use of condoms. Further the study established that positioning using benefit of protection and attributes of quality and affordability has large influence on use of condoms and behaviour change. Despite these findings, it was established that positioning of Trust condom is weak on quality and, association with celebrities has little influence on use of the brand and anticipated change in behaviour.

Following these findings and their significance on condom use and behaviour change, it was recommended that:

a) Manufacturers of condoms should invest in technologies which produce high quality condoms while at the same time at lower costs.

b) Distributers/sellers of condoms including Trust condom should position their products using absolute protection benefit and attributes such as high quality and affordable.

c) Trust condom should be reengineered to make it comparatively stronger, comfortable and of high quality.

d) PSI need to invite gynaecologists and psychologists to talk to students on dangers of inconsistent use of condoms. The organization should encourage forums where students exchange views on safe sex.

e) Since affordability and quality are paramount to use of condoms, the Government need to uphold the policy of zero tax on all condoms. Further, the Government through Kenya Bureau of Standards should ensure that condoms entering Kenyan market are of high quality.

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CHAPTER ONE: INTRODUCTION

1.1 Background

Kenya attained her independence in 1963. Despite this achievement at that time, the country faced many challenges including rampant poverty, pervasive illiteracy and the general state of health was poor (GOK, 1993). Indigenous Kenyans looked forward to enhanced access to the education system to which they had hitherto been denied. The health care delivery system at the time of independence was grossly inadequate in terms of the number and distribution of medical facilities and personnel. Consequently, there was high incidence of morbidity and death rate, particularly child mortality, was also high. As an immediate corrective measure, Government declared free medical services and instituted programmes to spread health services to the rural areas through increasing, equipping and manning rural health delivery points.

The post colonial Kenyan government declared war on diseases, poverty and ignorance and formulated several policies in line with the objective of fighting diseases and freeing Kenyans from abject poverty. However, to date, most Kenyans die from preventable diseases and over 60 percent of the population live below the poverty line. The provision of health services is not only a basic need but also an essential condition for overall economic development (GOK, 1993). Education is one of the most important influences on the quality of life. Government, has therefore, been committed to the provision of free primary and secondary education and the production of skilled and high level manpower to meet the growing and changing demands of the economy.

The emergence of HIV/AIDS in Kenya in the 1980s and its rapid spread among youths remains Kenya's biggest health and economic challenge. According to Kenya Aids Indicator Survey, 1.4 million Kenyans aged between 15 and 64 years are living with HIV. AIDS prevalence rate stands at 7.8 per cent, up from 6.7 per cent in 2003 (Otieno, 2008). Addressing this challenge calls for all inclusive approach that involves researchers, the government, NGOs, development partners and the general public. The government has particularly been at the forefront of fighting the disease using preventive measures such as awareness creation, promotion of correct and

consistent use of condoms and setting up voluntary counselling and testing (VCT) centres within the reach of most people.

Sessional Paper No. 1 of 1986 emphasized the role that the private sector and NGOs should play in the health sector. The private sector and NGOs contributions in the provision of health services have amounted to approximately 42 percent for both recurrent and development expenditures. Experience in Kenya and elsewhere in the world indicates that preventive health services are more cost effective than curative services. The Development Plans since independence have laid emphasis on the preventive over curative approach, yet so far, this statement of policy has not been met in actual practice. Population Services International (PSI), a Non Governmental Organization supports government policy of disease prevention. The organization promotes and distributes condoms to enhance safe sex among young people.

1.1.1 Positioning strategy

Johnson and Scholes (1999) define strategy as the direction and scope of an industry over the long term, which achieves advantage for the industry through its configuration of resources within a changing environment, to meet the needs of markets and to fulfil stakeholders' expectations. They assert that strategy making is a deliberate and conscious activity. Management concerned with strategy making may adopt an "umbrella" mode, setting out broad deliberate guidelines with emergent specifics, or adopt a process mode, where management concerns itself with setting up frameworks within which the strategy will become operational (design structure, staffing, procedure for managing high technology), but not the actual content of the strategy.

Ansoff and McDonnell (1990) reaffirm that strategy is a potentially very powerful tool for coping with the conditions of change, which surround the firm today. Strategic planning is a process that involves the review of market conditions, customer needs, competitive strengths and weaknesses, socio – political, legal and economic conditions, technological developments and the availability of resources that lead to the specific opportunities or threats facing the organization. In the context of this study, strategy can help PSI to review the needs of customers, competition,

social – cultural factors and economic forces which influence use of the company's products.

Product positioning refers to a brand's objective (functional) attributes in relation to other brands (Sengupta, 2001). It is a characteristic of the physical product and its functional features. The position of a brand is the perception it brings about in the mind of a target consumer. This perception reflects the essence of the brand in terms of its functional and non functional benefits in the judgement of that consumer. The term 'positioning' refers to placing a brand in that part of the market where it will have a favourable reception compared to competing products i.e. the company needs to describe to its customers how the company differs from current and potential competitors. Positioning implies what the firm does to instil the product in the minds of the consumers (Kotler and Keller, 2007). Positioning is important due to its ability to influence customer perceptions, attitudes and subsequent product use. Right positioning of products encourages likeability of the product by consumers while positioning errors may deter customers from using the product.

1.1.2 Behaviour change

Behaviour change has been a subject of research by scholars in the fields of psychology and health sciences. Human behaviour is defined as the product of individual or collective human actions, seen within and influenced by their structural, social, cultural and economic patterns which limit, or enable what individuals can do (Carmel, 1991). Behaviour plays an important role in people's health and behaviours such as sexual risk can cause a large number of diseases. Peer influence and increased exposure to pornographic materials including videos, magazines and the Internet increases students desires for sex. In addition, the use of drugs by students worsens sexual behaviour of students. If unchecked, such behaviours lead to death within and without the University. The PSI uses a variety of means including condoms to influence positive sexual behaviour among young people.

However, little is known about the influence of these products among the students population. The situation is made complex by the fact that changing behaviour may not be a priority for the individuals being targeted. People do not necessarily make their long term health a priority and may want to focus on other, more immediate

needs and goals for example complying with peer pressure. According to Ojanji (2008), unprotected sex is common among youths, going by statistics on rising number of teenage pregnancies, high birth rates, increased abortions and HIV infection rates. It is important to investigate the influence of these products among students population to understand whether the positioning strategies adopted are successful in changing people's behaviour. The study adopts the definition of behaviour change as consisting of trials of condoms, consistent use, loyalty and advocacy for the product use.

1.1.3 Benefits of Condoms

Condoms are the only form of contraception which offers protection against both sexually transmitted infections (STIs) and unplanned pregnancy. If used correctly and consistently, condoms are up to 98% effective. There is a wide variety of high quality condoms available which suit varying needs. Researchers observe that condoms are a non-systemic contraceptive which means no chemicals are put into your body (Durex, 2002). Condoms can be carried around easily, discreetly placed in pockets, bags, wallets and purses. Unlike most contraceptives, the use of condoms does not require going to a doctor for a prescription. Condoms are the reliable protection against HIV/AIDS since they are easily available from pharmacies and up to 24 hours a day from garages, supermarkets and vending machines. Colored, flavored and ribbed condoms can provide extra pleasure.

1.1.4 Population Services International (PSI)

The Population Services International (PSI) is a non-profit organization based in Washington, D.C. that harnesses the vitality of the private sector to address the health problems of low-income and vulnerable populations in more than 60 developing countries. With programs in malaria, reproductive health, child survival and HIV, PSI promotes products, services and healthy behaviour that enable low-income and vulnerable people to lead healthier lives. Products and services are sold at subsidized prices rather than given away in order to motivate commercial sector involvement.

The organization was founded in 1970 to improve reproductive health using commercial marketing strategies. For its first 15 years, PSI worked mostly in family planning (hence the name Population Services International). In 1985, it started promoting oral rehydration therapy. PSI's first HIV prevention project — which

promoted abstinence, fidelity and condoms — began in 1988. PSI added malaria and safe water to its portfolio in the 1990s. In 2007, PSI estimates that its programs directly prevented more than 156,000 HIV infections, 2.6 million unintended pregnancies, more than 149,000 deaths from malaria and diarrhoea and 19 million malaria episodes (PSI, 2007).

The organization procures products, establishes an office and delivery system, and markets products and services through the existing private sector network. Products and services are branded, attractively packaged, widely distributed, effectively promoted and sold at low prices (PSI, 2002). PSI first got involved with voluntary counselling and testing in Zimbabwe in 1999. The organization has been promoting abstinence to young people for avoiding pregnancy and HIV infection since 1988 in countries such as Cameroon and Kenya. However, focus on abstinence alone is inadequate in controlling the spread of HIV/AIDS. As a result, the organization has adopted a broad – based control approach which involves promotion of safe sex through right and consistent use of condoms.

PSI is dedicated to achieving health behaviour change by disseminating tailored message to its target audiences. Behaviour change communication (BCC) combines commercial marketing techniques to position products and services with messages that promote knowledge and help normalize and reinforce healthy behaviours. To reduce risk of HIV, individuals must understand the seriousness of the AIDS epidemic and how it impacts individuals and communities (PSI, 2007). PSI communicates health messages through a variety of channels including mass media, peer education, school programs, community-theatre, mobile multi-media events, interpersonal communication, and special event sponsorship.

PSI uses both branded and non-branded (generic) BCC campaigns. Branded campaigns focus on promoting and creating demand for products, such as male and female condoms, or services such as voluntary HIV counselling and testing (VCT). Generic programs address risk perception, transmission and prevention mechanisms, stigma and discrimination and unhealthy social and cultural norms. PSI's BCC campaigns commonly combine generic and branded communications to promote healthier behaviours while simultaneously encouraging use of a specific product. PSI

is committed to the continued development of BCC programs, enhancing the quality of program implementation and improving our ability to measure program impact (PSI, 2006).

1.1.5 University of Nairobi

The inception of the University of Nairobi is traced back to 1956 with the establishment of the Royal Technical College which admitted its first lot of A-level graduates for technical courses in April the same year. In 1970 the university college Nairobi transformed itself into the first national university in Kenya and was renamed the University of Nairobi. In 1983 owing to rapid expansion and complexities in administration, the University of Nairobi underwent a major restructuring resulting in decentralization of the administration by creation of six (6) colleges headed by principals.

The University of Nairobi admits both full – time (regular) and part – time (parallel) students in various undergraduate and postgraduate programmes. Undergraduate students in the full – time programmes are admitted through the Joint Admission Board (JAB) and majority of these students are aged between 18 years to 24 years. This age group is HIV vulnerable since they are sexually very active. On the other hand, undergraduate part – time students are directly admitted by the Board of Undergraduate studies of the University of Nairobi. The parallel students have wide-ranging age groups since they are drawn from different backgrounds ranging from fresh form four leavers to those already in employment. Undergraduate students face many challenges key among them being social, drugs, and HIV/AIDS scourge. Most of these students are youths and by the virtue of their age, social interactions, and adventurous lifestyles, they are more exposed to risks of HIV/AIDS infection. PSI is addressing these challenges by promoting consistent use of condoms and preaching abstinence from premarital sex.

1.2 Statement of the problem

HIV/AIDS remains a major threat to human population. Young people are hardest hit since they are the most sexually active and therefore more vulnerable to the disease. Ojanji (2008) observes that 85 percent of Kenyan youth aged between 15 and 19, and 72 percent of youth aged between 20 and 24 are not using contraceptives. The rapid spread of the disease among Kenyan youths including university students has raised major concerns among the government, development partners, non – governmental organizations and researchers. The increasing prevalence of HIV/AID and other sexually transmitted infections among university students require urgent control measures that would enable young people to voluntarily change their behaviour positively. In 2003, approximately 1.1 million Kenyans were infected with HIV/Aids; estimates by Ministry of Health reached 2.5 million in 2005. Given that to date, HIV/Aids has no cure and there are no indications of an effective vaccine in the near future, these statistics indicate worrying trends and require the use of behavioural change communication to reverse the situation.

Various interventions such as abstinence, being faithful to one partner and use of condom have been developed, and promoted for adoption by Kenyans. The Population Services International has been involved in promoting condom use among sexually active people. The 'Trust' condom has been promoted as a preventive tool for use during sexual intercourse.

PSI has strategically positioned their condom products among young people to increase consistent usage. Messages on condom use have largely been directed at the youth. Various media ranging from television, radio, street light, billboards, newspapers and magazines have been used to carry out campaign messages aimed at changing behaviour. However, behaviour change is more real when a motivation for change is provided. Product positioning can provide the needed motivation to change students' behaviour and subsequently check the control of HIV/AIDS.

Previous studies in social marketing have not linked positioning strategies and behaviour change hence leaving a knowledge gap. A study by Makau (2000) on perception of message appeals on HIV/Aids campaign established that agony appeal

is considered memorable while moral appeal is perceived as most persuasive. However, it failed to shed light on positioning strategies. A study by Warinda (2002) focused on social marketing and competition established that non profit health providers face competition and embrace superior customer care to retain target customers. Mbirwe (2007) in a survey of positioning strategies used by pharmacies in Nairobi established that most popular positioning strategies were differentiation, location and customer service. A study by Otieno (2006) on attitudes of Kenyan adolescents towards PSI's HIV campaigns established that campaigns were well received by respondents and each campaign led to some degree of change in behaviour associated with the message. However, the study did not shed light on positioning strategies adopted by PSI for its condom products. Furthermore, it did not reveal the link between positioning strategies and behaviour change hence leaving a knowledge gap that the current study seeks to bridge by finding responses to the following research question.

i) To what extent do positioning strategies of PSI condoms result to sustained behaviour change among University of Nairobi students?

1.3 Research objectives

The objective of the study was to;

i) Establish the extent to which positioning strategies of condoms by Population Services International (PSI) result to sustained behaviour change among students at the School of Business, University of Nairobi.

1.4 Justification of the study

Positioning strategies bears a strong influence on product success and the PSI will benefit from the study by understanding the link between their condom positioning strategies and sustained change of behaviour among university students. This understanding will help improve on selection of target audiences, design of appropriate message for each audience and choice of the most suitable media for the chosen target market. The study will in addition, be of benefit to the following:

i) Other manufacturers of condom products will have a clear understanding of the link between positioning strategies and consumer behaviour hence providing insights to crafting and implementing superior strategies.

ii) The National Aids Control Council of Kenya will gain useful insights from the study by understanding how best to position their campaign against HIV/Aids. Further, the organization will understand the link between condom use and behaviour change and this will enable them to refocus on channelling Aids Funds where it may have greater impact thereby reducing wasteful use of resources.

iii) Several Non Governmental Organizations (NGOs) engaged in the fight against HIV/Aids will benefit from findings and recommendations of the study by revaluating their approach to promotion of condoms alongside other preventive methods.

iv) Researchers in the field of positioning and behaviour change will gain from the findings of the study and increased literature.

CHAPTER TWO: LITERATURE REVIEW

2.1 Positioning

The success of any marketing program depends on right identification of customer needs and wants, developing products or services which match these needs and positioning the products in the consumer's mind in a better way than competitors. The following sections explore the concepts of positioning and behaviour change.

Positioning is an attempt to distinguish a company from its competitors along real dimensions in order to be the most preferred firm for a certain market segment or prospect. It is an attempt to have a clear or unique position in the marketplace. Also, positioning is a competitive marketing tool that goes beyond image-making (Zineldin, 1986). Image-making is whereby the company seeks to cultivate an image in the customer's eyes and mind. Positioning is a process of establishing and maintaining a distinctive place and image in the market for an organization and/or its individual product offerings so that the target market/prospect understands and appreciates what the organization stands for in relation to its competitors. Ries and Trout (1986) hinted at this, stating that: In the communication jungle out there, the only hope to score big is to be selective, to concentrate on narrow targets, to practice segmentation.

Competitive positioning involves the formulation of the market offering; but positioning is not what a firm does to a market offering. Positioning is what is done in the minds of prospective consumers through the various components of the market offering. That is, a particular firm's offering is competitively positioned relative to all other market offerings in the minds of prospective consumers. The major challenge to successful competitive positioning is that the minds of consumers are limited, dislike confusion, are insecure, are hard to change, and lose focus

The mind has a defence against the volume of today's communications, screens and rejects much of the information offered to it. In general, the mind accepts only that which matches prior knowledge or experience. In a competitive marketplace, a "position" reflects how consumers perceive the product's/service's or organization's

performance on specific attributes relative to that of the competitors (Kotler, 1994). Positioning plays a pivotal role in marketing strategy, since it links market analysis, segment analysis and competitive analysis to internal corporate analysis. In a nutshell, the term positioning refers to how a company wishes to be seen in a given marketplace, what its values are, and its overall image (Zineldin, 1986). A condom selling company can occupy a position as the oldest company, a global company, a friendly company, a niche company, or an efficient firm.

If a firm can position itself favourably within a particular marketplace, relative to competitors, it can earn high rates of return or profits irrespective of average profitability within the market. Competition and profitability pressures mean that firms must be increasingly responsive to market considerations in terms of their positions, management and market strategies, their internal and external infrastructure, their use of information technology, and their ability to innovate and differentiate.

In an era in which intense competition will be greatly facilitated by technology, the need to differentiate products/services and maintain market position will necessitate that companies become increasingly market oriented. This will result in a commensurate emphasis being placed on the quality and efficiency of management in order to occupy a favourable competitive position. The key to success in obtaining a favourable position in the competitive marketplace is offering value to actual and prospective customers based on their needs and wants. Urban and Star (1991) postulate that if we are to make good positioning decisions, we need to know what dimensions consumers use to evaluate competitive marketing programs; importance of each of these dimensions in the decision process; how our company and the competition compare on these dimensions; and how consumers make choices on the basis of the information. Scholars working in the manufacturing sector (including both consumer and industrial goods) have stressed the significance of positioning strategy as a tool for differentiating the offering and creating a competitive advantage.

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2. 2 Positioning strategies

Positioning involves a decision to stress only certain aspects of a brand and not others (Adcock *et al.*,1998). The key idea in positioning strategy is that the consumer must have a clear idea of what the company's brand stands for in the product category, and that a brand can not be sharply and distinctively positioned if it tries to be everything to everyone. Batra *et al.* (1996) argues that such positioning is achieved mostly through a brand's marketing communications, although its distribution, pricing, packaging and actual product features also can play major roles. Many products in the over – the – counter drug market, for instance, have identical formulas but are promoted for different symptoms, by using different names, packaging, product forms , and advertising. Kotler and Keller (2007) assert that a brand must be positioned in a way that is maximally effective in attracting the desired target segment.

A brand's position is the set of associations the consumer has with the brand. These may cover physical attributes, or lifestyle, or use occasion, or user image, or stores that carry it. Batra *et al.* (1996) observes that a brand's position develops over the years, through advertising, publicity, word of mouth and usage experience, and can be sharp or diffuse, depending on the consistency of that brand's advertising over the years.

A positioning strategy is vital to provide focus to the development of an advertising campaign. The strategy can be conceived and implemented in a variety of ways that derive from the attributes, competition, specific applications, the types of consumers involved, or the characteristics of the product class. Each represents a different approach to developing a positioning strategy, even though all of them have the ultimate objective of either developing or reinforcing a particular image for the brand in the mind of the audience (Urban and Star, 1991). Seven approaches to positioning strategy are discussed in the following section.

Using product characteristics or customer benefits

The most used strategy is associating an object with a product characteristic or customer benefits. Condoms may be positioned as protective, safe or strong. Sometimes a new product can be positioned with respect to a product characteristic

that competitors have ignored. Some studded brands of condoms are positioned as providing pleasure. Sometimes a product will attempt to position itself along two or more product characteristics simultaneously. For example, a brand of condom may be positioned as safe and offering pleasure. Batra *et al.* (1996) contends that different models of a product may be positioned towards different segments by highlighting different attributes. It is always tempting to try to position along several product characteristics as it is frustrating to have good product characteristics that are not communicated. However, care should always be taken to avoid positioning errors such as over positioning or confused positioning.

Batra *et al.* (1996) have made a distinction between physical characteristics, pseudophysical characteristics, and benefits, all of which can be used in positioning. Physical characteristics of a product are the most objective and can be measured on some physical scale such as colour, intensity, thickness, strength, weight, or fragrance. Pseudophysical characteristics in contrast reflect physical properties that are not easily measured. Examples are spiciness, tartness, type of fragrance, creaminess, and shininess. Benefits refer to advantages that promote the well – being of the consumer or user. Examples include does not harm skin, provides sexual pleasure, stimulates and convenient.

Positioning by price and quality

The price – quality product characteristic is so useful and persuasive that it is appropriate to consider. In many product categories, there exist brands that deliberately attempt to offer more in terms of service, features or performance (Ries and Trout, 1986). Manufacturers of such brands charge more, partly to cover higher costs and partly to help communicate the fact that they are of higher quality. Condom brands such as Durex, Prestige, and Flavour are positioned as high quality and consequently retail at comparatively higher prices. Conversely, in the same product class there are usually other brands that appeal on the basis of price although they might also try to be perceived as having comparable or at least adequate quality.

Positioning by use or application

Another way to communicate an image is to associate the product with a use or application. Products can have multiple positioning strategies, although increasing the number involves obvious difficulties and risks (Batra *et al.,* 1996). Often, positioning

by use strategy represents a second or third position for the brand, a position that deliberately attempts to expand the brand's market.

Positioning by product user

An additional positioning approach is to associate a product with a user or a class of users. In the condoms market segment, celebrities such as successful musicians have been used in the Kenyan market to promote the use of condoms. The expectation is that the model or personality e.g. Prezzo or Nameless will influence the product's image by reflecting the characteristics and image of the model or personality communicated as a product user.

Positioning by product class

Some products need to make critical positioning decisions that involve product class associations. For example, before emergence of HIV/AIDS pandemic, condoms were positioned as reproductive health products or family planning products in many markets including Kenya. To date, condoms are positioned as contraceptives that can be used as substitutes for pills in family planning.

Positioning by cultural symbols

Many advertisers use deeply entrenched cultural symbols to differentiate their brand from competitors. The essential task is to identify something that is very meaningful to people that other competitors are not using and associate the brand with the symbol (Batra, *et al.*, 1996). The Wells Fargo Bank, for example, uses a stagecoach pulled by a team of horses and very nostalgic background music to position itself as the bank that opened up the West. Trust condoms use a couple where a man is dressed in a Jeans trouser and has a Trust condom in the trouser pocket.

Positioning by competitor

In most positioning strategies, an explicit or implicit frame of reference is one or more competitors. In some cases the reference competitor can be the dominant aspect of the positioning strategy. It is useful to consider positioning with respect to a competitor for two reasons. First, the competitor may have a firm, well crystallized image developed over many years. The competitor's image may be used as a bridge to help communicate another image referenced to it (Kotler and Keller, 2007). Second, sometimes it is not important how good customers think you are; it just important that they believe you are better than a given competitor (Batra, *et al.*, 1996).

Positioning with respect to a competitor can be an excellent way to create a position with respect to a product characteristic, especially price and quality. Thus, products that are difficult to evaluate will often use an established competitor to help the positioning task. Positioning with respect to a competitor can be accomplished by comparative advertising in which a competitor is explicitly named and compared on one or more product characteristics.

2.3 Social Marketing

Social marketing is the design, implementation, and control of programs calculated to influence the acceptability of social ideas and involving considerations of product planning, pricing, communications and marketing research. Social ideas may relate to raising awareness, or changing social behaviour in order to sell a product or promote an idea. Kotler and Roberto (1989) assert that change from an adverse idea or behaviour or adoption of new ideas and behaviours is the goal of social marketing. Kotler et al. (2002) define it as the use of marketing principles and techniques to influence a target audience to voluntarily accept, reject, modify, or abandon behaviour for the benefit of individuals, groups, or society as a whole. Most often, social marketing is used to influence an audience to change their behaviour for the sake of improving health, preventing injuries, protecting the environment, or contributing to the community.

Social marketing is a global phenomenon that goes back for many years and has been used by many countries to influence voluntary behaviour change in the health sector. The unique feature of social marketing is that it borrows principles and techniques from the commercial sector and applies them to solve social and health problems (Stead *et al*., 2007). This idea dates back to 1951, when Wiebe challenged the marketing community by asking "Why can't you sell brotherhood and rational thinking like you sell soap?"(Wiebe, 1951). Anderson (1995) describes social marketing as the application of commercial marketing techniques to the analysis, planning, execution and evaluation of programs designed to influence the voluntary

behaviour of target audiences in order to improve their personal welfare and that of society.

A number of features are illustrated in the definition. The first is a focus on voluntary behaviour change: social marketing is not about coercion or enforcement. The use of condoms by university students is voluntary and it is solely upon them to decide whether to have safe sexual intercourse by use of condom or not. The second is that social marketers try to induce change by applying the principle of exchange – the recognition that there must be a clear benefit for the customer if change is to occur (Houston and Gassenheimer, 1987). Third, marketing techniques such as consumer oriented market research, segmentation and targeting, and the marketing mix should be used. Finally, the end goal of social marketing is to improve individual welfare and society, not to benefit the organization doing the social marketing.

Ideas and behaviours constitute the products marketed in social marketing. One type is a social idea that may take the form of a belief, attitude or value. A belief is a perception that is held about a factual matter; it does not include evaluation. The social idea to be marketed may be an attitude (Kotler and Roberto, 1989). Attitudes are positive or negative evaluations of people, objects, ideas, or events. The second type of social products is a social practice. It may be the occurrence of a single act, such as using condoms for protection against HIV/AIDS. The third type of social product is a tangible object, such as a condom. However, Kotler and Roberto (1989) caution that a condom is a tool to accomplish a social practice which may include prevention from HIV/AIDS or family planning.

Condom use in Kenya was introduced by the Ministry of Health to assist people plan their families. It was meant for married couple that did not prefer the other family planning options. However, increased cases of HIV/AIDS infection particularly among youths influenced medical practitioners to promote the use of condoms as a preventive measure against the scourge. This was aimed at complimenting two other preventive methods which include abstinence from sex before marriage, and being faithful to one partner. Health experts coined the word 'ABC' which represented the ideas they marketed to control the spread of HIV/AIDS.

Similar to commercial sector marketers who sell goods and services, social marketing change agents typically want target audiences to do one of four things: accept a new behaviour; reject a potential behaviour; modify a current behaviour; or abandon an old behaviour. The fundamental benchmark of social marketing in the reproductive health sector is behaviour change (Odiko, 2003). The most challenging aspect of social marketing is that it relies on voluntary compliance rather than legal, economic or coercive forms of influence. In many cases, social marketers can not promise a direct benefit or immediate payback in return for a proposed behaviour change.

2.4 Positioning strategies in social marketing

Positioning appears to have evolved from market segmentation, targeting and market structure changes during the 1960s and early 1970s (Sekhar, 1989). Ries and Trout (1986) concluded that positioning starts with the product. They go on to argue that positioning is not what is done to the product or service but, rather what is done to the mind of the prospect. Kotler (2000) defines positioning as the act of designing the company's offering and image to occupy a distinct place in the target market's mind. The process of positioning can be described as interactive, it necessitates deliberate and proactive actions, and it involves decisions at conceptual, strategic and operational levels and should reflect the triumvirate deliberations of the company, its competitors and its target market. Dillon *et al.* (1986) argue that the term positioning (repositioning) strategies can be characterized as attempts to move a brand to a particular location within a perceptual map.

Social marketing is built around the knowledge gained from business practices. These include the setting of measurable objectives, research on human needs, targeting products to specialized groups of consumers, the technology of positioning products to fit human needs and wants and effectively communicating their benefits (Kotler and Roberto, 1989). It further includes the constant vigilance to changes in the environment, and the ability to adopt to change. Social marketing aims to target one or more groups of target adopters. Since each target – adopter group has a particular set of beliefs; attitudes, and values, social marketing programmes are tailored and structured around the needs of each particular segment of the target population. Social

marketing requires knowledge of each target adopter group, including its socio - demographic characteristics; psychological profile; behavioural and decision – making characteristics.

A good brand positioning helps guide marketing strategy by clarifying the brand's essence, what goals it helps the consumer achieve, and how it does so in a unique way. The result of positioning is the successful creation of a customer focused value proposition, a cogent reason why the target market should buy the product (Kotler and Keller, 2007). Positioning requires that similarities and differences between brands be defined and communicated. Many positioning strategies are available to the firm. Firms may choose from low price, high quality, high service, and advanced technology positions. PSI has been using both attribute and benefit positioning for their products. They promote condoms as enhancing safety during sexual intercourse, boost family planning and providing satisfaction. Celebrities such as musicians like DJ Pinje among others have been used to promote condom use among young people.

2.5 Behaviour change

Social marketers promote ideas as well as social practices; the ultimate aim is to change behaviour (Kotler and Roberto, 1989). Condoms have been used in Kenya since the concept of family planning was embraced by the government. Since 1980s when HIV/AIDS became severe, the use of condom as a preventive measure against the scourge has received considerable attention. Despite these efforts, many youths still play unprotected sex. There should be a return to the drawing board in order to reduce new infections in Sub – Saharan Africa. Particularly important is learning from past experiences in condom positioning and behaviour change to advance and aggregate new knowledge to promote sexual behavioural changes, such as delay the onset of sexual activity, correct and consistent condom use, reduction of sexual partners and mutual fidelity in sexual relationships (Odutolu, 2005). Whether implicitly or explicitly most prevention interventions are based on theories, it is therefore necessary to evaluate these positioning programmes in order to know and in what ways they contribute to behaviour change. The following section explains models that explain behaviour change.

Health belief model

The health belief model was initially developed in the 1950s (Hochbaum, 1958). The model postulates that the likelihood of an individual engaging in a particular action is a function of his perception between a behaviour and subsequent illness and it involves making a conscious effort to weigh the costs and benefits of his action or inaction (Odutolu, 2005). The health belief model (HBM) has been used to explain and predict individual participation in programmes concerning influenza, inoculation, high blood pressure screening, smoking cessation, seat belt usage and breast examination. In a review of studies, Carmel (1991) concludes that the predictive power of the model varies with different population groups and that it is difficult to generalize the findings.

A majority of other psychological theories are based on the assumption of a linear relationship from information to knowledge and behaviour change. It should however, be noted that information is necessary but is not sufficient to effect and sustain behaviour change in large segments of the population.

Social Cognitive or Learning theory

Self – efficacy is the cornerstone of the social learning theory. However, the theory actually postulates a triadic, reciprocal interaction between the social environment, personal factors and behaviour itself to determine and predict future behaviour (Mellanby *et al.*, 1996). Bandura (1994) defines self – efficacy as people's beliefs that they can exert control over their own motivations, thought processes, emotional states and pattern of behaviour. For example, perceived self – efficacy to buy and use condoms correctly predicts safer sex in adolescents (Jemmot *et al.*, 1992).

Santelli *et al.* (1996) tested, among other models, the social learning theory in the AIDS Community Demonstration project. In the project, self – efficacy was operationalized as the ability to talk about condoms or to refuse sex at some time in the recent past when a condom was not available. Among 630 women, of whom 45 per cent were adolescent, the authors were able to establish a positive correlation between self efficacy and condom usage.

Integrated model

Catania *et al.* (1990) and Coates *et al.* (1988) have unified elements from several models into an AIDS Risk Reduction Model (ARRM). The model integrates the concepts of the health belief model, the theory of reasoned action, self efficacy theory, theory of planned behaviour, emotional influences and interpersonal processes (Boyer and Kegeles, 1991). The model was divided into three stages. Stage one: identifying and labelling one's activities as risky; stage two: commitment to reduce to reduce risky activities; while stage three is enacting the commitment to reduce risky activities. This model has been used extensively in different populations of gay men, intravenous drug users and adolescents with varying results.

In practice, the model notes that for one to diagnose one's behaviour as risky the individual must be knowledgeable about HIV transmission; discard misconceptions; accept personal susceptibility to AIDS and avoid stereotypical thinking. Perception of social norms regarding risk is also seen to be important to labelling one's behaviour as risky. The model posits that what an individual believes his or her peer group consider being risky practices influences whether he or she labels the behaviour as risky. The model clearly goes beyond giving HIV/ AIDS information to recognizing the importance of individual assessment of risky behaviour based on commonly accepted behaviour standard in the immediate environment of the individual.

Other constructs of the last two stages of the model are attitudes to high and low risk activities; self – efficacy; sexual communication; peer support and help seeking. Self efficacy as alluded to above refers to individual need to feel capable of engaging in activities that will prevent HIV infection. In specific terms this includes the capability of adolescents to put on condoms correctly; acquiring condoms and negotiating condom use with a sex partner. Peer support is another construct of the model. Such support can help promote sexual communication and reduce risk among adolescents and young adults (Odutolu, 1997).

Diffusion of innovation and social network theories

The diffusion of innovation theory is based on the idea that most innovations spread gradually from innovators, who are usually influential and persuasive, to the rest of the community (Kebasbetswe and Norr, 2002). The theory has four essential

elements: the innovation, its communication, the social system and time. It portends that people's exposure to a new idea, which takes place within a social network or through the media, will determine the rate at which various people adopt a new behaviour. Boyer and Kegeles (1991) posits that adopting a new behaviour on the basis of a new idea is based on the basis of a new idea is based on the evaluation of the outcome of such behaviour as observed in respected persons.

Do – feel – learn adoption model

This model suggests that target adopters first adopt an idea or practice on a tentative basis. They then change their attitude as a result or trial adoption experience. The target adopters then push their attitude toward a final step of better learning. The model is constructed from two theoretical bases. The cognitive dissonance theory indicates that when target adopters are in a situation of forced choice between closely similar alternatives, their choices will be followed by an improved attitude toward the idea or practice. Thus, they will gather information that is favourable to the choice they make and unfavourable to the choice they avoided. For example, when they want to buy condoms but they cannot distinguish among the brands.

According to attribution theory, target adopters behave like self – perceiving actors. They attribute their attitude toward an idea or practice. They attribute this choice to the absence of a positive attitude. However, if they have adopted it, they conclude that they must have had a positive attitude. Following the decision to adopt an idea or practice, target adopters then select information that reinforces their attitude. The method works best when adopters feel involved with an idea or practice; and when the products are practically the same. Positioning of social products influences adoption of the idea according to this model. For example, when a man enters a drugstore to buy a condom but cannot distinguish among the brands, he may decide to buy the brand on sale. When he later sees a positive advert about the purchased brand, learning reinforces the likelihood that he will buy the same brand again.

2.6 Positioning of condoms and behaviour change

Kotler and Roberto (1989) argue that a product that meets a major need of a target market but is unable to meet that need better than other products is not distinctive and

will not motivate adoptions. It follows therefore, that such a product may not influence a significant change in behaviour. Similarly, a product that is superior in satisfying minor needs but that fails to satisfy a major need also will not be motivating. It is important that PSI evaluates their positioning of condoms to ascertain whether they are superior in satisfying major or minor needs. Correct and consistent condom use has been promoted as a method to prevent sexually transmitted infections including HIV. Yet research has repeatedly shown that people fail to use condoms consistently (Scott *et al.,* 2006). One influence on the pervasive lack of condom use that has received relatively little attention is the context in which consumers are exposed to condoms (i.e., how condoms are displayed in retail settings). PSI positions condoms in Kenya using various attributes. These include safety, pleasure, and responsibility to family. The positions adopted depend on the target groups.

PSI has been conducting many campaigns in Kenya. Studies on a PSI campaign dubbed "*Nimechill"*(abstinence) established that approximately 85 per cent of urban youth recalled *Nimechill*, and 45 percent were exposed to the campaign through three or more channels (PSI, 2006). A study by PSI (2006) established that the proportion of youth reporting 'never having sex' increased from 88 per cent to 92 per cent over seven months; the effect was however material and not a result of exposure to *Nimechill* Campaign. These findings suggest that there is a relationship between social campaigns and behaviour change. The study recommended longer than seven months of campaign to impact behaviour. This may be attributed to the fact that consumers undergo a learning process to change their behaviour and learning takes time and requires support through repetitive campaigns. A study by PSI (2004) found that condom coverage in Laos town hotspots was 45 per cent and that 41 per cent of target group had access to condoms in hot spots.

In Kenya, condom distribution is intensive and physical access is easy. However, financial constraints may limit condom access to most youths. A study conducted by PSI (2001) in Caribbean revealed that nearly all population reported condom use during their sexual intercourse, but more than half of users reported using condoms inconsistently. This suggests that PSI condom positioning strategies may be weak to sustain consistent behaviour change among users in Caribbean. The study established that lower prices are casually related to purchase. However, evidence is less

conclusive that lower prices would increase consistent use. Inconsistent users were less likely to purchase lower priced condom than consistent users.

The ABC (Abstain, Be faithful/reduce partners, use Condoms) approach can play an important role in reducing the prevalence of HIV in a generalised epidemic, as occurred in Uganda (PSI, 2006). All three elements of this approach are essential to reducing HIV incidence, although the emphasis placed on individual elements varies according to the target population. Although the overall programmatic mix include an appropriate balance of A, B, and C interventions, it is not essential that every organisation promote all three elements: each can focus on the part(s) they are most comfortable supporting. However, PSI (2004) suggests that all people should have accurate and complete information about different prevention options, including all three elements of the ABC approach.

"Thus, when targeting young people, for those who have not started sexual activity the first priority is to encourage abstinence or delay of sexual onset, hence emphasising risk avoidance as the best way to prevent HIV and other sexually transmitted infections as well as unwanted pregnancy. After sexual debut, returning to abstinence or being mutually faithful with an uninfected partner are the most effective ways of avoiding infection. For those young people who are sexually active, correct and consistent condom use should be supported (PSI, 2006). Young people and others should be informed that correct and consistent condom use lowers the risk of HIV (by about 80–90% for reported "always use") and of various sexually transmitted infections and pregnancy, and they should be cautioned about the consequences of inconsistent use (PSI, 2004). Prevention programmes for young people in and out of school should be expanded, and parents should be supported in communicating their values and expectations about sexual behaviour (PSI, 2008).

"When targeting sexually active adults, the first priority is to promote mutual fidelity with an uninfected partner as the best way to assure avoidance of HIV infection. The experience of countries where HIV has declined suggests that partner reduction is of central epidemiological importance in achieving large-scale HIV incidence reduction, both in generalised and more concentrated epidemics. People who have a sexual partner of unknown HIV status should also be encouraged to practise correct and

consistent condom use and to seek counselling and testing with their partner (PSI, 2004).

"When targeting people at high risk of exposure to HIV infection (i.e. engaging in commercial sex, multiple partnerships, anal sex with high-risk partners, or sex with a person known or likely to be infected with HIV or another sexually transmitted infection), the first priority should be to promote correct and consistent condom use, along with other approaches such as avoiding high-risk behaviours or partners. The identification and direct involvement of most-at-risk and marginalised populations is crucial, particularly (but not only) in more concentrated epidemics, where such populations account for a large proportion of infected people. It is also critical to expand prevention programmes designed specifically for people living with HIV/AIDS."

2.7 Summary of literature review

Behaviour change is a process which requires effective communication with the target audience. Communication helps organizations to position their products in the minds of consumers. Right positioning of products can provide motivation to behaviour change. Unmotivated customers may need more information about the benefits of change. Literature suggests that there exist a link between positioning of products and behaviour change. In addition, the four theories of behaviour change concur that there is still no agreed standard for influencing human behaviour. Literature further show that the Population Services have been carrying out targeted campaigns to position condom use among youths. This has been done in tandem with promotion for abstinence. Despite the fact that condoms are extensively distributed, there is no evidence suggesting that wide distribution has an impact on sexual behaviour change among youths; suggesting that condom positioning by PSI may be of little impact on sustained change of behaviour.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Research design

The study was a descriptive survey aimed at determining the impact of positioning strategies on behaviour change among university of Nairobi undergraduate students. Being a descriptive survey, it aimed at determining who, what, when and how of a phenomenon. Ngoru (2007) and Odawa (2005) used the design in related studies.

3.2 The population

The population of interest included only regular undergraduate students at the School of Business, University of Nairobi. According to the School of Business records as at May 2008, undergraduate students were about eight hundred.

3.3 Sample and sampling design

Quota sampling involving 120 students was used in the study. Thirty students comprising of one quota were selected from each year of study. The researcher obtained a sample frame from the School of Business Dean's office. The respondents from each quota were selected through convenience sampling technique. The method was preferred because it improves representativeness of the sample, hence more objective findings.

3.4 Data collection

Primary data was collected using structured questionnaires. The questionnaires were interviewer administered. The semi-structured questionnaire was divided into two parts, each targeting different information. Part A contained questions aimed at obtaining demographic data. Part B contained questions aimed at establishing the extent to which positioning strategies of condoms by Population Services

International (PSI) result to sustained behaviour change among undergraduate students at the School of Business, University of Nairobi.

3.5 Operational dimensions of behaviour change

Behaviour change was operationalized along the variables in Table 3.5.1.

Table 3.5.1 Operational dimensions of behaviour change

Broad generic dimension of behaviour change	Expanded dimension	Relevant questions
Product trial	Awareness Interest Desire Action	7, 8, 9, 10
Consistent use	Product price Product design Distribution Promotion	8, 9, 10
Brand loyal	Product Trust Product benefits	9, 10, 11
Product advocate	Word of mouth campaign Product defence Product referrals	11

3.6 Data analysis

The data collected in part A was analyzed using frequencies and percentages. Data collected in part B was analyzed using the mean scores and standard deviation to determine the extent of sustained behaviour change.

CHAPTER FOUR: DATA ANALYSIS AND FINDINGS

4.1 Introduction

The study targeted 120 regular undergraduate students at the School of Business, University of Nairobi. Questionnaires were given to all members of the sample but, only 107 students responded representing a response rate of 89 per cent which was considered adequate for the study.

4.2 Demographic information

This section shows information on demographic variables of the respondents. These variables include year of study, age, gender, marital status, and residential status.

4.2.1 Year of study

Results show that all (100%) sampled first and second year students responded as compared to 83 per cent and 73 per cent among third year and fourth year students respectively.

Table 4.2.1: Year of study

Year of study	Frequency	Percent
1st year	30	28.0
2nd year	30	28.0
3rd year	25	23.4
4th year	22	20.6
Total	**107**	**100.0**

4.2.2 Age and year of study

When a comparison was made between age and year of study, it was revealed that 75 per cent of the students were aged between 19 and 28. Six per cent of the students were aged above 39 while only 3 per cent were aged 18 and below. Only 3 per cent of first year students were aged 18 and below compared to 12 per cent of the third year students. All second and fourth year students were aged above 18. Seventy three per cent of the first year students were aged between 19 and 28 compared to 63 per of

second year students, 80 per cent of the third year students and 86 per cent of the fourth year students. Ten per cent of the first year students were aged above 39 compared 7 per cent of second year students, and 4 per cent of the third year students.

Table 4.2.2: Age and year of study

Age	Year of study				Total	Percentage
	1st year	2nd year	3rd year	4th year		
Up to 18 yrs	1	0	2	0	3	2.8
19 – 28 yrs	22	19	20	19	80	74.8
29 – 38 yrs	4	9	2	3	18	16.8
39 and above	3	2	1	0	6	5.6
Total	**30**	**30**	**25**	**22**	**107**	**100**

4.2.3 Gender and marital status

Table 4.2.3 shows that 18 per cent of the male students were married compared to 22 per cent of the female students. Twenty per cent of the students were married while 80 per cent of all the students were single.

Table 4.2.3: Gender and marital status

Gender	Marital status		Total	Percentage
	Married	Single		
Male	10	46	56	52.3
Female	11	40	51	47.7
Total	**21**	**86**	**107**	**100**

4.2.4 Residential status

It was found that 84 per cent of the students were residing outside campus while 16 per cent were staying within campus.

Table 4.2.4: Residential status

Residential status	Frequency	Percent
Resident	17	15.9
Non resident	90	84.1
Total	**107**	**100.0**

4.3 Awareness of Population Services International (PSI)

Despite having been in existence for the last 38 years, it was revealed that 60 per cent of the students were not aware of Population Services International (PSI), only 40 per cent indicated that they were aware about the organization.

Table 4.3: Awareness of Population Services International (PSI)

Awareness status	Frequency	Percent
Aware	43	40.2
Not aware	64	59.8
Total	**107**	**100.0**

4.4 Condom Positioning Strategies and Sustained Behaviour Change

The influence of condom positioning on behaviour change was assessed using frequency of condom use, condom attribute importance and reasons for use of condom. A Five – point Likert scale was used to determine the extent of condom positioning strategies on behaviour change among undergraduate students, and the scores of each variable of behaviour change was analyzed to get the mean and standard deviation. The mean scores were rated in the following manner: 0 – 1.4 = Very large extent; 1.5 – 2.4 = Large extent; 2.5 – 3.4 = Moderate extent; 3.5 – 4.4 = Small extent; 4.5 – 5.0 = Very small extent. The standard deviation was used to measure the degree of the spread in the scores among the respondents.

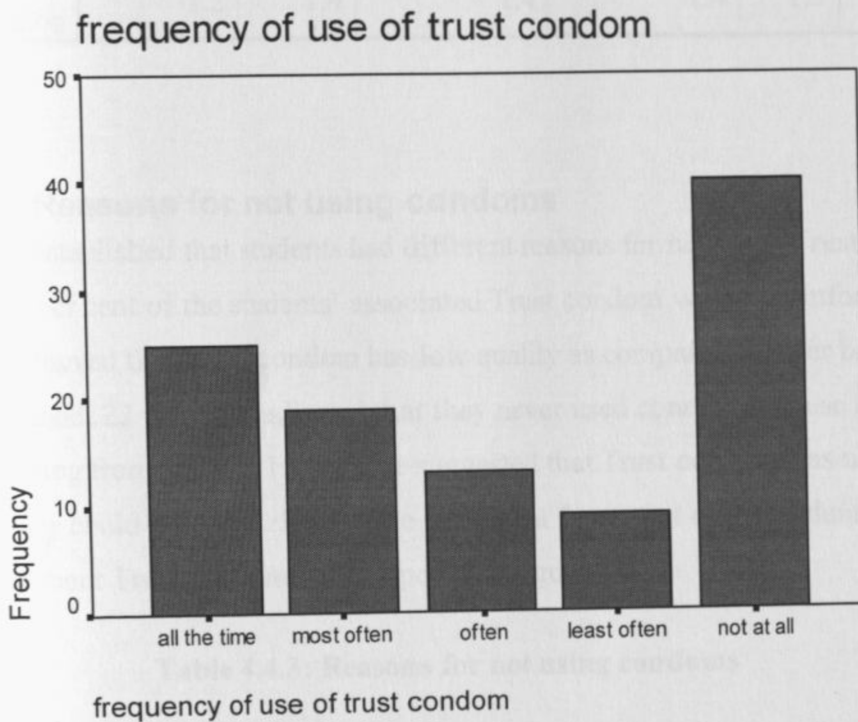
4.4.1 Frequency of use of the various Brands of Condoms

The table below indicates that all brands of condoms were used to a small extent except Trust condom which was used to a moderate extent (mean = 3.2). The standard deviation of 1.4 implies that most respondents were concurrent that Lifestyle and Durex brands of condom were used to a small extent. On the other hand, the large standard deviation of 1.6 suggests that the views of respondents were widely spread from the mean observation with regards to frequency of use of Trust condom and Raha brands.

Table 4.4.1: Frequency of use of the various Brands of Condoms

	Trust Condom	Raha	Durex	Trust Studded	Rough rider	Lifestyle
Mean	3.2	3.6	3.9	3.8	3.9	4.1
Std. Deviation	1.6	1.6	1.4	1.5	1.5	1.4

Figure 1: Frequency of use of Trust Condom



When respondents were asked to indicate how frequently they used Trust condom, it was learnt that about 38 per cent of the students do not use the brand at all while 25 per cent used the brand all the time.

4.4.2 The extent of importance of various benefits of condom use

It was established that protection was the overriding factor influencing the use of condoms. Table 4.4.2 shows that the use of condoms by students was influenced to a large extent by desire for protection (mean = 1.7), quality (mean = 2.2), affordability (mean = 2.3), and accessibility (mean = 2.4). On the other hand, fun (mean = 2.5) and

comfortability (mean = 2.8) were of benefit to students only to a moderate extent. The standard deviation of 1.2 suggests most respondents shared the belief that protection was of paramount importance when using a condom.

Table 4.4.2: The extent of importance of various benefits of condom use

	Protection	Quality	Affordability	Accessibility	Fun	Comfortability
Mean	1.7	2.2	2.3	2.4	2.5	2.8
Std. Deviation	1.2	1.4	1.4	1.4	1.5	1.6

4.4.3 Reasons for not using condoms

It was established that students had different reasons for not using Trust condoms. Thirty per cent of the students' associated Trust condom with discomfort while 24 per cent believed that Trust condom has low quality as compared to other brands. On the other hand, 22 per cent indicated that they never used condom because they were abstaining from sex and 15 per cent suggested that Trust condom was unaffordable and they could not use it. It was also noted that 5 per cent of the students had not heard about Trust condom while 4 per cent argued

Table 4.4.3: Reasons for not using condoms

Reasons for not using Trust Condoms	Frequency	Percent
Low quality	26	24.3
Unaware about Trust Condoms	5	4.7
Unaffordable	16	15.0
Discomfort	32	29.9
Bad smell	4	3.7
Abstinence	24	22.4
Total	**107**	**100.0**

4.4.4 Use of condoms all the time

It was established that 40 per cent of the respondents used condoms consistently while 60 per cent were not consistent about condom use.

Table 4.4.4: Use of condoms all the time

Use of condoms all the time	Frequency	Percent
Yes	43	40.2
No	64	59.8
Total	**107**	**100.0**

4.4.5 Factors influencing use of Trust Condom and Behaviour change

Results show that affordability; protection from HIV/Aids and other sexually transmitted infections; protection from unwanted pregnancies; and comfort; in that order to a moderate extent influenced students to use condom. However, high quality; family planning device; stronger compared to other brands; recommendation by friends and doctors; and association with celebrities in that order influenced the use of Trust condom by students only to a small extent.

Table4.4.5: Factors influencing use of Trust Condom and Behaviour change

	Mean	Std. Deviation
Affordable	2.9	1.6
Protects from HIV and Other STIs	2.9	1.6
Comfortable	3.3	1.4
High quality	3.5	1.4
Protects unwanted pregnancies	3.2	1.5
Stronger compared to other brands	3.6	1.3
Associated with celebrities	3.8	1.4
Family planning device	3.5	1.4
Recommended by friends	3.7	1.4
Recommended by doctors	3.7	1.3
Learnt from adverts that it prevents unwanted pregnancies	3.4	1.5

CHAPTER FIVE: SUMMARY, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This section presents a summary of findings, discussions, conclusions and recommendations. Results have been discussed in line with the research objectives stated earlier in Chapter one. The section concludes by suggesting recommendations for adoption to improve positioning of condoms with the objective of influencing positive change in behaviour among students.

5.2 Summary

The objective of the study was to establish the extent to which positioning strategies of condoms by Population Services International (PSI) result to sustained behaviour change among students at the School of Business, University of Nairobi. Descriptive survey was adopted and structured questionnaires were developed, tested, revised and administered by the researcher to sampled respondents. The population of interest was all regular undergraduate students at the School of Business, University of Nairobi. One hundred and twenty students were selected through quota sampling technique. Data was analysed using descriptive statistics such as frequencies, percentages, mean scores and standard deviation. Findings were presented in tables and charts.

The study established that majority of the respondents were unaware about Population Services International (PSI) and that all brands of condoms were used to a small extent except Trust condom which was used to a moderate extent. It was established that when using condoms, students value to a large extent protection; quality; affordability; and accessibility in that order.

Reasons for not using Trust condom were cited as discomfort; low quality; abstinence; and unaffordable also in that order. Less than half of the students used condoms consistently while majority used condoms inconsistently. Affordability of Trust condoms; and protection from HIV/Aids and other Sexually Transmitted Infections influenced use of Trust condom and behaviour change to a moderate

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extent. On the other hand, associating Trust condom with celebrities; recommendation by doctors and friends influenced the use of Trust condoms to a small extent. In addition, the use of Trust condom by students was influenced only to a small extent by the belief that it is stronger than other brands of condoms.

5.3 Discussions

It was established that one per cent of the first year students were aged 18 and below compared to two per cent of third year students in the same age bracket. Seventy three per cent of first year students were aged between 19 and 28 compared to six three per cent of second year students; Eighty per cent of third year students; and eighty six per cent of fourth year students. This shows that there is no direct relationship between age of student and year of study. This may be attributed to parallel degree programme which gives adults the chance to pursue degree programmes irrespective of age. Twenty two per cent of the ladies were married compared to eighteen per cent of married men. This implies that women marry earlier than men. It may also suggest that more married women are pursuing degree programmes and that women prefer companion to loneliness in life.

The problem of inadequate hostel facilities within campus was manifested by eighty four per cent of non resident students compared to a meagre sixteen per cent of resident students. Results suggest that available hostel facilities can not accommodate many students. Results further indicate that most respondents were registered in the parallel degree programme. This is because regular students are given preference than parallel students when allocating hostel rooms. It emerged that sixty per cent of the students were not aware about Population Services International (PSI) suggesting that the organization lacks strong corporate image and may be incapacitated to launch brand extensions using its corporate brand. The weak corporate image is an indication that the organization does not spare enough resources for advertising itself or engaging in image enhancing activities such as publicity and public relations; sponsorship and corporate social responsibility.

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All brands of condoms were used to a small extent except Trust condom signifying that the brand is popular among student fraternity. Despite weak corporate image, strong brands can stand alone and get noticed. Results show that PSI has spent time, money and people in building the Trust condom brand at the expense of its corporate brand.

It was revealed that protection; quality; affordability and accessibility were to large extent important factors for condom users. The desire to protect oneself and quality condoms imply that findings confirm validity of arguments presented in the health belief model. Findings also suggest that people have accepted HIV/Aids as real and have confidence that good quality condoms can protect them from infection by HIV/Aids and other sexually transmitted disease. In addition, people care about themselves and are not willing to risk. This implies that positioning of condoms using benefit such as protection and the attributes of quality, affordability and accessibility are paramount for marketing success and behaviour change among students. The findings point that manufacturers of condom should strike a balance between quality and price. While quality is very important, the condoms should also be within the financial reach of users.

Students who were not using Trust condom argued that the product causes discomfort; are low quality; and unaffordable. On the contrary, twenty two per cent of the students were practicing abstinence and did not use Trust condoms. Findings point that there exist better quality brands of condoms in the market compared to Trust condoms. Further, Trust condoms are perceived as unaffordable. This may be attributed to free condoms distributed to students and members of the public at Government hospitals and Health centres. Contrary to expectations by members of the public that university students are immoral, results indicated that twenty two per cent are abstaining from sex. This implies that they are not sexually active, are born again Christians or have made deliberate decision to abstain due to fear of infections and unwanted pregnancies.

It emerged that only forty per cent of the sexually active students were using condoms consistently while sixty per cent were inconsistent. The findings validate earlier findings by Scott *et. al.* (2001) and PSI (2001) which revealed that people fail to use

condoms consistently. Results raises fears for possibility of increased HIV/Aids infection rates among young people and particularly within the student fraternity.

Findings of the study show that affordability; protection from HIV/Aids and other STIs; and protection from unwanted pregnancies to a moderate extent influenced the use of Trust condoms and subsequent behaviour change. However, association of Trust condoms with celebrities; and recommendations by doctors and friends to a small extent influenced the use of Trust condoms and behaviour change. Results confirm that users have faith in Trust condoms that it can protect them from HIV/Aids and STIs. Results suggest that an upward price adjustment of Trust condoms would reduce demand and subsequent use among students. It should be noted that despite advertisement which associate Trust condoms with celebrities such as DJ Pinje, it has little impact on the use of the brand and behaviour change among university students. It can be argued with evidence from the findings that use of condom is a very personal decision and recommendations by doctor or friends plays peripheral roles.

5.4 Conclusions

From the findings of the study, it can be concluded that more than half of the university students are unaware about PSI and that all brands of condoms are used to a small extent except Trust Condom which was used to a moderate extent. The most important benefits of condom are its ability to protect, good quality, affordability and accessibility. Failure to use Trust condoms was linked to discomfort, low quality, abstinence, and price. Results revealed that inconsistent use was prevalent among more than half of the students, agreeing with earlier findings by Scott *et. al.* (2001) and PSI (2001) both of which reported inconsistent use of condoms. Factors which influenced use of Trust condom and behaviour change were mentioned as affordability, protection from HIV/Aids and STIs and protection from unwanted pregnancies. On the other hand, associating Trust condoms with celebrities; and recommendation of the brand by doctors and friends have less influence on use of Trust condom and subsequent change of behaviour.

5.5 Recommendations

Positioning has influence on condom use and behaviour change among university students. The study established that positioning using benefit of protection and attributes of quality and affordability has influence on use of condoms and behaviour change. However, positioning of Trust condom is weak on quality and association with celebrities. As a result, it is recommended that:

Manufacturers of condoms should invest in technologies which produce high quality condoms while at the same time at lower costs. This will result to affordable high quality products which improves use of condoms and behaviour change.

Distributers/sellers of condoms including Trust condom should position their products using absolute protection benefit and attributes such as high quality and affordable. Firms may choose to position along single benefit or a combination of benefit and attributes without confusing buyers.

Trust condom should be reengineered to make it comparatively stronger, comfortable and high quality. Trust condom dealers need to reposition the product as a high quality condom.

PSI need to invite gynaecologists and psychologists to talk to students on dangers of inconsistent use of condoms. The organization should encourage forums where students exchange views on safe sex.

Since affordability and quality are paramount to use of condoms, the Government need to uphold the policy of zero tax on all condoms. Further, the Government through Kenya Bureau of Standards should ensure that condoms entering Kenyan market are of high quality.

5.6 Limitations of the study

First, the choice of the sample was made from the School of Business only. If the selection criteria would have been broadened to include more Schools or Universities, the findings could have been different.

Secondly, the findings of the study are limited to university students and may not represent the views of those in middle level colleges and secondary school students.

Finally, the study was limited by resource availability which constrained involvement of geographically wider scope.

5.7 Suggestion for further research

A study should be carried out to encompass other schools/colleges of the university to give a wider picture due to their unique locations. It will also be interesting to carry out a cross- sectional study in other public and private universities to establish the influence of condom positioning strategies on behavioural change. In addition, future research should investigate the link between social learning and behaviour change.

REFERENCES

Adcock, D., Bradfield, R., Halborg, A., Ross, C. (1998), **Marketing Principles and Practice**, 3rd ed. Financial Times, Pitman Publishing

Alcalay, R. and Bell, R. A. (2000), "Promoting Nutrition and Physical Activity through Social Marketing: Current Practices and Recommendations, Prepared for the Cancer Prevention and Nutrition Section". California, **California Department of Health Services, Sacraments, CA, Centre for Advanced Studies in Nutrition and Social Marketing**, University of California, Davis, CA.

Andersen, A. (1995), **Marketing Social Change: Changing Behaviour to Promote Health, Social Development, and environment**. Jossey – Bass, San Francisco, CA.

Ansoff, H. I., (1987), **Corporate Strategy.** McGraw Hill, New York.

Bandura, A. (1994), Social Cognitive Theory and exercise of control over HIV infection. In **Preventive AIDS Theories and Methods of Behavioural Interventions**, Diclemente R. J., Peterson, J. L. (eds). Plenum Press: New York and London, pg. 25 – 55

Batra, R., Myers, G. J., Aaker, A. D., (1996), **Advertising Management**, 5th ed. Prentice Hall of India

Baker, M. J. (1997), **Marketing**, 3rd Edition, Butterworth Heinemann, Oxford, pp. 303 – 329

Bearden, W. O, Ingram, T. N., Lafarge, R. W. (2000), **Marketing – Principles and Perspective**, 3rd Edition, McGraw – Hill, New York, USA, pp. 148 – 172

Boyer, C. B., Kegeles, S. M. (1991), AIDS risk and prevention among adolescents. **Social Science Med**, Vol. 33, pp. 11 – 23

Cantania, J., Kegeles, J., Coates, T. (1990), Toward understanding of risk behaviour: an AIDS Risk Reduction Model, **Health Education**, Quarterly 17, pp. 53 – 72

Carmel, S. (1991), The health belief model in the research of AIDS related prevalence behaviour, **Public Health Review**. Vol. 18, pp.73 – 85

Churchill, G. A., Peter, P. J. (1995), **Marketing – Creating Value for Customers**, Irwin, Western Press, Illinois, USA

Desrosiers, M., Hazel, J., Ladonceur, R., Layne, N., Mintz, H. J., (1997), "Social advertising and tobacco demand reduction in Canada', Fishbein, M., Goldberg, E. M., (ed.), **Social Marketing**, New Jersey, Lawrence Erlbaum Associates

Dillon, W. R., Domzal, V. and Madden, T. J. (1986), Evaluating alternative product positioning strategies, **Journal of Advertising Research**, August/September, pp. 29 – 35

Gantz, W., Fitzmaurice, M. and Yoo, E. (1990), "Seat belt campaigns and buckling up: Do the media make a difference?", Health Communication, Vol. 2. pp. 1 – 12

Garton, P., (2001), "Theories and models of buyer behaviour", Broderick, A., Pickton, D. (ed.), **Integrated Marketing Communications**, Pearson Education.

Grant, R.M. ((1991), **Contemporary Strategy Analysis**. 3rd Edition, Blackwell Publishers Inc.

Government of Kenya (1993), **Development Plan 1989 – 1993**, Government Printer, Nairobi, Kenya.

Harvey, D. P., (1997), "Advertising affordable contraceptives: The social marketing experience". Fishbein, M., Goldberg, E. M., (ed.), **Social Marketing**, New Jersey, Lawrence Erlbaum Associates

Houston, F. S. and Gassenheimer, J. B. (1987), "Marketing and Exchange", **Journal of Marketing**, Vol. 51, pp. 3 – 18, October.

Hochbaum, G. M. (1958), **Quote from Preventing AIDS Theories and Methods of Behavioural Interventions**, DiClemente, R. J., Peterson, J. L. (eds). Plenum Press: New York and London, pp. 25 – 55

Jemmott, J. B., Jemmott, L. S., Font, G. T. (1992), Reduction in HIV risk – associated sexual behaviours among black male adolescents: Effects on AIDS prevention intervention. **Am J Public Health**, Vol. 82, pp. 372 – 377

Johnson, G. & Scholes, K. (2002). **Exploring Corporate Strategy: Text Cases.** Prentice Hall, NJ, 6TH Edition.

Jordaan, Y., Prinsloo, M. (2001), **Grasping Service Marketing**, Grapevine News Publisher, South Africa, pp. 113-124

Kebasbetswe, P., Norr, K. F. (2002), In **AIDS in Africa**, 2nd ed. Essex, M., Mboup, S., Kanki, P. J., Marlink, R. G., Tlou, S. D. (eds). Kluver Academic/ Plenum: New York

Kihara, J., (2003). *Higher Education Revolution in Kenya*, **The Daily Nation, Universities Special Journal** October 13, Pg. 2-23.

Kimandi, F. R. (2002), **A Survey of the Segmentation Practices of Micro- finance Institutions in Nairobi.** Unpublished MBA Research Project, University of Nairobi

Kotler P., and Kevin K. L., (2007), **Marketing Management.** 12lh ed. Pearson Prentice - Hall.

Kotler, P. (2000), **Marketing Management**, Millenium edition, Prentice – Hall, Upper Saddle River, BJ.

Kotler, P. (1994), **Marketing Management – Analysis, Planning, Implementation, and Control**, Prentice-Hall, Englewood Cliffs, NJ.

Kotler, P., and Roberto, L. E. (1989), **Social Marketing; Strategies for changing public behaviour**. The Free Press, New York London

Makau, M. C. (2002), **Perception of message appeals on HIV/Aids campaign: A case of University of Nairobi Faculty of Commerce students**, Unpublished MBA Research Project, School of Business, University of Nairobi

Mason, R. E, Rath, P. M., Husted, S. W., Lynch, R. L. (1992), **Marketing – Practices and Principles**, 5th Edition, Glencoe, New York USA, pp. 68-81

Mbirwe, S. W. (2007), **A Survey of Positioning Strategies used by pharmacies in Nairobi**, Unpublished MBA Research Project, School of Business, University of Nairobi

Mellanby, A. R., Phelps, F. A., Chrichton, N. J., Tripp, J. H. (1996), School sex education, a process for evaluation: Methodology and results. **Health Education Research**, Vol. 11, pg. 205 – 214

Morden, A. R. (1993), **Elements of Marketing,** 3rd Edition, ELBS, Aldine Place, London, pp. 95 – 105.

Ngoru, J. N. (2007), **A survey of post purchase behaviour of masters of business administration graduates of the university of Nairobi: The case of MBA parallel programme**, Unpublished MBA Research Project, School of Business, University of Nairobi

Odiko, T. B., (2003), **Factors influencing social marketing in the reproductive health sector: A case study of male branded condoms**, Unpublished MBA Research Project, University of Nairobi

Odutolu, O. (1997), HIV/AIDS: Sexual Communication and Risk Reduction among Adolescents. Presented at the **10th International Conference on AIDS and STDs in Africa Abidjan**, 1977. ICASA Conference Proceedings

Ojanji, W. (2008), Why early sexual activity among the youth does not always mean they use protection. **The Standard**, Wednesday July 16, 2008, pg. 3

O'keefe, G. J. (1985), "Taking a bite out of crime: The impact of a public information campaign", Communication Research. Vol. 12, No. 2, pp. 147 – 178

Otieno, J. (2008), **Daily Nation**, July 30, 2008. pp. 1, 5 and 10

Population Services International Biennial Report 2001 – 2002, Washington D. C., Population Services Intertnational

Population Services International (2007), **Biennial Report**

Price, N. (2001), "The Performance of Social Marketing in reaching the poor and vulnerable in AIDS Control Programmes". **Health Policy and Planning**, Vol. 16, No. 3, pp. 231 – 9

Population Services Dashboard (2006), **Kenya (2005): HIV/AIDS TRaC Study Evaluating Abstinence among Urban Youths (10 – 14 years)**, Nairobi, Kenya

Population Services Dashboard (2006), **Caribbean (2001): Price as a barrier to condom use: A randomized controlled trial in Trinidad and Tobago and St. Vincent and the Grenadines**

Population Services Dashboard (2006), **Laos (2004); MAP Study Evaluating Coverage and Quality of Coverage of Condoms in Hotspots in Seven Provinces**

Perreault, W., McCarthy, E. J. (1996), **Basic Marketing – A Global Managerial Approach,** 12th Edition, Irwin/Mc Graw-Hill, Boston, USA, pp. 80-112

Ries, A. and Trout, J. (1986), **Positioning: The Battle for your Mind**, McGraw-Hill, London.

Santelli, J. S., Konzis, A. C., Hoover, D. R., Polacsek, M., Burwell, L. G., Celentano, D. D. (1996), Stage of behaviour change for condom use: The influence of partner type, relationship and pregnancy factors. **Fam Plann Perspect**, Vol. 28, pp. 101 – 107

Sekhar, K. M. (1989), **Positioning strategies for the British Commercial Vehicles**. Unpublished MPhilThesis, University of Strathclyde, Glasgow

Tengo D., (2003). *Higher Education Revolution in Kenya,* The Daily Nation, **Universities Special Journal** October 13, Pg. 2.

Scott – Sheldon, L. A., Glarsford, D. E., Marsh, K. L. and Lust, S. A. (2006), Barriers to condom purchasing: Effects of product positioning on reaction to condoms. **Social Science and Medicine**, Vol. 63, No. 11, pp. 2755 – 2769

Stead, M., Tagg, S., Mackintosh, A. M., and Eadie, D. R. (2005), Development and evaluation of a mass media theory of planned behaviour intervention to reduce speeding". **Health Education Research: Theory and Practice**, Vol. 20, No.1, pp. 36 – 50

Urban, G. and Star, S. (1991), **Advanced Marketing Strategy: Phenomena, Analysis and Decisions,** Prentice-Hall, Englewood Cliffs, NJ.

Wamanji, N. (2006), Youth and Sex, **The Standard**, February 12, 2006

Walker, O. C., Boyd H. W., Larreche J. C. (1996**), Marketing Strategy – Planning and Implementation**, 2nd Irwin/McGraw – Hill, Boston, USA,pp.146-193

Zineldin, M. (1995), "Bank-company interaction and relationships: some empirical evidence", **International Journal of Bank Marketing**, Vol. 13 No. 2, pp. 30-40.

APPENDIX I: LETTER TO THE RESPONDENTS

Atina Francis,
University of Nairobi
School of Business,
P.O. Box 19070-00100,
Nairobi.

Dear respondent,

RE: TO WHOM IT MAY CONCERN

I am a student at the University of Nairobi pursuing a master OF Business Administration degree programme. I am conducting research on the influence of product positioning strategies adopted by population services international on behaviour change s. You have been chosen as one of the respondent for this study. I will be grateful if you respond to my questionnaire honestly.

I would like to assure you that the information gathered will be handled in strict confidence and used for the purpose of this research only.

Thanking you in advance for your honesty and co-operation.

Yours faithfully,

Atina Francis.

APPENDIX II: QUESTIONNAIRE

RESEARCH TOPIC: THE INFLUENCE OF PRODUCT POSITIONING STRATEGIES ADOPTED BY POPULATION SERVICES INTERNATIONAL ON BEHAVIOUR CHANGE AMONG UNIVERSITY OF NAIROBI STUDENTS

Tick Where Applicable √

PART A: DEMOGRAPHIC DATA

1. Mark your age bracket
   (a) Under 25 Yrs. ☐ (b) 25 – 35 Years ☐
   (c) 35 – 45 Yrs. ☐ (d) Above 45Yrs ☐

2. Indicate your gender
   (a) Male ☐ (b) Female ☐

3. What is your year of study.
   (a) 1st year ☐ (b) 2nd year ☐
   (c) 3rd Year ☐ (d) 4th year ☐

4. Indicate your Marital status
   (a) Single ☐ (b) Married ☐
   (c) Divorced ☐ (d) Widowed ☐

5. Indicate your Residential Status
   (a) Hostel (Resident) (Stays in Campus) ☐
   (b) Non resident (Stays out of Campus) ☐

SECTION B: EXTENT TO WHICH POSITIONING STRATEGIES RESULT TO SUSTAINED BEHAVIOUR CHANGE

6. Are you aware about Population Services International (PSI)?

(a) Yes ☐ (b) No ☐

7. Indicate how often you use the following brands of condoms by ticking appropriate box in the table below.

Condom brand	All the time	Most often	Often	Least often	Not at all
Trust					
Raha					
Durex					
Trust studded					
Rough rider					
Lifestyles					
Other (specify)					

8. In order of importance where 1 = most important and 5 = not important, indicate the extent of importance for each reason of condom use by ticking the right box (*Tick* (√) *only one box for each reason*).

Reason for use	Most important (1)	Important (2)	Somewhat important (3)	Least important (4)	Not important (5)
Protection/safety					
Quality					
Affordable					
Accessible/readily available					
Fun/pleasure					
Comfortable					
Other (specify)					

9. If you never use trust condom, what are your reasons for not using the Trust condoms?

(a) Low quality ☐ (b) Unaware about Trust condom ☐

(c) Unaffordable ☐ (d) Discomfort ☐

(f) Others (Specify)……………………….

10. Do you use condoms all the time?

(a) Yes ☐ (b) No ☐

11. Indicate the extent to which you agree to the following statements? (*Tick (√) only one box in each statement*)

Statement of behaviour	Strongly agree (5)	Agree (4)	Somewhat agree (3)	Disagree (2)	Strongly disagree (1)
I use Trust condoms consistently because it is affordable					
I use Trust condoms to protect myself from HIV and other sexually transmitted diseases					
I use Trust condoms because it is a comfortable product					
I use Trust condoms because of its high quality					
I use Trust condoms to protect myself from unwanted pregnancy					
I use Trust condoms because it is stronger compared to other brands of condoms					
I use Trust condoms because it is associated with Celebrities in advertisements					
I use Trust condom as a family planning device					
I use Trust condoms because my friends recommended it to me					
I use Trust condoms because it was recommended by my doctor					
After learning from advertisement of Trust condoms that it prevents unwanted pregnancies, I decided to use it consistently					