

**FACTORS INFLUENCING SOCIAL MARKETING IN THE
REPRODUCTIVE HEALTH SECTOR IN KENYA: A CASE
STUDY OF MALE BRANDED CONDOMS**

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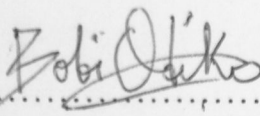
SUPERVISOR
DR. RAYMOND MUSYOKA

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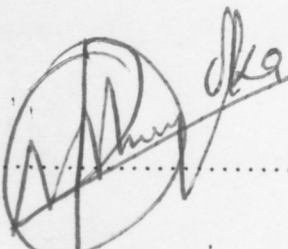
DECLARATION

This Research Project is my original work and has not been submitted for a degree in any other university.

Signed:  Date: 10/11/2003

T. Bobi Odiko

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

Signed:  Date: 10/11/03

Dr Raymond Musyoka

Lecturer, Department of Business Administration

Faculty of Commerce, University of Nairobi

DEDICATION

This paper is dedicated to my wife Terry for her support and encouragement and my sister Sheila. I urge both of you to strive to complete your MBA study too.

And

To my parents George and Jael Odiko for teaching me the values of hard work; discipline and patience, siblings - Tito, Hilda and the entire Kimani family, for their encouragement.

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a) To determine the extent of social marketing practices by organizations in the reproductive health sector in Kenya

b) To determine factors that contribute to successful social marketing by these organizations

c) To identify constraints faced by these organizations in applying social marketing tools

Primary data was collected through a semi-structured questionnaire which was administered to a census population of six organizations. The data was analyzed using descriptive statistics including proportions, percentages and tabulations and further correlation and content analysis between the demographic data and social marketing relationships were explored.

The findings revealed that Social Marketing is indeed perceived as a complementary tool to commercial marketing. In essence, Social Marketing is a vital tool in creating positive perception and increasing the acceptability of products and services to encourage beneficial behaviour among segments of population underserved by existing public and private systems. The study found there were both positive and negative factors that had an impact on

ABSTRACT

The academic thinking on Social Marketing draws mainly from the developing countries with many studies addressing the broader concept of social marketing. This study therefore sought to determine the Factors Influencing Social Marketing in the Reproductive Sector in Kenya by focusing on male branded condoms.

Three objectives were pursued. These were:

- a) To determine the extent of social marketing practices by organizations in the reproductive health sector in Kenya
- b) To determine factors that contribute to successful social marketing by these organizations
- c) To identify constraints faced by these organizations in applying social marketing tools

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Social Marketing practices. Branding, accessibility and social support, increased promotion and communication activities led to an increase in social marketing of condoms. Also evident was the risk perception and fear of contracting the disease, marketing of condoms as one of the components of dual protection and increased targeting of men.

On the other hand, the fear of condom failure, religious and cultural fears and gender related differentials proved to be a challenge worth overcoming if the impact of increased condom accessibility and sales were to be felt.

Social bias discourages the use of products just as negative perception does and carefully sieved behaviour change information combined with marketing in attractive ways, can greatly increase condom acceptability and that of other like-related products.

There is need for further research in this area to establish factors that can lead to consistent condom use including the role of risk perception, social support and efficacy. A need for a parallel condom campaign positioning the condom as important in pregnancy prevention may be necessary.

CHAPTER 1

INTRODUCTION

1.0 Background

The Population of Kenya today is 30 million people with a population growth rate of about 1.7% per annum. The country continues to be characterized by a young population as a result of high fertility and declining mortality (Picazo, 2000). The youth defined by the World Health Organization (WHO) as persons aged between 15-24 years, constitute about 60% of the country's population. According to the National Census Bureau (1998), it is anticipated that by the year 2008, the population figure will rise to 39.1 Million. This clearly emphasizes the need for sustainable development.

As at the time of independence in 1963, illiteracy, disease, ignorance and poverty, were identified by the government as the main problems, to be addressed in post - independence era. In line with this, the government attempted to address various concerns of the disadvantaged groups such as poverty and unemployment through various sessional papers and development plans (Government of Kenya, 1999). The economy depended largely on agriculture and it contributed to the national economy and rural development in several ways. Besides generating employment, it was also a major revenue earner to the government through taxation (Odhiambo, 1986).

Later in the early eighties, tourism became a major revenue earner for the economy besides agriculture, contributing to slight employment expansion then (Holmquist, 1994). However, during the fifth and sixth National

Development Plans (1984-1988 and 1989-1993), the country recorded major macro economic imbalances thereby calling on the government to begin liberalizing the economy in line with the Structural Adjustment Policies (SAPs) put in place by the Bretton Wood Institutions (Government of Kenya, 1999).

Although the government put in efforts to develop the country, its viable attempts to create employment, better standards of living and the ambitious set of goals and targets for eradication of poverty, were largely unrealized. Poverty thus lingered on and is still recognized as a major threat to a very significant section of Kenyan households with worrying follow-on consequences for the security and economic well being of those with surplus income and goods services. Statistics show that close to 10 million people live below the extreme poverty line (Government of Kenya, 2000).

The extreme poverty line refers to the level below which minimal nutritionally adequate diets as well as essential non-food requirements are not affordable. This then means that one in every three Kenyans has joined the ranks of those who cannot afford a decent meal, basic education, adequate health care, clothing and shelter. This coupled with the population explosion partly contributes to the increased rural-urban migration in search of better opportunities (Picazo, 2000).

As the government continued to grapple with poverty and unemployment, the Human Immunodeficiency Virus discovered in the United States in 1981 and responsible for the Acquired Immune Deficiency Syndrome (AIDS) disease, became a reality in Kenya when the first cases were reported in

1984 (Forsythe et al, 1996). HIV/AIDS as it known is a threatening condition whose cure is yet to be found. It attacks the immune body system rendering one incapable of fighting other diseases. HIV/AIDS is largely transmitted through sexual intercourse with an infected individual which is responsible for over 80% of the transmissions (Government of Kenya, 1998).

HIV/AIDS can also be transmitted from an infected woman to her foetus or infant before, during or shortly after birth and through breast milk. Transmission also occurs through HIV infected blood, blood products or transplanted organs or tissues, for example, by direct blood transfusion or through the use of improperly sterilized needles, syringes and other skin piercing instruments. An individual who gets infected, lives with the irreversible condition and often gets ill from various opportunistic infections that attack one's body (Kiiti et.al, 1995).

1.1 HIV/AIDS in Kenya

Since the first case of HIV/AIDS was identified in Kenya, it has gone through three broad but unique phases in terms of policy formulation (Okeyo, 1993). Between 1984-87, there was a feeling that HIV/AIDS was not a serious problem for the country. It was described by both policy makers and media as a disease of the westerners' especially gay men (Forsythe, 1996). The second phase of 1988-91 witnessed a more realistic appraisal of HIV/AIDS as a harmful health issue. The Ministry of Health took the responsibility of raising awareness on the consequences of the disease (Okeyo, 1993). Nevertheless, the public response was slow with little emphasis on change of personal behavior.

Religious leaders on their part, spoke against the use of condoms (Daily Nation, 1990). Although they admitted HIV/AIDS was a problem, the use of condoms was westernized and did not suit the local Kenyan situation. The government and policy makers largely avoided the topic as it was deemed to be potentially harmful to tourism. The task was therefore widely left to the Ministry of Health.

The third phase (1992-1995) was marked by the release of the surveillance data by the government in early 1993 (Okeyo, 1993). It also brought with it a significant change in Kenya's policy environment with the government hosting the first HIV/AIDS conference in April 1993. The National Development Plan (1994-1999) included a chapter on the economic impact of HIV/AIDS and work also began on producing a Parliamentary Sessional paper on HIV/AIDS that addressed various policies. The government further signed an agreement with the World Bank for a loan on STDs and HIV prevention and control programs in 1995, thereby instituting financial commitment to reduce the impact of HIV/AIDS (Nalo, et al, 1993).

Despite the initiatives, statistics to date remain grave as the country loses many young people during their prime years. The National AIDS Control Council (NACC) places the figure at 700 people per day. One in every eight Kenyans carry the HIV/AIDS virus while the infected population is now about 2 million (Gachara et al, 2000)). Society at large continues to discriminate and stigmatize People Living With HIV/AIDS. Many have lost their jobs.

The Central Organization of Trade Unions (COTU) placed HIV/AIDS to be a major factor afflicting the workplace in the year 2000 even though in most cases, it was the silent reason behind some of the lay-offs (Njue, 2001).

The church does not support the use of condoms as it feels it is immoral. It instead advocates for promotion of Christian lifestyle while encouraging positive behaviour change (Mwaura et al, 2003). In 2000, the Catholic Church supported by the Catholic Peace and Justice Commission, burned thousands of condoms on the premise that the product promoted immorality in the society (Daily Nation, July 2000). The Muslim Consultative Council also supported the church in abhorring the use of condoms. Research done in churches indicate that 64% of males and 39% of the females are sexually active (Kiiti et al, 1995). The society is of the notion that condom usage should be encouraged to reduce the impact of the scourge. This pits both the Church and the Muslim fraternity against the secular society and more so, the medical sector. Religious leaders and Catholics in particular, are playing their mandated role as dictated by the Vatican to ensure eternal life is not hindered by promiscuity, while medical experts on their part argue on the basis of their oath to preserve physical life (Tabifor, 2001).

However due to information, education and communication strategies as well as lobbying from the medical fraternity, workers bodies and lately, the HIV/AIDS Bill in parliament in 2002, employers are being implored upon to keep HIV/AIDS positive workers on their staff until they are totally unable to contribute. Although it is a positive step in reducing stigma, it means spending more on workforce insurance, provision of antiretroviral drugs and losing productivity due to absenteeism (Murambi, 2000).

Twenty years since HIV/AIDS was first discovered in Kenya, one could say a relatively high percentage of the population is today aware of HIV/AIDS and its effects on the society. The focus is now both on enriching the health of those infected or affected as well as prevention and control measures and the strategies must work in tandem.

The National AIDS Control Council continues to take the lead in fighting the pandemic. In 2000, the government produced a National HIV/AIDS Strategic Plan to address the scourge. It has established AIDS Control Units (ACU) in all government departments to assist in the coordination of the Strategic Plan and to mainstream HIV/AIDS prevention and control in the core functions of the ministries. The Policy Paper enjoins many stakeholders in its implementation and success, including the government and its agencies, the private sector, non-governmental organizations, local communities and People Living With HIV/AIDS. It has two principle goals for effectively reducing the spread of HIV as: (1) Increasing infection risk perception and (2) enhancing condom use against the transmission of HIV and Sexually Transmitted Infections (Government of Kenya, 2001).

In line with this, the government also recently produced a Condom Policy and Strategy Paper (2001-2005) when it became evident that there were numerous gaps identified in the areas of coordination, supply and distribution, access and financing of condoms. The priority of the Condom Policy and Strategy paper is to ensure adequate national supply of and access to condoms, coupled with public education and advocacy to increase use among those who need to use condoms but are currently not doing so (Government of Kenya, 2003).

The government continues to invest heavily in meeting the deficit need of condoms. It has used mostly loan funds and donor assistance to meet the costs of providing public sector condoms. In the 2001/2002 budget, customs duty and VAT on condoms was waived to enable increased importation of condoms. There is a continuing need however, to sustain the investment during the coming years and to ensure that scarce resources are utilized. During the period 2001-2005, the government will encourage District Health Management Teams (DHMTs), District Health Management Boards (DHMBs) and District Health Management Committees (DHMCs) to develop revolving funds to sustain adequate supplies of condoms to areas of jurisdiction. In order to meet part of the costs and ensure rationale use of the condoms, the government is set to gradually phase in-fee-for service for the condoms in an equitable manner. It has already committed funds to social marketing through the Ministry of Health and German Technical Cooperation.

Various organizations in both the public and private sectors are also making significant contributions. Marketing as a sector has not been left behind. The reproductive health economy as a whole, has also been targeted by social marketers who complement the existing health infrastructure thus becoming an important component of efforts geared towards improving national health. Social Marketing has become increasingly popular in Kenya in addressing social health issues (Bwayo, 2000).

While Social Marketing has its roots in family planning, Condom Social Marketing (CSM) in particular, is a vital response to the HIV/AIDS pandemic (Anderson et al, 1998). Condom Social Marketing programs

make condoms accessible and affordable to the low-income groups and other high-risk groups such as the youth and migrant workers. It addresses both supply and demand issues using the commercial infrastructure to make the products available. The private sector is using aggressive marketing methods to promote and distribute these condoms to millions of people. Population Services International (PSI) is an International Organization that has promoted condom social marketing strategies for several years in Kenya (Anderson et al, 1998). With the advent of HIV/AIDS in Kenya, PSI introduced the Trust Condom in Kenya and has been widely marketing it since. In so doing, PSI and other social marketers complement both the commercial and clinical approaches. This means that one can access condoms both commercially in the shelves, in the clinical setting and as well as through social marketing programs.

But donor funding heavily subsidizes Social Marketing programs in Kenya. UNAIDS for example, promotes and supports social marketing and especially marketing of condoms, as a key strategy in the fight against HIV/AIDS and STDs (Rutayuga, 1992). Economically, donor funding in this country is dwindling by the day and not as it was in the yesteryears (Ndi, 2000). With the kind of economies we have today, it is important that social marketing programs aim to be cost effective in health interventions and work towards recovery of high operation costs, development of long term institutional and management capacity. The move towards self-sufficiency must be weighted against making the product available and affordable to reach groups perceived to be at high risk.

1.2 Statement of the problem

Making condoms available is only one part of the social marketing equation for the bigger challenge lies in encouraging their use. Many macro level factors such as unemployment, poverty and the need to improve living standards, lead to and will continue causing migration to and from urban centers. This coupled with population explosion lead to situations where the populace become prone to indulge in extra-marital affairs, casual sex activities and commercial sex work in both rural and urban areas (Nzioka, 2001). Targeting such groups with condoms and other preventive strategies is therefore essential.

Some studies have been done on different areas related to this study. Black (1973) explores social demographic impact of a social marketing approach concluding in the findings the need to compliment the clinical approach to family planning and disease prevention through aggressive marketing, involving the Kenyan male with contraception and the use of media in changing consumer perception in using contraceptive health products. Bwayo (1993) states that condoms provide an 85% reduction in HIV/AIDS transmission risk when infection rates are compared in those who use condoms versus non-users. Prevention is therefore essential for the uninfected.

Rarieya (2001) states that despite managers favouring their firms' involvement in assisting society reduce HIV/AIDS through education and reduction in Antiretroviral drug pricing, profit-making still dominates management thinking in many pharmaceutical companies.

Nevertheless, condom talk and user perception is still rising and condoms remain vital in the fight to defeat HIV/AIDS. **This study therefore seeks to examine factors that influence Social Marketing in the reproductive health sector in Kenya by focusing on male branded condoms.**

1.3 Objectives of the Study

The study has three objectives

- a) To determine the extent of social marketing practices by organizations in the reproductive health sector in Kenya
- b) To determine factors that contribute to successful social marketing by these organizations
- c) To identify constraints faced by these organizations in applying social marketing tools

1.4 The Importance of the Study

Social Marketing programs are an important component of marketing in various sectors in Kenya. The study is therefore expected to be vital to:

1.4.1 Marketers

Since marketing functions and more so social marketing is evolving, the study will make an important contribution to knowledge that social marketers need in order to improve their practices. It also emphasizes that social marketing programs can co-exist alongside commercial products and help in increasing product usage.

1.4.2 Medical Fraternity

HIV/AIDS and its prevention is a big issue in the medical field in Kenya today. It is hoped that doctors, nurses, paramedics, counselors and others involved in the medical practice will also appreciate and view social marketing of health products and especially that of condoms as a compliment rather than as competitors to the existing clinical approaches.

1.4.3 Other Stakeholders

The study is expected to contribute to the improvement of social marketing practices in the reproductive health sector in Kenya. In this regard, it is anticipated that levels of distribution, brand awareness and sales will improve, enabling organizations to be sustainable and therefore benefit distributors, employees and other beneficiaries.

1.4.4 Policy Makers

Social marketing programs if successful can assist in raising or improving the revenue base of the nation, increase employment opportunities and give citizens a choice to live healthily. The study intends to lend credence to the same.

1.4.5 Academicians

The study is expected to make fundamental contribution to social marketing knowledge and as such provide basis for further research.

CHAPTER 2

LITERATURE REVIEW

2.0 Theoretical Literature

2.1 Definitions

Kotler (1997) defines Marketing as a social and managerial process by which individuals and groups obtain what they need and want through creating, offering and exchanging products of value with others. It thus consists of all activities designed to generate and facilitate any exchange intended to satisfy human need or wants (Stanton, 1987).

Social Marketing is the adaptation of commercial marketing techniques to social goals (Lewis, 1986). Social Marketing therefore makes needed products available and affordable to low-income people while encouraging the adaptation of healthy behavior. In comparison, Commercial Marketing ensures that a product is made available in a variety of outlets to enable competitive profit margins through intensive brand promotion. In most cases, these products are usually available and affordable to only the higher income percentage of the population.

Social Marketing is further described as a process that adapts proven marketing tactics to raise awareness, change attitudes and social behavior in order to sell a product or promote a practice (McNeill, 1978). It therefore supports the view that an organization should discover and satisfy the needs of its customers in a way that also provides for the society's well being. Social Marketing is the utilization of commercial marketing tools in making

products available and affordable, while linking with a communications campaign geared to sustainable behaviour change.

In this paper, the definition by McNeill has been adapted for use. It attempts to show a relationship between commercial marketing and marketing for social goals, the rationale for social marketing and issues such as competitiveness and sustainability.

2.1.1 Commercial Marketing and Social Marketing –A Close

relationship

It is important at this point to introduce a brief discussion on marketing mix variables and how social marketers utilize them. For marketing to occur, at least four factors are required: (1) Two or more parties (individuals or organizations) with unsatisfied needs; (2) a desire and ability on their part to be satisfied (3) a way for the parties to communicate and (4) something to exchange. These factors in essence, determine the breath and depth of marketing (Berkowitz et al, 1992).

2.1.2 The Four “P’s” of Social Marketing

A cohesive marketing program encompassing Product, Price, Promotion and Place, also known as the marketing mix, is therefore vital and remains an important technique in marketing. With each social marketing program, the concept of targeting the population is essential.

Product is the knowledge, attitudes, or behaviour you want the target audience to adopt. The product can be an idea such as not using alcohol, tobacco or other drugs. It could also be a related commodity such as seeds

for a substitute cash crop, condoms for safe sex, or a nicotine substitute to help smokers quit.

Price is what audience members give up to receive the programs benefits. It may be more abstract than money in some cases such as the psychological and physical trauma of fighting an addiction or the psychological cost of separating oneself from friends who advocate for sex without condoms.

Place or the channel, refers to how the message is disseminated. Channels could include mass media, schools, churches or workplaces. The place will often affect the price. For instance, if the message is promoted within an organized youth group, the price of peer pressure may be reduced. It is therefore important to choose a channel which is most appropriate to the target audience.

Promotion is the means of persuading the target audience that the product is worth its price. It may include a publicity campaign through the mass media but it can also involve teaching life skills or community activities.

In addition, successful marketing begins with the understanding why and how consumers behave as they do (Kotler, 2000). Social Marketing has also borrowed from the commercial techniques. The emergence of social marketing in the 1960's was a response to two main developments: the political climate in the late 1960's that put pressure on various disciplines to attend to social issues, and the emergence of non-profit organizations that found marketing to be a useful tool (Perkins, 2002).

Further on, the need for audience segmentation and formative research is considered ideal. A product needs to be positioned in the context of community beliefs in social marketing. What are the information needs, to who and why? Similarly, as is the case with commercial marketing, competitive margins, coupled with intensive brand promotion, ensure a product is widely distributed in a variety of outlets. Innovative distribution systems have also to be used (Anderson, 2000). In Haiti, the social marketing program recruited and trained outreach workers from its partner NGOs to act as wholesale distributors and retail sales agents. Utilizing these agents, the program has been able to penetrate many rural areas and continue sales even after periods of economic disruption (McNeill, 1978).

A strong communications component is essential to the success of a social marketing program as is within the commercial marketing ventures. The link between distribution and communication makes social marketing an important intervention. On the basis of market based research and perhaps focus groups, an appropriate condom brand is developed through an intensive advertising and promotion campaign and these can use a variety of traditional and mass media to promote the brands, both among retailers and consumers and disseminate prevention and change messages to thousands of individuals and their communities (Anderson, 2000). A further in-depth study of the relationship could bring up more areas of common interest, complements and similarities between commercial marketing and social marketing.

2.1.3 Departures From Commercial Marketing

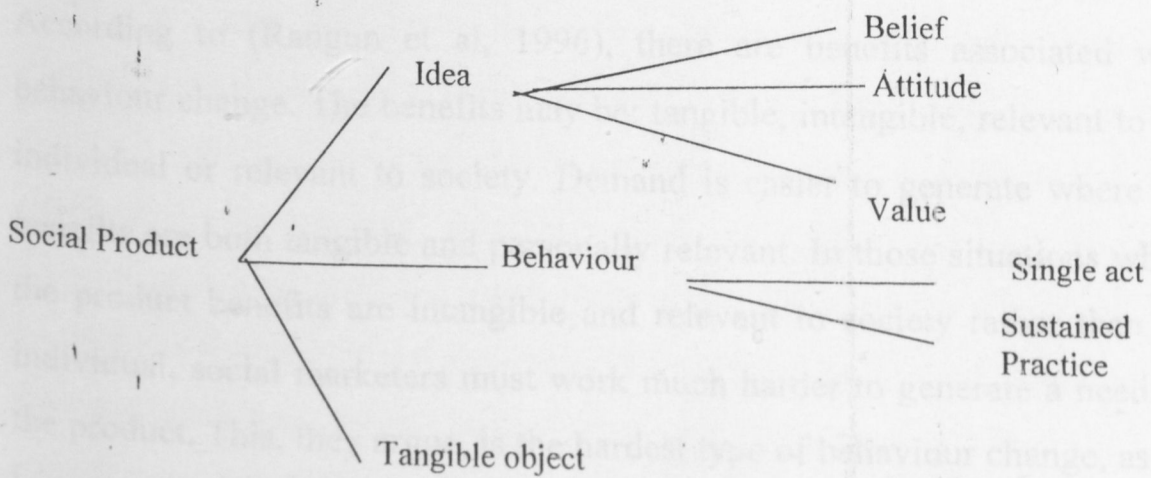
Although the expansion of the marketing concept in social marketing became widespread in public health because of its applicability and

contribution, there are some differences between social and commercial marketing. These are discussed below:

i) The Products are More Complex

The marketing product has traditionally been conceived of as something tangible. It is a physical good which can be exchanged with the target market for a price and which can be manipulated in terms of characteristics such as packaging, name, physical attributes, positioning and so on. As marketing has extended its scope beyond physical goods, marketers have had to grapple with formulating product strategy for less tangible entities such as services. In social marketing, the product is extended even further from the tangible to encompass ideas, and behaviour change. The figure below illustrates the typology of social marketing product.

Figure 1: The social marketing product



Kotler Phillip and Ned Roberto. Social Marketing: Strategies for Changing Public Behaviour. Free Press, New York. 1987

This complexity makes social marketing products difficult to conceptualise. As a consequence, social marketers have a bigger task in defining exactly what their product is and the benefits associated with its use.

(ii) Varied Demand

Marketing cannot create needs but commercial marketers do manage to harness needs previously unknown for new product categories such as Compact Disks (CDs), catalytic converters and new washing powders (Manoff, 1999). Social marketers must not only uncover new demand, but in addition, must frequently deal with *negative demand* when the target group is apathetic about or strongly resistant to a proposed behaviour change. Young recreational drug users, for instance, may see no problems with their current behaviour (Anderson 1997). In these situations, social marketers must challenge entrenched attitudes and beliefs.

According to (Rangun et al, 1996), there are benefits associated with behaviour change. The benefits may be: tangible, intangible, relevant to the individual or relevant to society. Demand is easier to generate where the benefits are both tangible and personally relevant. In those situations where the product benefits are intangible and relevant to society rather than the individual, social marketers must work much harder to generate a need for the product. This, they argue, is the hardest type of behaviour change, as the benefits are difficult to personalise and quantify.

(iii) Challenging Target Groups

Social marketers must often target groups who commercial marketers tend to ignore: the least accessible, hardest to reach and least likely to change their behaviour. For example, health agencies charged with improving population

health status must, if they are to avoid widening health inequalities further in the general population, target their efforts at those groups with the poorest health and the most needs (Hastings et al 1998). Far from being the most profitable market segments, these groups often constitute the least attractive ones: hardest to reach, most resistant to changing health behaviour, most lacking in the psychological, social and practical resources necessary to make the change, most unresponsive to interventions to influence their behaviour and so on. This poses considerable challenges for segmentation and targeting.

(iv) Greater Consumer Involvement

Marketing traditionally divides products into high and low involvement categories, with the former comprising purchases for items such as cars or mortgages which are "expensive, bought infrequently, risky and highly self-expressive" and the latter comprising items such as confectionery or cigarettes which are much more habitual (Kotler, 1994). High involvement products typically command careful consideration by the consumer ('central processing') and demand detailed factual information from the marketer. Low involvement products are consumed much more passively, with very limited (or no) search and evaluation ('peripheral processing'), and simple advertising emphasising "visual symbols and imagery" is called for (Hastings et al 1998).

Both the categorisation scheme - high and low - and its marketing implications need to be extended in social marketing. Social marketing frequently deals with products with which the consumer is very highly involved (complex lifestyle changes such as changing one's diet or sexual

habit fall into this category). While high involvement can result in a motivated and attentive consumer, higher involvement may be associated with feelings of anxiety, guilt and denial which inhibit attempts to change. At the other extreme, social marketers might seek to stimulate change where there is very low or no involvement.

(v) More Varied Competition

Social marketers, like their commercial counterparts, must be aware of the competition (Anderson 1995). The most obvious source of competition in social marketing is the consumer's tendency to continue in his or her current behavioural patterns especially when addiction is involved. Inertia is a very powerful competitor.

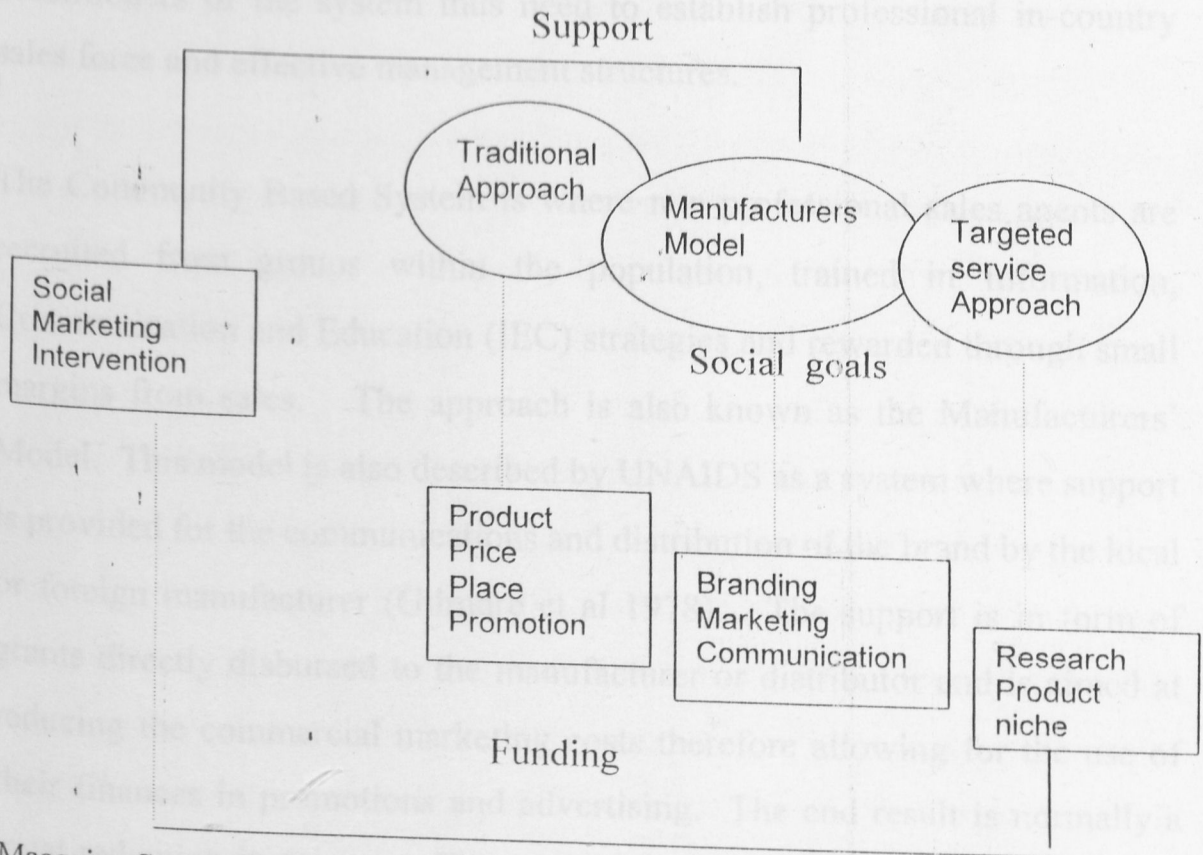
Other sources of competition involve alternative behaviours. For example, time spent donating blood is time which the consumer could spend doing other more enjoyable, more convenient and more personally beneficial activities.

Competitive organisations include other health promoters, educators or government organisations trying to use similar methods to reach their target audiences. Social marketers must then be innovative and careful not to overwhelm their target audience.

Another serious form of competition comes from commercial marketing itself which market unhealthy or unsocial behaviours. The most obvious examples are the tobacco and alcohol industries.

2.1.4 Approaches to Social Marketing

Figure 2



Macquire, Susan. Social Marketing. McGraw Hill Publishers, Toronto. 2002

There are three approaches to Social Marketing utilized by organizations in promoting their products. The most common approach of Social Marketing is the Traditional Approach which is also known as the Own Brand Model (Gilmore et.al, 2000). This model has for many years often being associated with two international organizations: Population Services International (PSI) and DKT International. The model applies commercial marketing techniques and sales techniques for promotion and distribution through wholesale and retail sales points to the mass market. Any social marketing

organization embracing the model may receive unbranded products from international or national donors or directly procure them from manufacturers, brand them and package for distribution (Finger, 1999). Practitioners of the system thus need to establish professional in-country sales force and effective management structures.

The Community Based System is where non-professional sales agents are recruited from groups within the population, trained in Information, Communication and Education (IEC) strategies and rewarded through small margins from sales. The approach is also known as the Manufacturers' Model. This model is also described by UNAIDS as a system where support is provided for the communications and distribution of the brand by the local or foreign manufacturer (Gilmore et al 1978). The support is in form of grants directly disbursed to the manufacturer or distributor and is aimed at reducing the commercial marketing costs therefore allowing for the use of their finances in promotions and advertising. The end result is normally a great reduction in pricing. The model is least common as compared to the traditional model and is associated with the Futures Group (FG) and the USAID funded Social Marketing For Change (SOMARC) projects.

The targeted service delivery approach on its part plans its appropriate activities by targeting specific groups or priority segments of the general public (Anderson, 2000). The niche identification is achieved through market segmentation studies on groups that are inadequately served by other service delivery mechanisms. It is sometimes considered to be a component of the traditional approach. Many local organizations and NGOs use this system due to restricted resources.

An unmet need for supply of high quality products essentially in health, which are both accessible and affordable to low income people and the vulnerable communities often exists. These needs may be compounded by lack of information and education surrounding a product, correct usage and the disease cured or protected (Rutayuga, 1992). Social Marketing Programs therefore normally adapt the methodologies above in marketing their products. The approaches are not mutually exclusive although one or more may be applied simultaneously or as a means towards strengthening the widely used Traditional Approach (Anderson, 2000).

Condom Social Marketing (CSM) emerged as an effective tool in combating the spread of HIV/AIDS in the mid-1980s (Lewis, 1986). It was at the advent of STDs and in particular HIV/AIDS in the 1980s, which renewed the interest in the use of condoms. Since then, manufacturers of condoms have continued to make improvements in the product based on new insights provided for by a growing body of research activities on a wide range of issues and based on changes of purchase specifications of major buyers. Along with technical improvements in the product, research continues to contribute to better understanding of behaviour that influence whether and how condoms are used and the extent to which users' behaviour and the technical product attributes, contribute to effective use of condoms. There is need for the great improvements in condom design and reliability to be widely disseminated to the market.

A number of studies also show effectiveness of the product. These studies normally present summary relative risks. These may for example be the comparison of the disease risk in condom users versus the risk in non-users.

Virtually, all clinical and epidemiological studies have found substantial reductions in the risk of disease among condom users. Population-level data from Thailand show a condom promotion program that reportedly led to a near-universal condom use during commercial sex was associated with steep declines in the nationwide numbers of bacterial STD cases, and reduced HIV/AIDS prevalence in male Thai military conscripts (Lewis, 1998).

Davis and Weller (2000) reviewed thirteen studies on HIV/AIDS and condom effectiveness. Of these, four studies in men and two studies in women were deemed acceptable for assessing HIV transmission. A single prospective study among US sailors visiting commercial sex workers demonstrated that 0% (0/29) of men who sometimes or always used condoms, acquired HIV/AIDS compared to 1.02% (5/498) of non-users; however this difference was not statistically significant according to the Family Health International (FHI). Two cross sectional studies and one case control study in the US military found between a 49-75% reduction in the risk of HIV/AIDS among men reported using condoms than the non-users (Forsythe et al, 1996).

A study on Chancroid, a bacterial infection and HIV/AIDS in Thailand, that consisted of mass distribution of condoms, mass media campaigns and establishment of 140 new STD clinics, showed an increased condom use among sex workers and was associated with a 23% per year decrease in Chancroid cases over four years (Lewis, 1998). Such studies and others stem towards all indications that the role of social marketing and other strategies encouraging condom use should be enhanced. Through social marketing programs and projects in countries affected by the epidemic, condoms have

become more available and acceptable to sexually active men, women and the young people as well as those in high-risk groups. Over the years, such programs have spread out to even stronger economies such as Cameroon, India and Kenya (Rutayuga, 1992). On the overall, while the size and focus of programs vary, certain elements of the approach are common to all social marketing programs.

The programs have adopted different marketing techniques; some have put more emphasis on cost-recovery and therefore pricing products to generate revenue, while other programs have kept prices low to maximize sales. A comparison of 24 social marketing programs in Bangladesh, Haiti and Cuba undertaken in 1991, found out that lower prices resulted in higher sales. (Carter, 1984). In the same year, analysis found that social marketing programs operating in 37 countries had sold about 575 million condoms. By the end of 1997, UNAIDS documents programs operating in about 55 countries, assisted by PSI, DKT International and SOMARC with the support from various donors, to have sold volumes of condoms to the tune of about 900 million.

In some countries, sales hit amazing levels. During the period 1991-1997, sales by DKT in Brazil, rose from 406,000 to more than 33 million. India with the world's largest social marketing program has continued to expand sales. Its government buys condoms from local manufacturers and re-sells them to non-profit social marketing organizations and private companies for about 30% of the price the government paid. In Bangladesh, over 140 million condoms were sold in conjunction with USAID in 1997 (Gilmore et al, 1978).

In addition to sales, various other factors tend to influence social marketing and these are important for consideration. The outlets for distribution need variance. A good strategy is to locate condom outlets where high-risk people gather. Such spots may include traditional retail outlets such as pharmacies and drug stores and other non-traditional points such as bars, coffee shops, gas stations, military installations, resorts and tourist spots, truck stops and others.

Prisons are also considered breeding grounds for the spread of HIV/AIDS yet few prisoners normally have access to condoms as authorities are often torn between the need to limit the spread of HIV/AIDS and the fear of appearing to condone sex between inmates. Condoms are increasingly being offered in the workplaces as well. In this way, owners and managers in the employment sector are taking interest in preventing HIV/AIDS and other STDs which contribute to absenteeism, loss of valued employees and high health care costs (Mc Neill, 1978).

In tandem with distribution, is effective communication. Having a communication strategy is key to an effective social marketing program (Anderson, 2000). It should highlight behaviour change and this should ideally be research-based, identifying appropriate audiences and messages that move them. In addition, a media depicting models of healthy sexual behavior to provide reason for action should be identified and used.

2.2 Branding

Branding is another key factor in social marketing. Kotler (2000) states that the “art of marketing is indeed the art of branding.” Any brand must create a meaning, positive association, and sell attributes and benefits of using the product. Successful brands often have two qualities: Brand Vitality and Brand Stature. Kotler suggests that a brand has brand vitality when it is differentiated in the consumer’s mind from other brands and when the differentiation is relevant to the consumer’s needs. He goes on to add that the brand has stature when it commands high esteem and high familiarity in its target market.

A brand name must first be chosen and then its various meanings and promises built up through brand identity work. In choosing a brand name, one needs to be careful to be consistent with the value positioning of the brand. Kapferrer (1994) says companies face many possibilities when branding their products. Among the desirable qualities of a brand when naming, are the following:

1. It should suggest something about the product’s benefits
2. It should suggest product qualities such as action or color
3. It should be easy to pronounce, recognize, and remember; therefore short names help
4. It should be distinctive
5. It should not carry poor meanings in other countries and languages

Kapferer (1994) further alludes that best known brands must carry associations. For example, the following terms: quality, happy meal, charity

and high calories are often used to associate with McDonalds, the hamburger provider. In trying to build a rich set of positive associations of a brand, any brand builder should consider five dimensions that can communicate meaning:

Attributes – A strong brand should trigger in the buyers' minds certain attributes. A condom brand could for example trigger a picture of durability, pleasure or quality.

Benefits – A strong brand must suggest benefits and not just features. Branded condoms should for example be associated with safety, maximum protection and strength

Company Values – Strong brands should connote values that the companies hold dear. PSI should be proud of its salesmen who are trustworthy just as its product *Trust* is considered. In the same vein, DKT should be proud of its product *Durex*

Personality - A strong brand should exhibit some personality. Thus, if *Trust* was a person, we could think of someone who is youthful, seeks safety and well organized

Users – A strong brand should suggest the kinds of people who use the brand. Condoms may portray couples as users or the younger generation.

2.3 Success in Social Marketing

Social campaigns form an integral part of the environment in industrial and developing countries. As social problems are complex and interrelated, solutions need to be developed in light of the socio-economic, religious, and cultural framework. The approach of social marketing though more complex than commercial marketing, has realized some achievements.

2.3.1 Increase in economic resources

Social marketing programs have been highly successful in terms of efficiency and sales. This is largely due to the fact that the organizations deliver products at very low per-unit costs and at costs lower than those of alternative delivery systems. Some marketing organizations may use sales revenues to defray the cost of its projects while others may retain the revenues. In other cases where donor funds are unavailable, it is possible for these organizations to assist the local activity through financial contributions and other means.

2.3.2 Effective Communication towards reaching the target group

A key ingredient of successful social marketing is effective communication to encourage the adoption of appropriate health practices including the proper use of the products and services. This is done by brand-specific advertising as well as by generic educational campaigns, using a mix of strategies and channels, including mass media and interpersonal communications, to reach the target audiences.

2.3.3 Changes in behaviour

One of the fundamental benchmarks of social marketing is behaviour change. It is important that project impact is evaluated by the organization and other independent groups through surveys and consumer intercept studies. This is geared towards ensuring that the products and information and education services provided motivate healthy behaviour. The products should likewise be used properly and by the targeted groups.

2.3.4 Support by key stakeholders

Social marketing should not only seek to influence the behaviour of individuals but also that of groups, organizations and societies (Hastings et al, 1994). Group and macro level change are important because they impact on health and lifestyle decisions. For example, people's choices against commercial sex may be influenced by better incomes and increased opportunities while the presence of fluoride in water (whether natural or artificial) can improve dental health especially among children.

2.4 Positive Factors Influencing Condom Use

In terms of quality, condoms produced today are more reliable than before primarily due to improved quality management, better formulations and packaging (Gilmore et al 1978). Most condoms are packaged in plastic cellophane, aluminum foil, or aluminum laminated with plastic cellophane. The type of packaging is important as research has shown that condoms stored in translucent packages and exposed to ultraviolet light, may deteriorate in a number of hours as compared to opaque packaging that protects condoms from UV exposure. Further studies on the shelf-life of condoms found that condoms stored in impermeable, sealed foiled packages have a shelf life of even five years, even under tropical conditions. Unpackaged condoms stored at high temperatures showed sharp decreases in air burst properties (both volume and pressure) rendering the condoms unfit for use within a three-to-six-month period (Spruyt 1997).

A study of package integrity and consumer preference conducted in 1997 and supported by USAID, Program For Appropriate Health (PATH) and

Family Health International (FHI) showed a number of consumers' preferred opaque packages to translucent ones. The packaging must be durable, attractive and contain relevant information. In addition, desirable condoms to consumers must be robust, have increased sensitivity and withstand heavy use. Consumer preference for different condom designs' and formulations need to accompany these manufacturing modifications (Spruyt 1997).

2.5 Negative Factors Hampering Condom Use

Although the condom is manufactured with greater precision, it cannot be assumed that faults have not been discovered with the condom. Condom failure resulting from breakage or complete slippage of the device has been documented. Prospective studies suggest that several behaviors may be associated with condom failure such as opening packages with sharp instruments; unrolling condom before donning; lengthy or vigorous sex; using excessive lubrication and re-use of condoms (Spruyt 1997).

A host of many issues may often present barriers to overall acceptability of condoms as research shows. Many people do not often believe they are at risk of STD/HIV/AIDS hence they do not encourage themselves or partners to use condoms. Others do not like the feeling of a condom or worry about their partners' reactions to propagating its use. Some are embarrassed by, or lack skills in adding condom use to sexual activity. Cultural and political norms have also reinforced negativity and such factors tend to limit their availability (Anderson, 2000).

These are some of the factors that tend to negatively impact on social marketing of the product. Condom failure is often concentrated among a minority of condom users and it is a rare catastrophe, provided the user is aware of how it works.

2.6 EMPIRICAL LITERATURE

There are some studies on the use of condoms as a prevention method of STDs/HIV/AIDS documented in Kenya and elsewhere. Prior to that, condoms had been used in various forms for centuries globally. The use of barriers covering the penis to protect against disease dates back to at least 1350 BC and for pregnancy prevention, to 16th century AD. Since the 1930s, latex condoms were made available to prevent both pregnancy and Sexually Transmitted Diseases (STD) but were not used in many parts of the world (Gilmore et al, 1978).

When other forms of contraceptives became available in the 1960s, the use of condoms declined considerably. It was the emergence of HIV/AIDS in 1980s that led to renewed interest in use of condoms. Today, condoms are manufactured more consistently, have better formulations of latex, have incorporated a wide range of design modifications to improve both acceptability and functionality, and are subjected to pre-marketing quality assurance.

HIV/AIDS continues to take its toll on all sectors and economies in the globe. Globally, over 42 million persons have HIV/AIDS. According to UNAIDS, 16,000 people worldwide get infected by the HIV virus daily.

Over 70% of these cases are reported in sub-Saharan Africa (UNAIDS, 2000). In Kenya, the infection rate has been placed at 700 persons daily with a prevalence rate of 13% (Government of Kenya, 2002). HIV/AIDS has also had an impact on the health sector among others. HIV/AIDS occupies over 70% of the beds in Prince Regent Hospital in Bujumbura, Burundi, over half of the beds of a provincial Hospital in Chang Mai, Thailand and 47% of the beds at Kenyatta National Hospital (Rarieya, 2000). Many deaths are also reported. In 1998, whereas 200,000 Africans died in the war front, 2 million passed away from HIV/AIDS (Warren, 2000).

Majority of households continue to reel under the effects of HIV/AIDS. In Thailand, the average cost of provision of antiretrovirals is USD 100 per month, an equivalent to an individual's annual income. In Kenya where majority of people live below one dollar a day, the cost of ARVs is not any cheaper although its provision has been made possible with the government relaxing laws on generic drugs and their importation (Ongeri, 2002). The immediate beneficiaries have been expectant mothers who now receive doses of nevirapine drugs in most public hospitals (Daily Nation, November 2002).

But the disturbing scourge goes beyond the fabric of the household to threaten national and regional security as well. In the armed forces, the armed personnel are vulnerable as many are separated from their spouses and this may lead to a rise in the prevalence. The government recently revoked the order requiring officers in the cadet to stay unmarried until upon attaining four years of service in the force (Daily Nation, 2002). In the continent, over 30% of military officers in many African countries are HIV

positive (Warren et.al, 2001). Things are not rosy at the law enforcement department either. Two policemen die of HIV/AIDS weekly in Kenya and about 30% of the force is infected (Times, 2000).

The government and private sector are encouraging a multi-sectoral approach in combating the pandemic. The importance of social marketing in the area of condoms and their usage cannot be overlooked. It has also given impetus to further non-clinical studies and survey findings on contraceptive social marketing, that are documented and a lot of existing literature here can be classified as impact studies. Mimeo (1973) reports of a rise of awareness of the condom and other family planning methods six months after introducing the *Kinga* condom brand. Over 68% of the population stocked *Kinga* and those not stocking the brand, indicated they would do so if people showed an interest. The study showed that awareness of male contraceptives had increased and one of the reasons of this was the launching of the *Kinga* brand in the region.

Black (1973) takes a more focused perspective study on promotion of condom sales in Kenya as a result of advertising and market research. The study involved a Knowledge Attitude Perception (KAP) analysis in Nairobi. The Swahili word "*Kinga*" which means protection or shield, was the popular choice as a brand name with the trademark of an African warrior holding a spear and shield. The study documented a significant change in people's attitudes and usage due to distribution of *Kinga*. The basic results of a 4-month sale period showed that 320,000 condoms were sold to a potential market of 60,000 males. A similar study was taken on the Trust condom sales in 1980 in Mombasa.

An experimental study by Harvey (1976), carried over a two and a half year period in Meru in 1975, showed that condoms proved useful to rural males in the family planning process and disease prevention. It further highlighted the importance of social marketing utilizing marketing techniques in providing a non-medical supplement to established clinical family planning programs. Advertising was found to be necessary to the success of the program with radio and point-of-purchase materials providing the cheapest and most effective coverage.

At the macro level, the government has continued to advocate for the use of the condom as one of the strategies in controlling the pandemic since HIV/AIDS was declared a national disaster in December 2000. The government set in place a national policy on condoms in July of the following year (Chebet, 2001). This set in place funds to the tune of KShs 790 million towards importation of 300 million condoms which according to Dr Kenneth Chebet, the Director of National AIDS Control Program (NAS COP), would see every sexually active male given 50 condoms per month. In his 2001 Budget Day Speech, the then Finance Minister, Hon Chris Obure, announced zero-rating on condoms to make them cheaply available. This the Treasury felt, would see Kenyans usage of condoms skyrocket from 2 million condoms registered in 1993 to 100 million annually (Daily Nation, June 2001).

Closely related to this though is the proposed setting up of a condom factory in Kenya through a joint venture of Olago enterprises, Kenya and the Condomi plc, of Germany to be known as Condomi Health Kenya to manufacture 100 million condoms annually (Daily Nation, 2000). The

company which is at its initial stages is to pay attention to colour and have different packages and flavors like vanilla, chocolate and strawberry. A variety of sizes are also expected. According to the proprietor of the enterprise Ochieng Mbeo, the proposed set up of the factory worth Kshs 185 Million, is in response to the high HIV/AIDS incidence in Eastern Africa; poor accessibility to condoms and the desire to expand the acceptability of condoms as a protective measure.

Condomi Kenya believes that condoms are a preventive measure and it is important that one strives to put on a condom during each sex encounter. This is in line with Bwayo's study that classified condom usage in three categories: Always (100%), Sometimes and Never. Among participants who reported using condoms always, the summary estimate of HIV/AIDS incidence was 0.9 seroconversion per 50 persons. Among those who reported not using condoms, the summary estimate of HIV evidence was 6.77 seroconversions per 50 persons.

Majority of the studies undertaken look at the condom from the clinical perspective and the sociological point of view. Despite tackling certain marketing aspects in terms of distribution and sales, knowledge gaps exist. Some studies could probably have been done to get people's views on color, price, packaging of condoms in Kenya but these were not immediately available at libraries, internet and other sources of information. The studies reviewed, do not look at fundamental positive and negative factors that influence social marketing programs and the roles such factors play in enhancing social programs in the reproductive sector in our country. This is the gap the study intends to make a contribution to.

2.7 Social Marketing Organization Profiles

This section of the study profiles on PSI, the only private non-governmental organization that markets condoms in Kenya and two public sector social marketing initiatives - one been undertaken through the Ministry of Health in collaboration with the German Technical Cooperation (GTZ) and another by the Kenya Medical Supplies Agency (KEMSA).

2.7.1 Social Marketing by Non-Governmental Organisations

Population Services International (PSI)

PSI works in 60 developing countries and creates demand for essential health products and services by using private sector marketing techniques and innovative communication campaigns to motivate positive changes in health behavior (Walker, 2000). PSI was founded in 1970 in order to apply the power and creativity of the private sector to family planning. In the 1970s and 1980s, PSI worked exclusively in international family planning, mostly in South Asia (hence the name Population Services International). PSI grew rapidly in the 1990s, mostly in condom social marketing for AIDS prevention in Africa.

Its presence in Kenya dates back to 1973 when it distributed the 'Kinga' brand of condoms ideally for family planning purposes. PSI embarked on marketing the *Trust* condom introduced in 1985. It also addresses the health needs of mothers and children (and families) by marketing oral rehydration salts, insecticide-treated malaria nets, iodized salt, vitamins, water treatment products, and both pregnancy and HIV test kits.

PSI continues to provide condoms and the information people need to understand the importance of using them correctly. In almost 60 developing countries, PSI markets attractively packaged high-quality condoms at prices that low-income populations can afford. PSI is able to reach rural and other populations that do not typically have access to commercial condoms. In tandem with condom sales, PSI implements culturally appropriate mass and print media campaigns to provide education about condom use, to support product distribution and maximize impact, to create demand for the product, and to encourage sustainable behavior change.

PSI works with the commercial sector to increase the availability of these products and services at prices which are affordable to at-risk populations. With a bottom-line orientation that is rare among non-profits, PSI markets products and services for family planning, maternal and child health, and the prevention of AIDS, malaria and other diseases.

2.7.2 Social Marketing by the Public Sector and Other Groups

The government now participates in additional social marketing capability by cooperating with donors to increase the access of branded condoms and meet the needs of some target groups. This is in line with the government's commitment to provide outlets with condoms and encourage marketing and repackaging efforts for sustainability.

2.7.3 Ministry of Health/German Technical Cooperation (MoH/GTZ)

In 2000, the government and the German Technical Cooperation (GTZ) instituted a condom social marketing program through the Reproductive

Health Advisory Board –(RHAB) to compliment efforts by the private sector. The project markets 'Sure' branded condoms at the Community-Based Distributors (CBD) level, kiosks and retail stores and seeks to enhance it through establishment of amenity Mother to Child Health/Family Planning/STI services in district hospitals (Government of Kenya, 2003). The project hopes to increase demand for and use of condoms in the next five years through:

- a) Effective publicity as well as multi-sectoral and targeted public education/advocacy campaigns
- b) The development and implementation of a strategy for targeting condom access by various segments of the population
- c) Offering public sector branded SURE condoms for sale and social marketing through a wide range of outlets, including retail shops, kiosks, lodgings and dispensing machines
- d) Using youth-friendly condom distribution systems

2.7.4 Kenya Medical Supplies Agency (KEMSA)

The Kenya Medical Supplies Agency (KEMSA) was founded as a semi-autonomous government agency that utilizes private sector business principles to sell drugs and medical supplies to the public at appropriate prices and terms (Government of Kenya, 2003). The Board of KEMSA has been established and is in the process of setting up management systems. It is working closely with USAID-funded Logistics Management Project (DELIVER) in promotion and demand creation of condoms, repackaging and branding and social marketing activities.

CHAPTER 3

RESEARCH METHODOLOGY

This is an exploratory study aimed at eliciting information on the state of Social marketing in Kenya particularly in the field of HIV/AIDS by looking at male condoms.

3.1 Population

The population of interest is organizations involved in marketing of male branded condoms countrywide as at January 2003, both in the public and private sectors in Kenya. These can be categorized as following:

- a) Non-profit organizations/Condom Social Marketers in the Private Sector. Only one organization falls in this category
- b) Non Profit Condom Social Marketers in the Public Sector or the Government of Kenya Condom Providers. There are two organizations listed here
- c) For Profit Condom Marketers. There are three organizations marketing imported branded condoms

The List of organizations is annexed.

3.2 Census Study

The study encompasses all the above six organizations.

3.3 Data Collection

Primary data will be collected using a semi-structured questionnaire. The questionnaire will be administered personally to all groups. This is preferred since processing and analyzing the resultant data is usually simpler and

cheaper than other survey methods (Nachmias, 2000). In each organization, one respondent will be selected. The respondent will be the Marketing Manager while in his or her absence, another employee preferably in the marketing department will be contacted.

The questions will be divided into the following sections:

Section A will seek to capture demographic data

Section B will capture information related to objectives a, b and c

3.4 Data Analysis

Once the data is collected, it will be analyzed using descriptive statistics including proportions, percentages and tabulations. Factor analysis will be used to classify the interrelated positive and negative factors influencing social marketing. Where possible, further correlation and content analyses between the demographic data and social marketing relationships could be explored.

Stores	Frequency	Percentage
Condral	1	16.7
Kaya	1	16.7
EMSA	1	16.7

CHAPTER 4

DATA FINDINGS AND ANALYSIS

A total of six questionnaires were sent out. All questionnaires were received back with the response rate of 100%. The respondents were professionals assigned the responsibility of marketing in their respective organizations. Responses were collected through a structured questionnaire and considered valid for responses.

4.1 Characteristics of the Population

Table 1: Distribution of respondents

Organization	Frequency	Percentage
PSI	1	16.7
MOH/GTZ	1	16.7
Bayer East Africa	1	16.7
Megascope Health Stores	1	16.7
Condomi Kenya	1	16.7
KEMSA	1	16.7

The organizations in the study were all involved in social marketing activities in the region. Although the organizations in the study all marketed a number of other products and services as well, condom marketing was one of their core areas.

Table 2: Designation of the respondents

Designation	Frequency	Percentage
Marketing Manager	1	16.7
Brand Manager	2	33.3
Sales Director	1	16.7
Product Manager	1	16.7
Commercial Director	1	16.7

Brand Managers represented 33% in the study with a total number of 2 out of the 6 respondents. The other respondents were a Sales Director (1), Product Manager (1), Marketing Manager (1) and Commercial Director (1). All the six respondents had a good knowledge of social marketing thereby increasing the validity of responses.

The respondents also exemplified a good grasp of commercial marketing techniques necessary for application in enhancing the social goals of condom marketing and promotion.

Table 3: Years of service

Organization	Designation	Years of service
PSI	Brand Manager	10
MOH/GTZ	Product Manager	25
Bayer East Africa	Brand Manager	5
Megascope Health	Marketing Manager	3
Condomi Kenya	Sales Director	1
KEMSA	Commercial Director	5

All the managers in the study had served their organizations for a varied number of years. The longest serving Manager had worked with his organization for 25 years while the shortest period of years at work was 1 year.

4.2 Ownership of Organization

Table 4: Ownership of Organization

Ownership	Frequency	Percentage	Cumulative Percentage
International NGO	1	16.7	16.7
Government	2	33.3	50.0
Private & Commercial	3	50	100

In terms of ownership, only one organization (PSI) is an international non-governmental organization. The Ministry of Health/GTZ and KEMSA are public sector government initiatives while the other organizations (Bayer,

Condomi Kenya and Megascop health stores) are commercial initiatives but they utilize social marketing techniques in condom promotion.

Table 5: Number of years organizations have served in condom promotion and the type of sector they serve in

Organization	Type of Sector	Year organization commenced condom promotion	Number of years in condom marketing
PSI	Private sector NGO	1986	17
MOH/GTZ	Public sector Kenya/German government Initiative	1995	9
Bayer East Africa	Private sector Commercial	1997	6
Megascop health	Private sector Commercial	2003	1
KEMSA	Public sector Government	2001	2
Condomi Kenya	Private sector Commercial	2002	1

The organizations had been involved in marketing activities for between one and seventeen years as shown in the table above. Generally, organizations whose presence in the country spanned more years were well established with a more stabilized marketing presence in the country. They had

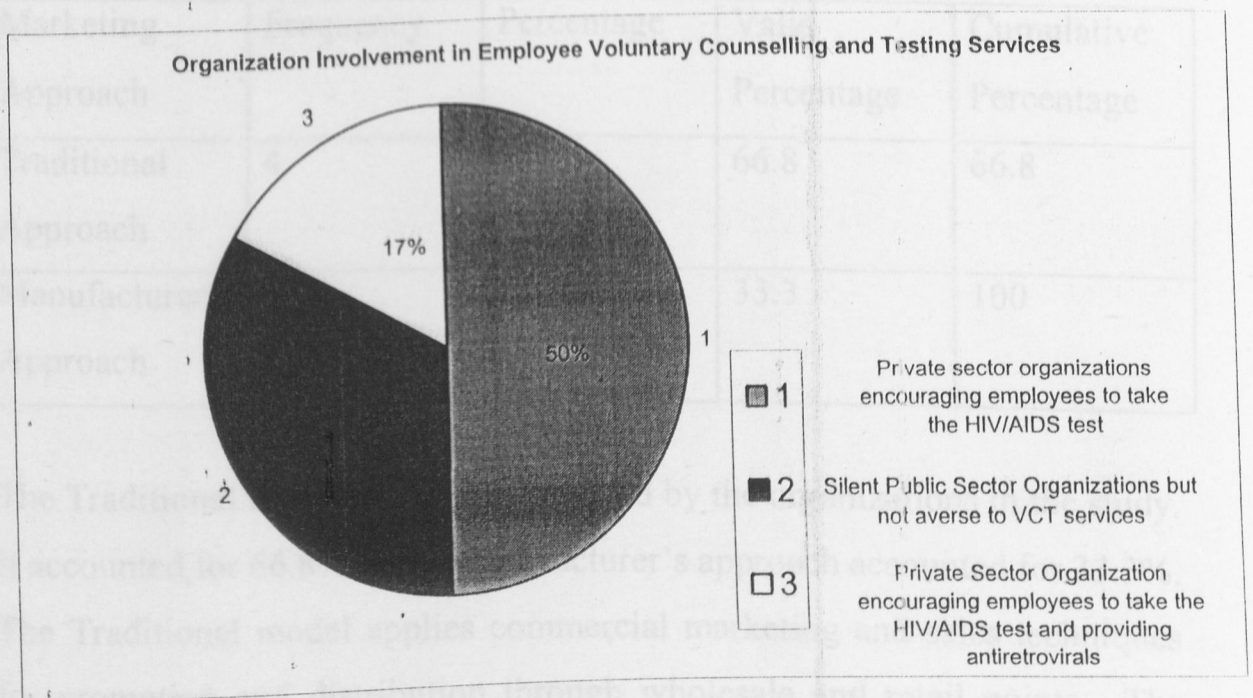
practiced social marketing of condoms for a longer period and their sales were cumulatively higher.

Table 6: Total Number of employees per organization and those specifically marketing condoms

Organizations	Total Number of employees	Employees marketing condoms	Percentage of employees marketing condoms in organization
PSI International	40	9	22.5
MOH/GTZ	43	8	18.7
Bayer East Africa	60	11	18.75
Megascop Health stores	45	8	18.3
KEMSA		10	
Condomi Kenya	43	8	20

The workforce in all organizations (100%) consisted of 40 employees and over. PSI had the least number of employees (40), while Bayer East Africa had 62 people on its payroll. All organizations were made up of qualified persons in both technical and managerial fields and support staff. In all cases, about 18-23% (8-11 persons) were directly involved in marketing of condoms.

Figure 3: Organization Involvement in Encouraging Employees to take the HIV/AIDS test



The study established that despite the awareness of the need to know one's status, employees in the public sector were less encouraged to know their status as compared to those in the private sector. 50% of the organizations (3) in the private sector encouraged their employees to take the HIV/AIDS test while 33% (2) organizations in the public sector were silent on testing services. This was partly due to the reason that counseling and testing for HIV/AIDS was voluntary and for that reason, organizations in the public sector left it upon the discretion of the staff to undertake such tests. Private and commercial organizations encouraged the need of increased testing services as part of their social responsibility. While 100% (6) organizations gave employees the free will to take condoms, 17% (1) organization went a step ahead by providing antiretrovirals to HIV positive employees in the workplace.

4.3 The Condom Marketing approach

Table 7: Social marketing approach utilized by the organizations

Marketing Approach	Frequency	Percentage	Valid Percentage	Cumulative Percentage
Traditional Approach	4	16.7	66.8	66.8
Manufacturer's Approach	2	33.3	33.3	100

The Traditional model was widely utilized by the organizations in the study. It accounted for 66.8% while Manufacturer's approach accounted for 33.3%. The Traditional model applies commercial marketing and sales techniques for promotion and distribution through wholesale and retail points. The organizations all received unbranded condoms from donors or directly procure them from the manufacturers, branded and packaged them for distribution. The Traditional approach allows for survival strategies in terms of revenue earnings and this is vital and necessary since donor funding runs out and donor fatigue is possible.

The main sources of importation were Australia, Netherlands and India. One organization (Condomi Kenya) had established a plant but was yet to begin manufacturing local brands.

4.4 Positive Factors Influencing Social Marketing of Condoms

4.4.1 Branding

Table 8: Organization and the condom brand it markets

Organization	Brand
PSI	Trust
MOH/GTZ	Sure
Bayer East Africa	Duo
KEMSA	Sure
Megahealth store	Preventor
Condomi Kenya	Contempo

The country currently has five brands. The brands are Trust, Sure, Duo, Preventor, Contempo. Trust condom is the oldest brand while the Preventor brand is a relatively new brand having been introduced in the market early this year.

Branding of condoms has contributed to improved access of condoms. The branded condoms are sold through a wide variety of sales points that include both the traditional and non-traditional outlets. A brand name must first be chosen and its various meanings and promises built up through brand identity work. Brands on the same vein must carry associations to enable them command familiarity among the target market as well as a connotation of the attributes in the users minds. All six organizations in the study (100%) undertook research activities into the needs of the consumer market before marketing the products. Branding of condoms made it easier to recall therefore contributing to the breakdown of barriers to the use of condoms.

In addition, it became easier to avoid embarrassment when discussing about condoms, where to obtain them and how to use them.

4.4.2 Social Support, accessibility

Table 9: Condom outlets for Social Marketing organizations

Locations and condom accessibility	Frequency	Percentage	Cumulative Percentage
Medical centers, clinics and hospitals	1	16.7	66.8
Commercial sources, Pharmacies and retail outlets	5	83.3	100

The study revealed that 83% (5) organizations in the study used the commercial outlets as the main mode of distribution to reach their target markets. These constituted all the four private sector and commercial initiatives (PSI, Condomi Kenya, Bayer East Africa and Megascop health stores) and KEMSA from the public sector. Only 17% (1) organization in the public sector, MOH/GTZ used the medical centers as a distribution point for its condoms.

The hesitancy by males to buy condoms had declined owing to the campaign especially through the mass media and interpersonal communication called "Je una yako" initiated by Trust condom, and there was an increase in reported use of condoms for sexual intercourse.

According to the experience of the respondents interviewed, youth were often reluctant to get condoms from the medical centres, even for free, because they would be asked questions by the health workers about the use of condoms and their age. Condom Social Marketing posed fewer barriers to accessibility and this was the more accepted source of condoms as many got condoms from commercial sources, mostly pharmacies and small retail outlets.

4.4.3 Individual characteristics

Table 10: Characteristics of Organization's Market Segmentation

Procedure

Organization	Segmentation		
	Lifestyle and Social Class	Geographical Segmentation	Income
PSI International	Yes	No	No
MOH/GTZ	Yes	No	No
Bayer East Africa	Yes	No	No
Megahealth stores	Yes	No	No
Condomi Kenya	Yes	No	No
KEMSA	Yes	Yes	No

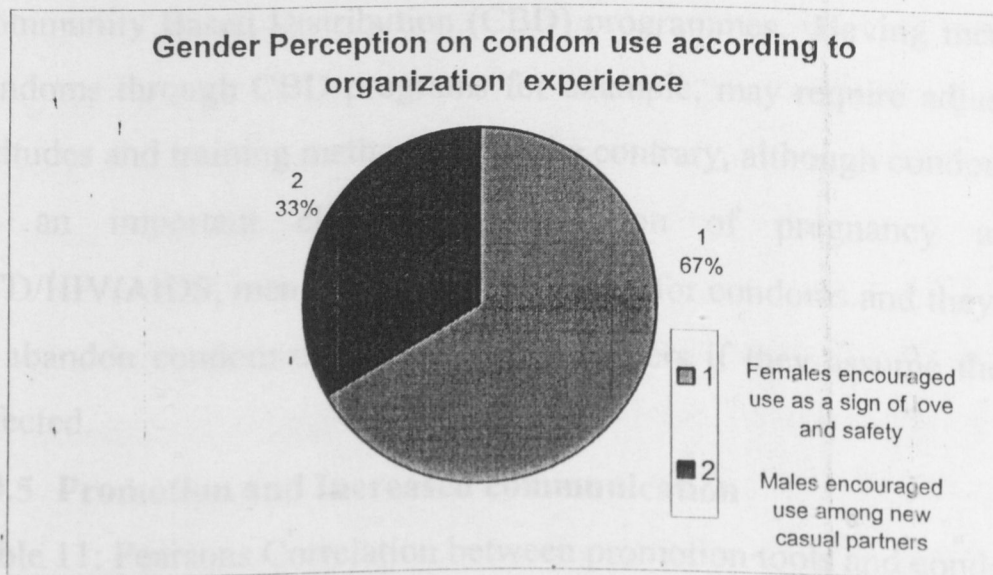
The consistency of use of condoms as a contraceptive may depend on certain individual characteristics such as background, lifestyle and motivation for behaviour. All the six organizations (100%) did their segmentation based on lifestyle and social class. Of the six, only one organization (KEMSA)

used geographical location in addition to segment while income was not a basis for market segmentation for all organizations in the study.

The study revealed that the market at large consists of those who seek dual protection against HIV/AIDS and other STDs as well as others who are consistent in condom use. Persons who use dual protection strategies use condoms in conjunction with others. De-stigmatization of condoms could easily be promoted by the use of dual strategies. One advantage that the condom has over the rest is its low technology involved as well as the fact that it is relatively affordable.

4.4.4 Gender

Figure 4: Gender Perception on Condom use according to organization



The respondents said that experience showed males were generally more versed in using condoms than women. However, 67% (4) of the respondents said women encouraged the use of condoms more than men in relationships while 33% (2) said men encouraged the use of condoms. The reasons were different. Girls see using condoms as a sign of love and protection and that it

should be encouraged whereas boys tend to use them especially with new casual partners. Once a partner became more familiar, the chances of males negotiating for consistency in condom use tended to diminish. According to the study, males feel caught between expectations to show masculinity by having sex and impregnating a young woman and remorse if it happens. This may be one of the reasons why they feel uncomfortable getting condoms where they may be recognized. The study identified men as the ones who tend to make the final decision on condom use in sexual relations.

Attempting to increase their condom use thus remains a challenge that marketers and reproductive health workers continue to address especially in Community Based Distribution (CBD) programmes. Having men promote condoms through CBD programs for example, may require adjustments in attitudes and training methods. On the contrary, although condom use may be an important element in reduction of pregnancy and other STD/HIV/AIDS, men may express a dislike for condoms and they are likely to abandon condom use with regular partners if they assume they are not infected.

4.4.5 Promotion and Increased communication

Table 11: Pearson's Correlation between promotion tools and condom use

A	B	C	d	E
1	-0.674	-0.674	0.316	0.289
	0.326	0.326	0.684	0.638
5	4	4	4	5

Activities:

Key: a – Advertising

b – Direct telephone marketing

c - Personal selling

d - Sponsorship activities

The Pearsons Correlation analysis was used to test the relationships between the organisations' mode of communication and promotional tools – advertising, personal selling, direct telemarketing and sponsorship activities and increase in condom use.

The Pearsons correlation test on advertising and use of condoms scored 1 signifying a positive correlation between the two. Direct telephone marketing scored -0.674 showing a negative correlation. Sponsorship activities that results in change of social behaviour scored 0.316 showing positive correlation between the two variables. Companies can therefore be involved in advertising and sponsorship activities since the correlation scored 1 and 0.316 respectively, shows positive correlation. It is important to note that a correlation close to 0 does not necessarily mean that there is no relationship between the two variables but merely that no (or very little) linear relationship exists between the variables.

Generally, Condom Social Marketing was enhanced by the increase of promotional strategies which included the liberal sampling of condoms, distribution of promotional items such as T-shirts, Pocket calendars, Key chains, Mass advertising and radio scripts. Marketing of condoms was undertaken alongside sponsored sporting activities including tournaments such as the Trust Bike Challenge and the Preventor Street boys' soccer Tournament. The sponsored activities were made to be fun and therefore especially appealing to the youth. Rallies featuring music, games and dancing, interspersed with services on HIV/AIDS education and condom promotion, were undertaken. These activities formed an integral part of Condom Social Marketing.

Condom marketing also demonstrated an ability to diminish social taboos surrounding the use of condoms through the innovative use of both conventional and modern techniques to change attitudes. With the promotional efforts, condoms are being repositioned in the minds of the target audiences so that they are perceived as simple yet effective consumer friendly technology and not so much a foreign state medical technology.

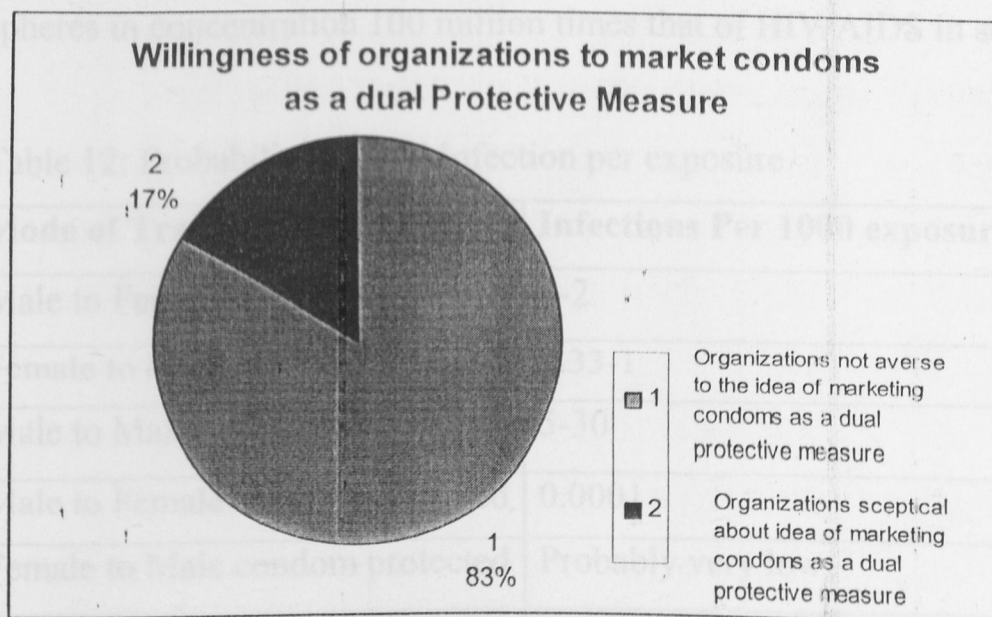
4.4.6 Risk Perception and the Fear of contracting HIV/AIDS and STIs

Many people even when aware of the HIV risk, often do not consider this risk with steady partners. Youth tend to establish the trustworthiness of their partners other than through sexual history or the consequences of not using condoms. Despite the fact that condoms protect against pregnancy and HIV/AIDS and this knowledge has increased among the population, changing risk perception is still very difficult. According to the respondents' interviewed experiences, consistent use of condoms helped to reduce HIV/AIDS incidences by between 80% and 97% (Jacksons, 2002). Although scientific evidence is still on-going, it is still strong and consistent enough to produce the solid health and marketing recommendation that condoms work in prevention of STDs/HIV/AIDS and pregnancy control.

4.4.7 Dual Protection Methods

The study found out and interestingly so that condoms could be promoted as a method used alongside other protective measures with 83% (5) organizations indicating their readiness to market condoms as a protective measure which can be used alongside another product.

Figure 5: Willingness of organizations to market condoms as a dual protective measure



These methods which include the use of injectables, intrauterine devices (IUDs) or sterilization, provide the greatest protection against pregnancy. The adoption of the dual protection strategy played a significant role in promotion of condom activities. In this context, one major way to achieve dual protection is to use condoms to protect against both pregnancy and STIs or hormonal and contraceptive method to prevent pregnancy in combination with the condom to protect against STIs/HIV/AIDS.

PSI in collaboration with Family Health International (FHI) and other organizations continue to collaborate in training youth counselors to promote condoms among their peers using either a standard STI protection message or a dual protection message.

4.5 Negative Factors Influencing Social Marketing of Condoms

The study found out that there were other factors that hampered the use of condoms. Reports from studies showing people stating they used condoms consistently but still became infected with the HIV/AIDS virus, have been

documented in the west. But these were few and sparsely. Jackson in a scientific study in 1994, reports of a research involving viral-size microspheres in concentration 100 million times that of HIV/AIDS in semen.

Table 12: Probability of HIV Infection per exposure

Mode of Transmission	Infections Per 1000 exposure
Male to Female unprotected sex	1-2
Female to Male unprotected sex	0.33-1
Male to Male sex	5-30
Male to Female condom protected	0.0001
Female to Male condom protected	Probably very low
Contaminated blood transfusion	900

Jackson, Helen. AIDS in Africa Continent in Crisis. Preci-Ex Publishers, 2002

The study found out each sex act carries a small risk that is repeated whenever people have unprotected sex. The findings however reveal that less than 0.01% of the volume leaked through and even in the worst-case scenario (provided the condom does not break), 1 in 10,000 people would get the HIV/AIDS virus.

4.5.1 Religious and cultural fears

Religion and cultural aspects played a fundamental role in whether or not the condom could be used. The Muslim community in particular, were against the use of condoms as a protective device. According to PSI and the German Development (GTZ) project, sales in both the North eastern and Coast provinces were relatively low despite increased promotional activities in the region.

Table 13: Number of Condoms in millions distributed between 1998 and 2000 through social marketing and the government sector

Region	Social Marketing ¹			Government ²			Total		
	1998	1999	2000	1998	1999	2000	1998	1999	2000
Nairobi	3.3	4.3	5.1	12.7	16.9	14.2	16.0	21.2	19.3
Central	1.1	1.5	1.7	6.3	3.4	5.7	7.4	4.9	7.4
Coast	0.5	0.5	0.5	6.9	7.0	3.5	7.4	7.5	4.1
Eastern	2.3	2.1	1.6	9.0	6.0	4.9	11.3	8.1	6.5
Nyanza	0.9	1.0	1.4	21.8	14.2	N/a	22.7	15.2	N/a
R.Valley	1.6	2.0	2.3	21.5	14.2	10.7	23.1	16.2	13.0
Western	0.6	0.7	0.7	5.6	4.6	8.0	6.2	5.3	8.7
N.Eastern	0.3	0.2	0.5	2.1	2.4	2.2	2.4	2.6	2.7
Total	10.3	12.2	13.2	84.6	66.4	N/a	94.8	78.5	N/a

N/a: Not available

1. PSI Kenya Sales data, 2001

2. Kenya Medical Supplies Agency (KEMSA), 2002

The number of condoms distributed by the social marketing program steadily increased from 10.3 million in 1998 to 13.2 million in 2000 with a steady decrease in government from 84.6 to 66.4 million in 2000. Data on commercial sales of condoms was not readily available, however, the volume of commercial sales is small compared to that of government and social marketing distribution.

Condom distribution by social marketing organizations remained stagnant in Coast province over the 1989-2000 period while government supply was halved over the same period. In North eastern province, there was

stagnation in condom social marketing and a decline in government distribution. According to the Kenya Human Development Studies (KHDS, 2000) both provinces are largely habited by members of the Muslim faith

Culturally, the fact that condom use revolves around the sexual life of a couple, makes it difficult for women to have more freedom in making their own decisions and they may need the consent of their husbands. In African culture, a woman has little say about sexual matters in a family. In cases of non-married women, it also becomes difficult for women to negotiate for safe sex using condoms (Ndi, 2000). Socially, a good number of people were embarrassed by mentioning or using condoms during sexual activities or the social acceptability of it as a contraceptive measure.

4.5.2 Gender related differentials

Gender related power differentials stood out as a negative factor influencing the promotion of condoms further. Whereas, targeting men was seen as a means of enhancing the usage of condoms, it often left women powerless to make decisions or afraid to ask their partners to use the condoms. This was in itself a risk since it could represent a risk of beating, loss of status or worse, the loss of trust in a relationship.

A study done by Kigundu et al (1995) showed that the condom use among married couples of reproductive age worldwide was placed at a low 5% with Africa having a rate of 0.5% and the developed world 13%. In Kenya, the usage rate was 16.7%. Experience gained by the marketers in market research activities and documented in this particular study, showed that majority of the males became furious when asked by their female

counterparts to use condoms because it showed she did not trust him. This therefore made negotiating condom use on the pretext of pregnancy prevention-rather than HIV/AIDS prevention more useful, as it played a role in reducing stigma on condoms and facilitating acceptance.

4.5.3 The fear of Condom Failure

Table 14: Propagated Reasons for fear of Condom failure

Organization	Excessive/prolonged use of condom	Condom slippage/incorrect use	Poor storage/opening of condoms	% of propagated reasons deduced
PSI International	Yes	Yes	Yes	100
MOH/GTZ	Yes	Yes	Yes	100
Bayer East Africa	Yes	Yes	Yes	100
Megahealth stores	Yes	Yes	Yes	100
Condomi Kenya	Yes	Yes	Yes	100
KEMSA	Yes	Yes	Yes	100

The fear of condom failure heightened the dislike for use of condoms. All respondents (100%) alluded to three main suggestions been the main reasons for failing of condoms. Although the study was not scientific and Knowledge, Attitude, Perception (KAP) in nature, findings as evidenced by respondents suggested several behaviours associated with fear of condom

failure as excessive and rigorous use of condom and opening condom packs with sharp instruments. The fear of disease was felt more in event that a condom breakage occurred or there was condom slippage or incorrect use. The fear of failure was also imminent in the perception of potential users and as such they did not propagate the use of condoms.

Individuals would be willing to pay an affordable price for contraceptives in exchange for greater accessibility to the product. Social campaigns form an integral part of the environment in Kenya just as-is in other industrial and developing countries.

Although sharpening the society's awareness is necessary, changes remain a challenge as these are shaped by habits, attitudes, interest and beliefs.

Various elements must be considered to enable social marketing goals be achieved. These include among others: Understanding "customer needs" - where the target audience is studied to ascertain their demographic make-up, psychological features and its needs, making the product available through distribution channels, and flexible pricing.

Social bias and censure discourages the use of the product in much the same way as perceived negative results does. Effective communication plays an important role in dispelling the notion that can impede adoption of the practice. Adequate exposure to the message is essential in realization of social marketing goals. In addition, the products must be able to meet the expectations created of safety, prevention against disease and others to encourage compliance.

Careful information and behaviour change communication, combined with marketing in attractive ways, can greatly increase condom acceptability.

CHAPTER 5

SUMMARY, RECOMMENDATIONS AND CONCLUSIONS

5.0 SUMMARY

Condom social marketing approach in Kenya was first launched about 15 years ago in Kenya when it was hypothesized that individuals would be willing to pay an affordable price for contraceptives in exchange for greater accessibility to the product. Social campaigns form an integral part of the environment in Kenya just as is in other industrial and developing countries.

Although sharpening the society's awareness is necessary, changes remain a challenge as these are shaped by habits, attitudes, interest and beliefs.

Various elements must be considered to enable social marketing goals be achieved. These include among others: Understanding "customer needs" – where the target audience is studied to ascertain their demographic make-up, psychological features and its needs, making the product available through distribution channels, and flexible pricing.

Social bias and censure discourages the use of the product in much the same way as perceived negative results does. Effective communication plays an important role in dispelling the notion that can impede adoption of the practice. Adequate exposure to the message is essential in realization of social marketing goals. In addition, the products must be able to meet the expectations created of safety, prevention against disease and others to encourage compliance.

Careful information and behaviour change communication, combined with marketing in attractive ways, can greatly increase condom acceptability.

Often, people will use condoms early in the relationship, but “when they know each other well enough”, they stop using the condom as a sign of mutual trust. This means transforming the condom from signifying distrust into being a welcome and normal part of loving, caring and exciting relationship.

5.1 RECOMMENDATIONS

Condom Social Marketing campaigns should incorporate behaviour change strategies to combat HIV/AIDS. This could be approached by enhancing social support for STI/HIV/AIDS protection, particularly from parents or guardians to reach the youth. The youth should be encouraged to delay the first sexual experience and limit the number of partners. For those who are already sexually active, social marketing needs to focus on consistent condom use to protect against STI/HIV/AIDS and pregnancy.

Lessons need to be learned from marketing other products such as the massive global success of the soft drink marketing and distribution. Condoms should be associated with the positive image in public minds appropriate to the target group, whether of love, sensuality, fun, sexiness, performance, safety, trust, care or responsibility. Much can be done with the view towards creative packaging and improving imaging and captions.

Also important is that condoms themselves are as acceptable as is possible. Different shapes, sizes, colours and flavour add to the cost, but if they can gain economies of scale, then effective social marketing of diverse condoms may become highly effective as a prevention strategy. Promoting condoms

as a dual strategy also needs to become central to the overall strategy in high-prevalence countries.

5.2 Limitations of the Study

The study was constrained by the following factors:

- a) The high confidentiality prevalent in the condom marketing reproductive sector resulted in the reluctance and slow pace of some managers to respond to the questionnaire. It is possible that some managers may not have given a true reflection of information on the sales figures in order to protect their interests
- b) The study also focused only on one sector and the findings may not be generalized in other sectors

5.3 Gaps in Knowledge and need for future research

More research is needed to address unanswered questions about condom use among the various target audience and especially among the Kenyan youth. How for example can condom availability be increased by targeting broader audiences and using approaches such as radio call-in shows and youth friendly approaches?

There is need for additional study in ways to make pharmacies more youth-friendly and look into modalities of shifting social norms to increase consistent use of condoms.

The United Nations Population Fund is in the process of compiling information addressing myths surrounding the use of condoms. More research in this area may be carried out to address misperceptions and fears and suggest ways of reducing stigma against condom use.

This study has raised certain key questions below:

- What factors can improve long-term and consistent condom use ?
More information needs to be documented to understand how short-term use can become long-term, consistent use, including the role of risk perception, social support and efficacy.
- What are some of the factors that cause youth and other potential users to dislike the product ? The research did not clearly distinguish the factors ranging from stigma, breakage, or loss of pleasure.
- Does laying the focus on pregnancy prevention increase condom use ?
Women are likely to negotiate the use of condoms to prevent pregnancy. A need for a parallel condom campaign positioning the condom also as key in pregnancy prevention may be necessary.
- There is also a need to do more research into the social marketing practices of other sectors as this will limit the fundamental differences

APPENDIX 1

QUESTIONNAIRE

Section A

1. Name of organization _____
2. Country of origin of your organization _____
3. Position of respondent _____
4. Department _____
5. Name of respondent (Optional) _____
6. Number of years served in company _____
7. What is your company's mission statement?

8. For how long has your organization been operating in Kenya?
 1-5 years
 6-10 years
 11-15 years
 16-20 years
 21-25 years

Others. Please Specify _____

9. How many employees does your organization have?
- 5-10
 - 10-20
 - 21-30
 - 31-40
 - Above 40
10. Are employees of your organization encouraged to go for HIV/AIDS test?
- Yes
 - No

Section B

11. What category does your organization fall in?
- Public Social Marketing
 - Private Social Marketing
 - For Profit marketing

If your company is in the for profit marketing category, move to question 14

12. For how long has the organization been socially marketing condoms in Kenya?
- 1-5 years
 - 6-10 years
 - 11-15 years
 - 15-20 years
- Others. Please Specify _____

13. What social marketing approach does your organization embrace?

Traditional approach

Targeted Services approach

Manufacturer's model

Any other. Please specify _____

14. What brand of condom(s) do you market in Kenya?

Trust

Duo

Rough rider

Exotica

Sure

Contempo

Any Other. Please Specify _____

15. What is the importance of branding a condom?

Enables consumers remember benefits of using the product

Helps connote values of the product and that of the company

To trigger certain attributes in the users' minds

Enables a brand command familiarity in the target market

Any other. Please specify _____

16. Do you research into the needs of consumers before developing/marketing the products for them?

Yes ()

No ()

17. Your market segmentation is done on the basis of	Always	Yes	Sometimes	No
Geographical location		()		()
Income		()		()
Social Class		()		()
Lifestyle		()		()

18. My firm has a system that enables us to	Yes	No
Track the level of our sales	()	()
Track the level of our profitability	()	()
Analyse the quality of our products	()	()
Analyse the way brands are perceived by the markets	()	()

Any other. Please specify. _____

19. Rank the following promotional elements in terms of prominence your organization attaches to marketing of condoms

	Very important	Important	Not sure	Not important
Advertising	()	()	()	()
Sales promotion	()	()	()	()
Public Relations	()	()	()	()
Personal selling	()	()	()	()

20. Indicate how often you use the following promotional tools

	Always	Sometimes	Never
Advertising			
Radio	()	()	()
Television	()	()	()
Magazines	()	()	()
Brochures	()	()	()
Billboards	()	()	()
Shop/bus stop paintings	()	()	()
Directories	()	()	()
Others. Please Specify	()	()	()
_____	()	()	()
Sales promotion			
Trade shows	()	()	()
Price discounts	()	()	()
Others (Specify)	()	()	()
.....	()	()	()
Personal selling			
Sales representatives	()	()	()
Others. Please specify	()	()	()
_____	()	()	()
Direct Marketing			
Mail	()	()	()
Phone	()	()	()

21. What are some of the key elements of effective social marketing to reach the target market ?

- Knowing the needs of the consumers
- A strong communications component
- Developing relevant messages on condoms
- Utilization of the 4Ps in marketing
- Any other. Please Specify _____

22. What major hindrances in your experience do you find in effective social marketing of condoms?

- Consumer admitting embarrassment in the purchasing of condoms
- Religious and cultural beliefs against use of condoms
- Perception of condom failure among consumers
- Perception of non-satisfaction among consumers
- Any Other. Please Specify _____

23. Rank the following social marketing objectives in order of importance to your organization (Fill 1 for most important and 5 or least important)

- Customer satisfaction
- Product leadership
- Market share
- Profit maximization
- Reduction of HIV/AIDS cases
- Other (Please specify) _____

24. What is the relative importance of the following product attributes while marketing your product?

Very important Important A little important Not important

Quality	()	()	()	()
Variety	()	()	()	()
Brand name	()	()	()	()
Packaging size	()	()	()	()
Service	()	()	()	()

25. Do you have any educational programs on HIV/AIDS and condoms for your consumers?

() Yes () No

26. If yes, what are the different types of programs?

() Talks on using condoms

() Video shows on HIV/AIDS and condoms as a preventive measure

() Safety guidelines on condom storage, usage and disposal

() Any other (Please specify) _____

24. What is the relative importance of the following product attributes while marketing your product?

Very important Important A little important Not important

Quality	()	()	()	()
Variety	()	()	()	()
Brand name	()	()	()	()
Packaging size	()	()	()	()
Service	()	()	()	()

25. Do you have any educational programs on HIV/AIDS and condoms for your consumers?

() Yes () No

26. If yes, what are the different types of programs?

() Talks on using condoms

() Video shows on HIV/AIDS and condoms as a preventive measure

() Safety guidelines on condom storage, usage and disposal

() Any other (Please specify) _____

27. Is material on condoms readily available at your place of work?

Yes No

28. List some of the principal barriers to condom use among:

a. Marital Partners

Perception that partner demanding condom use is unfaithful

Lack of Sensual Pleasure

Discomfort while using

Religious and cultural beliefs

Colour

b. Regular (non-marital) partners

Perception that partner demanding condom use is unfaithful

Lack of Sensual Pleasure

Discomfort while using

Religious and cultural beliefs

Colour

c. Casual partners

Perception that partner demanding condom use is unfaithful

Lack of Sensual Pleasure

Discomfort while using

Religious and cultural beliefs

Colour

29. From your experience, what do consumers remember most from the constant marketing of the product through the mass media?

- () History of failure
- () Safety of the product
- () Quality of the product
- () Brand name

30. What do you consider success factors in social marketing by your organization?

Please rank

	Important	Not Important
Increase in Profit margins	()	()
Consistent use of condoms leading to reduction in HIV/AIDS	()	()
Recognition and retention of condom brand name by consumer	()	()
Quality of condoms	()	()
Packaging of condoms	()	()

Thank you very much for your Assistance

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APPENDIX 2

LIST OF ORGANIZATIONS IN THE STUDY

Non-Profit Condom Social Marketing Organization in Private Sector

Population Services International (PSI)

Non Profit Condom Social Marketing Organizations in Public Sector

Ministry of Health/German Technical Cooperation Project

Kenya Medical Supplies Agency (KEMSA)

For Profit Condom Social Marketing Organizations

Bayer East Africa

Assia Pharmaceuticals

Olago Enterprises

APPENDIX 3

INTRODUCTORY LETTER TO RESPONDENTS

Dear Sir/Madam,

UNIVERSITY OF NAIROBI
LOWER KABETE LIBRARY

RE: MBA STUDY ON SOCIAL MARKETING

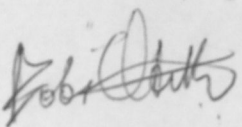
I am a Post-Graduate student at the University of Nairobi, Faculty of Commerce pursuing a Masters in Business Administration (MBA) degree in Marketing.

In partial fulfillment of the requirements of the course, I am carrying out a research entitled "**Factors Influencing Social Marketing in the Reproductive Health Sector in Kenya: A Case of Branded Condoms**". Your firm has been selected to participate in the study. I would like to request you to provide the required information by filling in the attached questionnaire to the best of your knowledge.

This exercise is strictly for academic purposes and any information obtained will be treated within the strictest confidence. A copy of the Final report will be availed to you upon request.

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Yours Faithfully,



Bobi Odiko