Improving Condom Social Marketing in Malawi: Evidence from a Consumer Profile Survey

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Abstract
The Chishango condom social marketing program is the largest HIV prevention program in Malawi, a country with a very high level of HIV prevalence. To further improve this program, program managers need to understand the market for social marketing brand condoms. This paper uses data from a 1997 Malawi consumer profile survey conducted among a random sample of 1,621 adults frequenting condom retail outlets. The purpose of this analysis was to 1) identify segments of the target market that have the greatest market potential; 2) understanding which outlets or media can be used to most effectively reach those segments; and 3) understand the reasons why consumers use or do not use condoms.

Findings confirm that most condom users in Malawi use the social marketing condom brand (Chishango). Lack of availability and cost are no longer significant constraints to condom use. Even though HIV prevalence is very high, the main reason for not using condoms is that many people—including those with multiple partners—perceive that they can trust their partner. Client profiles illustrate that different outlet types serve different population segments, which implies that point-of-purchase materials can be used to target specific market segments. The majority of condom users learned about their regular brand through radio advertisements. Market potential varies considerably by subgroup. One of the challenges is to increase the consistency of condom use among males. Although nearly one half of males regularly use social marketing brand condoms, most of them do not yet use condoms for all of their sex acts. While most males use condoms for STD/HIV prevention, most females use them for both pregnancy and STD/HIV prevention. Detailed information about the reasons for condom use allows program managers to determine how to position and market condoms to make them most appealing to the target segments.
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Introduction

Malawi is one of several countries in southern Africa where HIV prevalence is exceptionally high. At present, the Chishango condom social marketing program is the largest HIV prevention program in the country, providing the large majority of the private sector condom supply. Although Chishango sales have increased dramatically since the start of the social marketing program in 1994, the severity of the HIV/AIDS epidemic makes it essential to continually strive to improve the effectiveness of the program.

In order to be able to make the appropriate program adjustments to increase condom use, program managers need have a thorough understanding of the market. Specifically, they need to be able to identify those segments of the target market that have the greatest risk of contracting HIV/AIDS, as well as segments that have the greatest market potential. They need to understand which outlets and media should be used to most effectively target those segments, and understand the factors that determine condom use. This paper addresses these issues using data from a 1997 Malawi consumer profile survey conducted among a random sample of sexually active adults frequenting retail outlets.

HIV/AIDS Prevention in Malawi

Although the first AIDS case in Malawi was not diagnosed until 1985, Malawi now has one of the highest rates of HIV infection in the world (Anonymous 1996; Chirwa 1995; Dodd 1995; Kishindo 1995; MacLachlan, Chimombo and Mpemba 1997; Mhone 1996; Slutsker et al. 1994). By 1992, 10 percent of the adult population was believed to be HIV positive. By 1996, the Ministry of Health estimated that 17% of rural adults and 33% of urban adults were HIV positive (cited in Mhone 1996). The epidemic is having a large
impact in terms of increased morbidity and mortality (Anonymous 1996; Chirwa 1995) and diminished economic productivity (Cuddington and Hancock 1995).

In Malawi, HIV transmission occurs mostly through unprotected intercourse between heterosexual individuals. In a recent survey, 31% of females and 43% of males admitted to having directly exchanged money for sex (Lule, Moses and Bandawe 1997). Economic hardship forces many young women to engage in commercial sex work. It is estimated that 80% of bar girls and 70-98% of prostitutes in Malawi are HIV positive (Kishindo 1995; Mhone 1996). Furthermore, some studies have noted that there is an increased risk of infection among young women. In an attempt to reduce their risk of infection, many men avoid mature prostitutes in favor of young women (Dodd 1995). Due to economic hardship, these young women engage in sexual relations with older men (sugar daddies) in exchange for school fees, money and other gifts. Consequently, five out of every six HIV-positive adolescents are females.

Recognizing that HIV is mostly spread through unprotected heterosexual contact, the government of Malawi promotes programs to increase awareness of the dangers of promiscuous sexual behavior (Kishindo 1995). Numerous HIV prevention campaigns have been implemented, both by governmental and non-governmental organizations. These campaigns include peer education to increase condom use among bar girls, truck drivers and STD patients (Chirwa 1993), and HIV/AIDS counseling in hospitals, health centers, and health clinics. In addition, there are programs providing AIDS education in selected primary, secondary and military schools (Roth 1996; Yeager 1995), as well as campaigns using AIDS literature in language skills courses (Kamwendo 1994) and an “AIDS Challenge” board games in secondary schools to increase knowledge of HIV/AIDS (Dodd 1995). While these types of HIV prevention activities are numerous, many of them operate only on a small scale.
At present, the largest HIV/AIDS prevention project in Malawi is implemented by Population Services International/Malawi (PSI/Malawi), which was started in April 1994. The PSI/Malawi Social Marketing Project is co-funded by KfW and USAID, and distributes and promotes the use of subsidized Chishango brand condoms. Chishango brand condoms are distributed nationwide and constitute 98% of Malawi’s private sector condom supply (Gade, personal communication, 1998).

PSI/Malawi uses mass media communications campaigns (radio and the printed press) to encourage safer sexual behavior and to promote use of Chishango brand condoms. In addition, PSI/Malawi uses a mobile video unit (MVU) and community-based distribution (CBD) agents to disseminate HIV/AIDS prevention messages to hard-to-reach population groups. To accomplish the latter, PSI/Malawi has trained nearly 750 CBDs in Chishango social marketing. Thus far, the program has been very successful. Sales data show that condom sales have increased from 0.6 million per year before the start of the project, to 4.6 million in 1995, to 5.7 million in 1997.

Data
This paper is based on data from the 1997 PSI/Malawi condom consumer profile survey. The consumer profile survey is an exit survey conducted at retail outlets that sell condoms, but unlike most exit surveys, respondent selection is not based on purchasing behavior. Although interviews were conducted at condom retail outlets, respondents may or may not have purchased condoms, and may or may not have used condoms. The survey questionnaire includes sections on the respondents’ socio-economic profile, AIDS awareness, knowledge of HIV/AIDS prevention strategies, knowledge of condoms, attitudes towards condoms, and condom use.
Sample selection was conducted in two stages. In the first stage, a representative sample of bars/nightclubs, kiosks, motels/resthouses, groceries, grocery/bottlestores, Chibuku and Napolo (C&N) Taverns, and supermarkets in the three national regions was drawn. To ensure that a sufficient number of consumers could be interviewed, outlets with a high volume of customers were selected. Permission to conduct the survey was obtained from outlet attendants (see Musembi 1997). Comparison with data from the 1997 PSI/Malawi distribution survey (own calculations) shows that the distribution of outlets in the sample corresponds closely with the true distribution of outlets, except for supermarkets and grocery stores, which are over-sampled and under-sampled, respectively. No adjustments were made to correct for this.

At the selected outlets, interviews were conducted roughly between 10 a.m. and 9 p.m. by a team comprising a male and female interviewer. All consumers leaving the outlet were approached for interviewing (except during ongoing interviews). This implies that sample size was determined by the flow of customers at the selected outlets. Using screening questions, only respondents aged 14-40 who were sexually active within the three months before the survey were retained for interviewing. In total, 1,621 respondents were interviewed. Respondent characteristics are described in the next section.

Results

Characteristics of Retail Outlet Clientele

To enhance marketing practices, it is helpful to have a thorough understanding of the profile of consumers at different types of retail outlets. In other words, program managers need to know who shops where. Identifying the type of consumers that are served by each type of retail outlet may enable program managers to design point-of-purchase promotional materials (e.g., stickers, posters, etc.) that are more appealing to the

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1 Interviews were also conducted in maize mills and pharmacies. Interviews conducted in maize mills were excluded from this analysis because they are not condom outlets (N=29); interviews conducted in pharmacies were omitted because there were not sufficient number of cases (N=23).
consumer. For example, at outlet types that are frequented mostly by the poorest segments of the population, one may want to use promotional materials that emphasize the low cost of the product. Information on shopping patterns can also be used to determine whether distribution through specific outlets is likely to reach the intended target population.

To identify shopping patterns, we distinguish between four outlet types: 1) Bars, bottle-shops, taverns and motels (289 respondents); 2) kiosks (412 cases); 3) groceries (274 cases); and 4) supermarkets (646 cases). For each outlet type, we differentiate between the female and male clientele, as it is likely that their characteristics differ. The results are presented in Table 1a through 1d.

The clientele of bars, bottle-shops, etc.: Table 1a shows that 221 out of 289 clients interviewed at these outlets were males. One may speculate that some of the women frequenting these outlets were engaged in commercial sex work. As noted above, economic necessity forces many young women to engage in commercial sex work, either formally or informally, through sugar-daddies (see Dodd 1995; Kishindo 1995; Lule, Moses and Bandawe 1997).

The majority of males frequenting these establishments are in their twenties (62%), have secondary education (62%) and have a medium to high socio-economic status (75%). By contrast, females tend to be younger, much less educated and poorer. About one-half of the males frequenting these outlets are married, as opposed to about one third of the females. Interestingly, roughly 75% of both males and females reported that they had ever used a condom. Among both sexes, the dominant condom brand that had ever been used was Chishango (over 75%). Over one in four males (27%) and four in ten females
(43%) had ever used public sector condoms. Commercial sector condoms are unimportant for either sex.

The clientele of kiosks: Approximately equal numbers of males and females frequent kiosks (see Table 1b), the majority of persons being married (63% of males, and 81% of females) and having relatively low levels of education (38% of males and 18% of females had secondary education). About one third of consumers report that they frequented the outlet where they were interviewed because the location was convenient (i.e., near home, work or transport). Condom use differs greatly between males and females (60% vs. 33% ever use). Among males, 52% had ever used the social marketing brand, 16% had used the public sector brand, and 5% had used another commercial brand. Among females, 23% had ever used Chishango, 16% a public sector brand and 0.5% another commercial brand.

The clientele of grocery stores: Both males and females visit grocery stores (Table 1c). The clientele is relatively young. Thirty-four percent of males and 22% of females are under age 19. Males frequenting these outlets are less likely than women to be married, and more likely to have secondary education. The clientele is relatively poor, especially the women. Fifty-four percent of males and 46% of females said they frequented this particular outlet because it was nearby. Only about 25% frequented this outlet because it was cheap.

The clientele of supermarkets: Unlike the case for kiosks and grocery stores, the supermarket clientele consists predominantly of males (63%, see Table 1d). Most likely, this can be partly explained by the fact that there are relatively few supermarkets, which implies that supermarkets are only easily accessible to those who have a car. Not surprisingly, 39% of males and 63% of females said they are frequenting this outlet
because it was cheap; only 23% and 34%, respectively, because it was nearby. Supermarket clientele tends to be well-educated and relatively wealthy, males and females alike.

**The Market Size for Condom Social Marketing Projects**

To determine how condom sales and condom use can be increased most effectively, we need to identify which segments of the market have the greatest market potential. We define the market size for the social marketing program as the total number of people who could potentially be targeted by the project. Condom users whose regular brand is a commercial brand are not considered part of the condom social marketing market, since social marketing programs should not target people who can afford unsubsidized condoms. Because the commercial sector provides only a small share of the condom supply in Malawi, this excludes only 22 interviews.²

We can now segment the market for the condom social marketing program based on the respondents’ condom use experience. For the Malawi condom social marketing program, the market consists of the following segments:

1. Regular social marketing brand users: people whose regular brand is the social marketing brand and who report that they *always* use condoms (N=298)
2. Irregular social marketing brand users: people whose regular brand is the social marketing brand, but who use condoms inconsistently (N=353)
3. Public sector brand users: condom users whose regular brand is the public sector brand (N=105)

² Note that in countries where the commercial sector comprises a large share of the total condom market, some users of commercial brand condoms may also be considered part of the target market for social marketing programs. More specifically, condom social marketing programs may consider targeting irregular users of commercial condom brands, because the lower price of social marketing condoms and their greater availability may increase levels of protection.
4. Users who do not have a brand preference: respondents who are no longer using condoms, or condom users who report that they do not have a regular brand (N=156)

5. Non-users: sexually active people who have never used condoms (N=686)

The above categorization shows that the social marketing program can augment sales through one of two means: 1) by increasing the percentage of people who use social marketing brand condoms (Chishango); or 2) by increasing the frequency of condom use among people who are already using this brand.

At present, 18.7 percent of those in the target market are already using Chishango condoms for all of their sex acts (segment 1). By definition, sales among this group of regular users of the social marketing brand cannot be increased. However, the program should aim to increase number of regular Chishango brand users by making people switch from other segments. Hence, irregular users of the social marketing brand (segment 2) comprise a key target group. These persons are already using condoms and should be convinced to either use them more frequently, or to use them with all of their partners. This group comprises 22.1% of the market.

From an economic perspective, people who are using public sector condoms (segment 3) are also an important target for social marketing programs. Making public sector users switch to social marketing brands will reduce the burden on public sector funds. Moreover, like irregular users of the social marketing brand, this group is likely to be a relatively easy target for increasing sales volumes because they are already aware of the benefits of condom use. However, in countries where the public sector is small, the opportunity for switching users of public sector brands to a social marketing brand may

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3 In theory, adolescents who are not yet sexually active should also be included in the calculation of the market size, but no data were collected on this group.
not exist. In Malawi, public sector condoms are distributed predominantly by community-based distributors and health clinics as a form of temporary contraception for women beginning hormonal contraceptive use (Walker, personal communication 1998). Hence, public sector condom distribution is small (6.6% of the market). Therefore, public sector condom users are not an important target group. Like public sector condom users, condom users who do not have a regular condom brand (segment 4) comprise only a small percentage of the market (9.8%). Hence, this group should not be a priority target.

The final component of the target market consists of the people who have never used condoms (segment 5). At present, this group comprises 42.9% of the market. This group is likely to be quite heterogeneous, and it will be necessary to determine specific target groups among these non-users. For example, young people who have not yet started to use condoms should be a comparatively easy target because they have not yet established a long-term pattern of unprotected behavior. Older non-users, on the other hand, are likely to be difficult targets. Non-users who are poor, and/or at high risk, should also be considered key targets.4

Market Potential for the Social Marketing Program

We now assess which population subgroups have the largest market potential. Tables 2 and 3 describe the target market for males and females, respectively. Table 2 shows that out of 953 males, 14% currently use the social marketing brand for all of their sex acts, and 34% use the social marketing brand, but use condoms inconsistently. Breakdown by population subgroup shows that there is considerable variation in the percentage of respondents who are using the social marketing brand. For example, 61% of those who attended secondary school are social marketing brand users, as opposed to only 36% for

4 While wealthy people who have never used condoms are not a key target for social marketing programs, it may be useful to treat them as secondary targets because use of social marketing brand condoms may facilitate subsequent use of unsubsidized commercial brands. They may also be an important target if they engage in high-risk behavior.
those who did not attend secondary school. As expected, use of the social marketing brand increases with socio-economic status, from 31% to 59%.

Table 2 about here

The data further show that PSI/Malawi has been very effective at increasing condom use among high-risk groups. Use of the social marketing brand is somewhat higher among those who consider themselves at risk of contracting HIV/AIDS (53% versus 46%). More importantly, use of the social marketing brand ranges from 30% for those who only had one sexual partner in the past year, to 63% for those who had two to five partners, to 74% for those who had six or more partners.

The potential for increasing use of the social marketing brand by attracting public sector users or users that currently do not have a brand preference is small, comprising only 7% and 10% of the target market, respectively. Breakdown by population subgroups shows that these two market segments are small for all subgroups.

By contrast, over one-third of males have never used condoms. The percentage of non-users is highest for those under age 20 and over age 30, and for those with lower levels of education and socio-economic status. Thus, based on the size of the segment it appears that the greatest potential for increasing use of the social marketing brand lies in attracting those who have never used condoms, especially the younger ones. Attracting new users may also help to improve equity in protection against HIV/AIDS and other STDs.

Table 3 shows the same information for females. It is immediately apparent that the situation for females differs dramatically from that for males. As expected, the percentage of users of the social marketing brand is lower for females than for males (31% vs. 48%). However, most females who are using social marketing brand condoms
do so consistently (26%), rather than inconsistently (5%). This high level of consistent use may imply that females have fewer partners than males, but also that they are more concerned with pregnancy prevention. Only six percent of females are using public sector condoms brands, and 10 percent have no brand preference. The remaining 54% have never used condoms.

Table 3 about here
For females, the percentage who are using social marketing brand condoms varies considerably by sub-population. Interestingly, the percentage using the social marketing brand is roughly equal for those aged 15-19 and those aged 20-29 (roughly 35%). These findings indicate that women who become social marketing brand users tend to do so at an early age. Use of social marketing brand condoms is very low among women aged 30 and over (18%).

Compared to males, there is much more equity in the use of social marketing brand condoms for females. Use ranges from 24% for the low socio-economic status (SES) group, to 34% for the medium-high SES group and to 38% for the high SES group.

As is the case for males, use of social marketing brand condoms is very high for those with risky sexual behavior. Use of social marketing condoms ranges from 25% for those women who only had one sexual partner during the last year, to 58% for those with two to five partners. Moreover, among women who were interviewed in bars, bottle stores, motels and taverns (many of whom are expected to be involved in commercial sex work), 60% of the target market use social marketing brand condoms.

It is also noteworthy that for females, there are large regional differences in use of social marketing brand (for males, use of the social marketing brand did not vary much by region). Use of Chishango ranges from 32% of the target market in the central region, to
34% in the southern region, to only 14% in the northern region. The low use in the north is not due to differences in the acceptability of condoms, since the percentage of women who never used condoms is roughly equal in all regions. Rather use of the social marketing brand in the northern region stems from the fact that many women in this region have no brand preference (24%).

**Exposure to Condom Brand Advertising**

Information on exposure to condom brand advertising can help program managers assess the effectiveness of the advertising campaign, and identify the groups that have not been adequately reached by the campaign. The PSI/Malawi consumer profile questionnaire asked all condom users who had a regular condom brand about the means through which they learned about that brand. The PSI/Malawi consumer profile questionnaire asked all condom users who had a regular condom brand about the means through which they learned about that brand. The PSI/Malawi consumer profile questionnaire asked all condom users who had a regular condom brand about the means through which they learned about that brand.5 Table 4 shows the percentage of condom users who learned about their regular brand through radio, point-of-purchase materials, newspapers and mobile video units (MVU). As before, users of commercial brands are excluded from the analysis because they are not part of the target market for condom social marketing programs. Overall, 80% of condom users reported that they learned about their regular brand through radio, and 16% through point-of-purchase materials. Only a small fraction of condom users learned about their regular brand through newspapers (5%) or MVUs (2%).

Table 4 about here

While exposure through radio is very high, it varies somewhat by subgroup. Most notably, exposure to brand promotion is much higher for those using the social marketing brand (90%) than for those using the public sector brand (15%). As expected, radio exposure is lower for those living in households that do not own a radio; but even for this group, it is still considerable (63%).

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5 The exact phrasing was “how did you learn about this condom?” Up to three spontaneously mentioned answers were recorded.
Exposure to point-of-purchase (POP) brand promotion is again much higher for users of the social marketing brand (over 18%) than for users for the public sector brand (2%). Males are more likely than females to have learned about their brand through POP materials (19% and 10% respectively), perhaps because women are less likely to visit outlets that display a lot of them, such as bars and bottle-stores. It is also possible that women are less likely to notice POP materials because most condom buyers are males. The latter suggests that point-of-purchase materials may not be an effective means for reaching women.

Exposure to newspaper brand promotion is low for all subgroups, but is highest for bar clientele etc. Most likely, the latter can be explained by the fact that the clientele of these establishments is relatively wealthy, and hence more likely to read papers. It is also possible that some of these establishments, such as motels and taverns, make newspapers available to their customers. Mobile video units only play a very small role in condom brand promotion. However, exposure to MVU condom promotion is higher for users of the public sector brand (5%) than for users of the social marketing brand.

**Reasons for Using and Not Using Condoms**

Information on the reasons why specific population groups use or do not use condoms can help program managers assess and improve their IEC and promotion campaign. While the main objective of the PSI/Malawi condom social marketing program is to prevent the transmission of HIV/AIDS and other sexually transmitted diseases, it is expected that many people will also use condoms to prevent pregnancy.

Table 5a and 5b show the percentage of male and female condom users reporting that they used condoms for pregnancy prevention, the prevention of HIV or other sexually transmitted diseases, or for both.
Among males who have used condoms, 13% report that they have used condoms for pregnancy prevention only, 56% for STD/HIV prevention only and 31% for both (see Table 5a). The subgroups most likely to have used condoms for pregnancy prevention only include older males (28% for ages 30 and above), married males (21%) and those who had only one partner during the last year (31%). For STD/HIV prevention the pattern is virtually the opposite. Male condom users most likely to have used condoms for STD/HIV prevention only are males who are under age 20 (70%), unmarried (65%) and who had two or more sexual partners during the last year (over 65%). Men with less than secondary education and from low socio-economic status groups are also likely to have used condoms for STD/HIV prevention only. The percentage of male condom users who report having used condoms for both pregnancy and STD/HIV prevention does not vary much by subgroup.

Tables 5a and 5b about here

Most females use condoms both for pregnancy prevention and STD/HIV prevention (64%), unlike males who mostly use them for the latter. Females most likely to use condoms for both purposes include those who use the social marketing brand, those who are young, unmarried and well educated. As expected, the percentage having used condoms for the purpose of pregnancy prevention only is highest for women who are older and married. Surprisingly, 42% of female condom users who perceive themselves at risk of contracting HIV/AIDS reported using condoms for pregnancy prevention only. Few women use condoms for STD/HIV prevention only. Condom use for the purpose of STD/HIV prevention only is highest among the unmarried (23%), the lowest SES group (25%), those with two or more partners in the last year (over 25%) and those interviewed in bars and similar establishments (42%).
The reasons why some respondents had never used condoms are examined in Tables 6a and 6b (for males and females, respectively). More specifically, we report the percentage of male and female respondents who report that they were not using condoms due to 1) lack of availability; 2) cost; 3) partner’s opposition; 4) because they trust their partner; or 5) because they dislike condoms.

Table 6a shows that among males who never used condoms, 62% did not use condoms because they trusted their partner, 2% due to a lack of availability, 3% because of the cost, 6% because their partner objected, and 28% because they dislike condoms. The percentage who did not use condoms because they trust their partner varies considerably by subgroup. Only 37% of teenage non-users reported that they trust their sexual partner, compared to 70% for those aged 20 and over. Most likely, this difference reflects differences in the type of partner. Trust is a much larger constraint to condom use for married men than for unmarried men (71% vs. 49%). Likewise, 70 percent of men who only had one partner during the last year reported that they did not use a condom because they trust their partner, compared to 39% for those with two to five partners.

The percentage of non-users who report disliking condoms is highest among young and unmarried men (42% and 37%, respectively). Surprisingly, this percentage is also high for those with secondary education (34%), high socio-economic status (41%), multiple partners (40%) and for those interviewed in bars, bottle-stores, etc. (40%).

Breakdown by subgroups further shows that availability is rarely a concern, even for those of lower socio-economic groups. Moreover, among males interviewed in bars, bottle-stores, motels, taverns and kiosks, none mentioned lack of availability as a reason for non-use. The cost of condoms is only a constraint to condom use for teenage males (10%), and for those who had multiple sexual partners during the last year (9%). Partner-
related reasons for non-use are most common among teenage males (15%), unmarried males (11%), poor males (10%) and in the North (12%).

Table 6b shows the reasons for not using condoms among women. Once again, trusting one’s partner is the main reason for not using condoms (75%), followed by partner-related reasons (15%) and disliking condoms (8%). Availability and cost are not significant constraints to condom use. Breakdown by subgroups shows interesting patterns. Partner-related factors are a more common constraint to condom use among teenage women (25%) and among unmarried women (24%). This suggests that unmarried women have difficulty negotiating condom use, perhaps because they are expected to prove their fertility to their future husband as a condition for marriage.

Subgroups also differ in the extent to which trust is a constraint to condom use; but the differentials are much smaller than was the case for males. Fifty-nine percent of teenage females report trust as a reason for non-use, as opposed to roughly 75% for those age 20 and above. As for males, non-use because of trust does not vary much by level of education or by socio-economic status.

Unexpectedly, the percentage of women who reported never using condoms because they trust their partner is very similar for women who had only one partner in the last year (76%), and those with two to five partners (65%). This finding suggests that serial monogamy may be associated with a false sense of security.

Among women who never used condoms, the subgroups most likely to report that they dislike condoms are women who are aged 30 and over (11%), unmarried (11%), at the low end of the SES scale (11%) and living in the South (11%).
Conclusion

This paper has used data from the 1997 PSI/Malawi condom consumer profile survey to provide program managers with information on the market for social marketing brand condoms, and to identify strategies with the greatest potential for further increasing the use of social marketing brand condoms.

The data show that the Chishango condom social marketing program is one of the key HIV prevention efforts in Malawi, providing most of the public and private sector condom supply. Perhaps more importantly, the results indicate that use of social marketing brand condoms is particularly high among those populations who have the highest risk of contracting HIV/AIDS. For example, use of Chishango brand condoms is highest among persons who consider themselves at risk of contracting the HIV virus or who have multiple sexual partners, and among customers of high-risk establishments, such as bars and motels. This is important, given that recent research has demonstrated that increasing condom use among high-risk groups has a much larger impact on HIV prevention than increasing condom use among low-risk groups (World Bank 1997). The results of this study further confirm that lack of availability and cost considerations are no longer significant constraints to condom use in Malawi, even among the poorest strata of the population. Even among the poor, use of Chishango condoms is much higher than use of public sector condoms, despite the fact that the latter are free of charge.

Although the Chishango social marketing program has achieved considerable success over a short period of time, the severity of the AIDS crisis in Malawi requires continual efforts to further improve the impact of the program. This study reveals some of the strategies that can be used to try and further improve the effectiveness of the program.
Analysis of the composition of condom retail outlet clientele reveals that different types of outlets serve a very different segment of the population. This implies that distribution and point-of-purchase materials at specific types of outlets can be used to more effectively target specific segments of the target population. In Malawi, strategies aimed at increasing HIV prevention behavior among the poor should focus on distributing and promoting condoms through kiosks and grocery stores because they tend to have the poorest consumers. Consumers at these outlets also have the lowest levels of condom use, suggesting that they may lack information and access to affordable condoms. While condom distribution through supermarkets is appealing due to the high volume of consumers per outlet, the results indicate that this strategy will benefit a much wealthier group of consumers. Consumer profiles further suggest that condom promotion and distribution campaigns focusing on bars, motels, etc. may be a viable strategy for providing access to HIV prevention for a group of high-risk females and their partners.

There are two main strategies with considerable potential for increasing use of social marketing brand condoms within the broad target group. The first one is to target users of social marketing brand condoms who use condoms irregularly, and to convince them to use condoms all the time. The second one is to target those people who have never used condoms, and to convince them to start using condoms. For each approach, it is possible to identify those subgroups with the greatest market potential.

In Malawi, the subgroups with the highest percentage of irregular users of social marketing brand condoms are males (but not females) who have multiple sexual partners, who consider themselves at risk of contracting the HIV virus, and who are relatively well educated and from the upper socio-economic strata. These males act in the belief that they are able to minimize their risk of HIV infection by accurately identifying high-risk partners. To increase Chishango use among this group of males, further education about
the advanced state of the HIV epidemic in Malawi is needed. In particular, efforts need to be made to increase awareness among this group of men that 33% of the urban population and 17% of the rural population is already HIV positive, and that they themselves may also be infected. Among females, irregular users of Chishango brand condoms are not a key target as they comprise only a small fraction of the market.

To promote the use of Chishango condoms among people who have never used condoms, the program should target young people with low levels of education and low socio-economic status. Most research has shown that young people are more likely than older people to adopt safer sexual behavior. As noted earlier, the poorest segments of the population can be reached most effectively by making condoms available in kiosks and grocery stores, and by promoting the low cost of Chishango brand condoms. Finally, non-use of condoms is very high among people who have relatively few sexual partners. Most likely, this group can be encouraged to start using condoms by increasing their awareness of the current HIV prevalence rates in Malawi.

To successfully reach these groups, it is important to market condoms in a manner that is appealing to the consumers. The results of this study indicate that males --especially younger males-- use condoms predominantly for the purpose of STD/HIV prevention. By contrast, females mostly use condoms for both STD and pregnancy prevention. These findings imply that the way condoms are positioned and marketed is likely to affect the extent to which different population groups use them. To increase condom use among young unmarried men, it will be most effective to position and market condoms as an effective means of preventing HIV infection and other sexually transmitted diseases. To increase condom use among older groups and among women, a campaign that emphasizes both STD and pregnancy prevention is likely to be most effective.
References


