



**BRANDED SOCIALLY MARKETED CONDOMS IN GASABO DISTRICT:
case study among men, users and retailers of age 15-35**

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RW/SFB/PM/050965

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This paper was submitted in partial fulfillment of the requirements for the Master of Business Administration (MBA) degree at Maastricht School of Management (MSM), Maastricht, the Netherlands, September 2012

DECLARATION STATEMENT

I, Emery Nkurunziza, declare to my best knowledge that this dissertation is my original work and has not been presented to any other institution for an award.

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Date _____

DEDICATION

To
my wife,

MrsPhilomene ARAKAZA,

Who made all of this possible, for her endless encouragement and patience.

And also to you

Our daughters:

Kessia TONA,

KarellAZABE and

Akissa AKUZWE,

You brightened our life with full of Joyce, love and happiness.

ACKNOWLEDGEMENT

I first of all gratefully thank our almighty God for blessing my entire life and allow me grabbing new scale of my life with success.

I am heartily thankful to my supervisor, Dr Jones STEPHANIE, whose encouragement, guidance and support from the initial to the final level enabled me to develop an understanding of the subject. Her sage advice, insightful criticisms, and patient encouragement have been incredibly helpful and were deeply appreciated.

I would like to specially thank to my formal employer and colleagues at PSI/Rwanda for financially supporting my MBA program, I offer my special regards and blessings to Mrs Staci Leuschner, formal Country Representative for her encouragements and recommendation to the MBA program and MrZacchAkinyemi who provided me his support towards completion of the thesis as last requirement for the program.

I owe my deepest gratitude to all the courses lecturers of the MBA outreach program, especially the MBA outreach program coordinator, Dr Murty KOPPARTY for the diligence, guidelines and highly valuable course contents have been an incredible asset to my professional development

I would also like to thank those who agreed to be interviewed, for, without your time and cooperation, this project would not have been possible

Last and not the least, I offer my special blessings to my brothers and sisters, who offered me unconditional love and support from the beginning up to completion to the program. May the almighty God bless you all!

Emery Nkurunziza

Abstract

Condom use is still low in Rwanda compared to its neighboring countries. In fact, accordingly to the Condom Accessibility Survey conducted in 2006, stigma was identified as a major reason for non-use. 55% of CAS respondents said people don't use because they are afraid to be considered as « vagabond sexuel »; 53.3% of people think that people who use condoms are promiscuous. Due to the low level of acceptability of condoms, many people are embarrassed to ask for condoms from shop owners and health workers, they will send kids to buy condoms. It is considered unacceptable for girls to buy condoms. If they do, they are considered prostitutes

PSI/Rwanda has been doing social marketing since 1995 and launched its first Prudence brand since then. Plaisir brand has been launched later in 2010 as a second line for socially marketed brand in Rwanda. There have been substantial work done and we were interested to explore the up to date progress so far to remove barriers and motivate condom use in Rwanda.

The main objective for the study was to assess the impact of social marketing activities and explore the perceptions of socially marketed brands that translate to the condom use among sexually active men in Gasabo district.

The survey targeted men aged 15-35 either users or retailers who sell condoms to get a full picture of what are the perceptions from the end consumer and understand as well what is done to make condoms accessible.

We used a combination of secondary analysis and primary survey using both qualitative and quantitative methodology. The field survey was conducted in August 2012, 4 Focus groups discussions were conducted with 22 men aged 15-35 segmented by age and economic status: 2 FGDs with men aged 15-24, students, without economic revenues and 2 FGDs with men aged 25-35 with economic revenues. A discussion guide was used for moderation of the FGDs.

For the retailers, 45 outlets were proportionally sampled, 3 outlets in each of the 15 sectors of the Gasabo districts were interviewed using a pre-coded questioner with close and open-ended questions.

The main findings could be summarized following the marketing mix 4P' approach

On the Product, condoms brand preference was explored and although there are widely diversified preferences and reasons of preferences, findings show that Plaisir is predominantly preferred by men aged 15-35 (59%) mainly they perceive it packaging nicely designed and found it beautiful. One could think that if the survey is done at a higher scale and this result is confirmed, condom programmers should consider purchasing and availing more Plaisir to motivate use. A successful promotion of the popular Plaisir brand might help encourage wider condom use

Additionally, while the reasons for using condoms were widely known as agreed as mean to protect sexually transmitted diseases and family planning, there were also a number of reasons of non-use which were: ignorance, religious believes, trust, abstinence for youth until marriage, etc.

On the Price, findings revealed some interesting indications on more work to do on pricing since the willingness to pay was different from the actual selling price and this could be a potential barrier to consumers. A comparison of pricing revealed Plaisir to be twice cheaper than its most competitor lifeguard and the willingness to pay from the consumers was higher than the retail selling price.

For the Place, findings showed that consumers most preferred outlet for condoms was boutique which was reflected by the quantitative survey. The brands visibility was very good inside the outlets but outside the outlets, promotional items were not such widely displayed. Retailers who did not sell Plaisir said they had no demand or they found the product expensive and for Prudence, the main reason for not selling was the insufficient profit

Finally, in terms of promotion, the results indicated that more sensitization targeting youth in and out of schools and interestingly, majority of interviewers found the persons buying condom as 'responsible'. There are still a portion of persons who still think that a person who is buying a condom is either a sexual vagabond or just a prostitute.

Based on findings, recommendations were formulated to increase condom use including scaling up this survey to a bigger sample that will provide a more comprehensive picture of the total market dynamics in Rwanda, base condom brand preference in supply chain decisions, focusing on messages that address the identified barriers which are trust, ignorance, religious believes etc. PSI/Rwanda should implement a direct distribution strategy for Plaisir to improve its penetration

as it is the most preferred brand among youth and partners involved in condoms programming to work together to make condoms as widely as available to the consumer. These recommendations will certainly contribute to improve condom use in Rwanda.

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List of Abbreviations

ARBEF	Association Rwandaise pour le Bien-être Familial
BCC	Behaviour Change Communications
CAMERWA	<i>Centrale d'Achat des Médicaments Essentiels au Rwanda</i> (Central Medical Stores)
CNLS	<i>Commission National de Lutte Contre le SIDA</i>
DHS	Demographic Health Survey
EDPRS	Economic Development and Poverty Reduction Strategy
GFATM	Global Fund To Fight AIDS, Tuberculosis and Malaria
GOR	Government of Rwanda
HIV/AIDS	human immunodeficiency virus/acquired immunodeficiency syndrome
IEC	Information, Education and Communication
JSI	John Snow, Inc.
KfW	KfWEntwicklungsbank (German Development Bank)
MINECOFIN	Ministry of Finance and Economic Planning
MINEDUC	Ministry of Education
MINISANTE	Ministry of Health
NEML	National Essential Medicines List
NGO	Non governmental organization
PEPFAR	President Emergency Plan for AIDS Relief
PLWHA	people living with HIV/AIDS
PSI	Population Services International
RWF	Rwandan franc (currency)
SCMS	Supply Chain Management System (USAID-funded project)
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VCT	voluntary counseling and testing

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Chap I: INTRODUCTION

1.1 Background

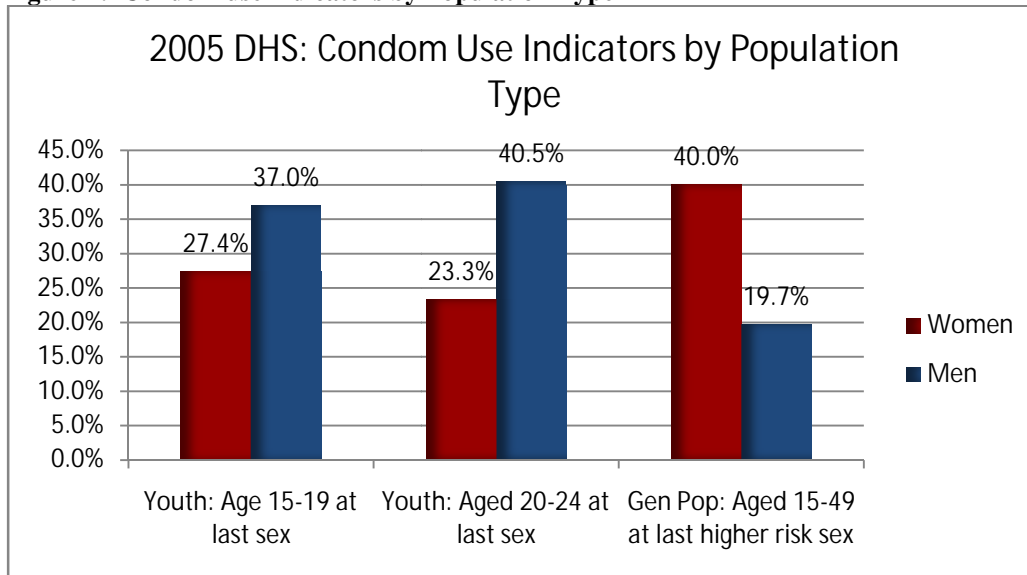
Rwanda has made significant progress in fighting against HIV/AIDS by enhancing efforts related to both prevention and treatment of this pandemic disease. According to the Demographic Health Survey (DHS) 2005, the HIV prevalence was estimated at 3% nationwide which is relatively low in the Sub Saharan Africa.

The Government of Rwanda through its National Aids Commission has contributed to this success by adopting a zero prevalence policy which intends to avoid any new infection in Rwanda by promoting safe sexual behaviours including condom use and ensuring consistent treatment to all HIV infected people. This initiative is mainly funded by UN agencies, United States Government, Global Funds and European Union.

During the recent 5 years, tremendous efforts have been put in place in promoting condom use in Rwanda. But, condom use remains low in Rwanda and therefore more efforts are still needed. General knowledge of condoms as prevention method for HIV is high with 90% of males and 80% of females¹ citing using condoms consistently as a means of HIV prevention. However knowledge clearly does not translate into use. Condom use rate have been historically low due an association of HIV and sex promiscuity and low levels of acceptability. In fact, accordingly to the Condom Accessibility Survey conducted in 2006, stigma is a major reason for non-use. 55% of CAS respondents say people don't use because they are afraid to be considered as « vagabond sexuel »; 53.3% of people think that people who use condoms are promiscuous. Due to the low level of acceptability of condoms, many people are embarrassed to ask for condoms from shop owners and health workers, they will send kids to buy condoms. It is considered unacceptable for girls to buy condoms. If they do, they are considered prostitutes.

¹2005 DHS

Figure 1: Condom use indicators by Population Type



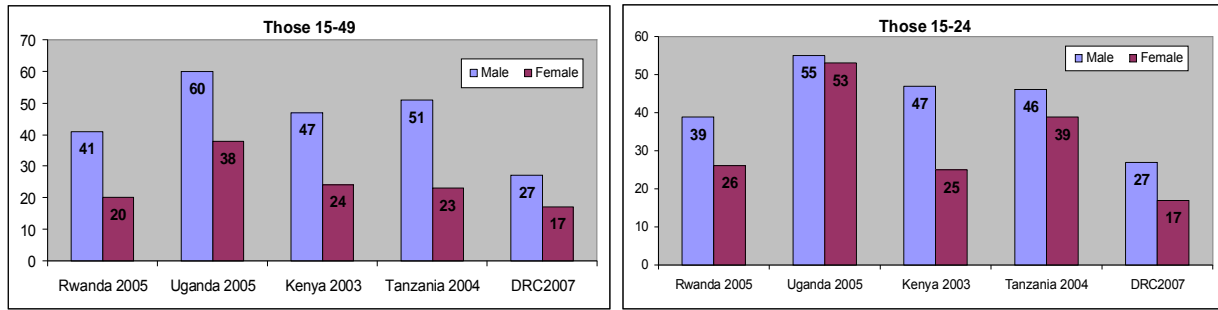
Source: Rwanda DHS 2005

In the above chart, the survey was done to men and women separately, a man and a woman might report having used the same condom which might be duplicating results. What is interesting in this chart I wanted to show is the difference of level of condom use among men and women in within the same range of age. Condom use is higher for boys below 24 than girls of the same age, but surprisingly, among general population aged 15-49 engaging in higher risk sex, women are using more than men. This suggest that women are engaging in sex with younger men and the women have reported condoms that were worn by the young boys. Using the same interpretation of the chart, young girls below 24 are having sex with more elder men and since those elder men are not wearing condoms, the level of use among that category is low.

In general, sexual behavior in Rwanda is more conservative than in neighbouring countries, with lower rates of higher-risk sex, multiple partnering, and premarital sex than any of its neighbors.

Although the sources used are from different periods, the figure 2 illustrates that condom use remain low compared to the other countries in the region. In fact, among the youth aged 15-24, 39% of male were using condoms and only 26% of female were using condoms in Rwanda where in Uganda, among the same audiences, 55% of male were using condoms and 53% of female were using condoms in 2005. Uganda had the higher condom use rates in the region.

Figure 2: Condom use at last higher risk sex for Rwanda and neighbours (aged 15-49 and aged 15-24)



Source: Rwanda DHS 2005, Uganda BS 2005, Kenya DHS 2003, Tanzania DHS 2004, DRC DHS 2007. No data available for multiple partners among young people in DRC. Higher risk is sex defined as sex with a no-marital, non-cohabitating partner

An alarming situation was among the group of 15-49 in Rwanda, female had a very low condom use at 20% while male were using at 41%.

In addition, the median age of sexual debut is higher and rates of commercial sex are lower than its neighbours. This might be correlated to the different history with Rwanda inheriting more French conservative culture through colonization while the rest of Eastern African countries compared inherited more liberal English from British influence through colonization

Looking into various condom use indicators evolution from 2000 to 2005/6, it is noted that some indicators remained unchanged or actually declined – including the key national condom use indicator² for men and women aged 15-24 at last higher risk sex (marked in bold in Table 1). For the six indicators where condom use has increased, five involve condom use reported by women. Only in the 2006 Behavioral Surveillance Survey was there an increase in condom use by men and for this survey the sample size was very small (ten).

² Condom use at last higher risk sex for 15-24 year olds is a key MINISANTE indicator in R Economic Development and Poverty Reduction Strategy.

Table 1: Trends in condom use, last sex, 2000 -2005/2006

	2000	2005/2006	Source	Trend
Sex Workers	81.8	86.6	BSS 2000, 2006	↑
Truckers, non-commercial, non-regular	62	61.9	BSS 2000, 2006	=
Men, 15-49, last higher risk sex	51	39	DHS 2000, 2005	↓
Women, 15-49, higher risk	15	20	DHS 2000, 2005	↑
Men, 15-49, any	7	6	DHS 2000, 2005	↓
Women, 15-49, any	1	3	DHS 2000, 2005	↑
Men, 15-24, higher risk	55	39	DHS 2000, 2005	↓
Women, 15-24, higher risk	23	26	DHS 2000, 2005	↑
Men, 15-24, unmarried, any	55	39	DHS 2000, 2005	↓
Women, 15-24, unmarried, any	25	25	DHS 2000, 2005	=
Men, 15 -19, non-commercial partner	11.4	24.3	BSS 2000, 2006	↑
Women, 15-19, non-commercial partner	19.5	40.7	BSS 2000, 2006	↑

In summary, while sexual behavior in Rwanda is more conservative than its neighbors', actual condom use in high risk sex is also lower. Rwandans are less likely to engage in high risk behaviors than those in neighboring countries, but when they do they are less likely to use condoms; and rates of condom use, despite increasing knowledge and awareness of HIV, are too often stagnant or actually declining.

1.2 Drivers of Condom Use:

No quantitative evidence exist among the general population to identify drivers of condom use but analysis of qualitative data among married couples suggests that barriers of condom use, echo global options such as condoms being intrinsically linked to having sex with non-marital partners or commercial sex worker, reducing sexual pleasure, and imply a lack of trust about partners' behavior.

1.3 Condom distribution over the time

PSI/Rwanda has socially marketed condoms in Rwanda for over 15 years, distributing over 90 million condoms since 1995. In 2009 and 2010, social marketing has 57% of the overall condom market share in Rwanda as shown in the table below

Table 2: Percentage of market share for condoms in Rwanda 2009/2010

Year	Social marketing	Public sector	Private sector
2009	10,684,000	4,867,000	924,153
2010	13,137,296	11,201,507	1,000,000
Total for each sector	23,821,296	16,068,507	1,924,153
Total for entire market	41,813,956		
Market share (percentage)	57	38	5

Source: PSI/Rwanda Sales reports 2009/2010

As shown in the above table, in 2009 and 2010 alone, PSI/Rwanda distributed more than 23million Prudence branded condoms, accounting for 57% of total condom distribution. Social marketing accounts for as much as 57% of all condom distribution in Rwanda, with 38% distributed by the public sector through free distribution, and the remaining small percentage distributed through a small but growing private sector. This small, but growing, private sector demonstrates that social marketing has begun to “prime the market” for private sector condoms, by demonstrating to private sector outlets that a market for condoms exists, generating increased demand through behavior change communications, and increased willingness to pay for essential health products among populations that have an ability to pay.

These small successes demonstrate the ways in which social marketing continuously builds the capacity of private sector distribution channels, through a more sustainable approach of increasing demand and general willingness to pay.

Considering the only 2010, a total of 23, 338, 803 condoms were distributed in Rwanda for an estimated population of 10,000,000 people which is almost 2-3 condoms per habitant per year.

1.4 Condom Needs Estimates in 2010

From a marketing perspective, PSI has an estimation tool that helps identifying the universe of needs which I am applying to make what will be the estimated condoms needs among the Young men aged of 15-34 in Rwanda. The universe of need starts by a calculation of the number of individuals at risk within an intervention's coverage area. Our target group is **sexually active non-married men between the ages of 15-34.**

1.5 Size of the target group

Estimated size of the target group (number of men between age of 15-34): 1,470,945** (2005 DHS population proportion estimates of males aged 15-34 is 31.5% of total male population).

52% of these men are married, and we are not targeting married men. Therefore, our size is 48% * 1,470,432 = 705,807 unmarried men between 15-34.

88% of them are sexually active (DHS 2005). Therefore, 705,807 * 88% = **621,110 of non-married men 15-34 are sexually active.**

Number of risk occasions

Models of Transmission estimate non-married sexually active men are estimated to have coital frequency of once per week per partner for a **total of 52 sex acts per year and an estimated 30% of those acts are protected.**

Universe size

The target audience population = 621,110

Total sex acts per year = 52

% of sex acts that are protected = 30% or **70% of sex acts are unprotected**

The total unprotected sex acts = 621,110 * 52 * 70% = **22,608,404**

If we assume that a person will need at least 1 condom per sex act on average, the universal need for the Men between 15-34 years old in Rwanda was therefore 22,608,404 condoms.

Considering that among condom users, Only 39% were unmarried men between 15-34, the overall condoms needed in 2010 were 22,608,404 * 100/39 = **57,970,267 condoms**

Therefore, there is a huge gap between the condoms needed (57,970,267) and the total condoms distributed in 2010 (23, 338, 803) which show evidently that there was 60% unmet need for condoms in 2010 in Rwanda.

1.6 Problem Statement

Condom use for HIV prevention is low in Rwanda compared to most of its neighbours. While some of the low use is reflective of more conservative sexual behaviour, usage of condoms for higher risk sex (sex with non-regular partners) is also low and disturbingly, levels for some condom indicators have actually decreased over time.

A key indicator in Rwanda is condom use at last high risk sex for 15- 24 olds, and here use by men dropped from 55 percent in 2000 to 39 percent in 2005 (DHS 2000 and 2005).

Results of a 2005 Condom Accessibility Study (CAS) commissioned by the National Aids Commission and conducted by PSI/Rwanda among 15 to 49 year-olds show that condoms are known by a majority of Rwandans. While 97% of Rwandans have heard about condoms and 84% have seen them, only 55% have ever touched a condom and even less have ever used a condom. Of the 80 percent sexually active respondents, only 29 percent had ever used a condom. According to this CAS study, the top four reasons for non-use remain partner trust (“If I ask my partner to use, they will think I don’t trust them”), stigma (“People, and especially girls, who buy or use condoms are promiscuous”), social support (“my parents, church leaders, teachers, friends, partners are against condoms, so we can’t discuss them openly”), and self efficacy (“I don’t know how to use a condom, especially if I’ve been drinking”).

In 2010, there were 60% unmet needs for condom distribution based on universal needs estimations. Despite the efforts for free distribution in the public sector, condoms use is still low in the Youth population segment which engages more in high risk sex which might be related to the fact that condoms are not widely available in the right places for targeted audiences

Looking ahead, the above mentioned complicated issues around social norms and social support related to condom use have overtaken the access and availability as the key barriers to use. .

The socially marketed condom “Prudence” brand has been repositioned for protection and love to young men to address the stigma that the brand was subject to as perceived as poor quality condom for ‘dirty’ sexual behaviours. A “Plaisir” brand was launched in 2010 and positioned to economically well being young men as a high class quality condom

Branded communications and increased distribution efforts to make Prudence as much available as possible have been carried out by PSI/Rwanda.

Clearly, increasing condom use among the sexually active men requires then a well rolled out marketing mix strategy that will be the basis of assessing the role of social marketing to motivate condom use in Gasabo district.

Is the scale enough to motivate the condom use in Gasabo district? This will require an indepth analysis of the role of social marketing for condom along this study.

1.7 Research Objectives

The main objective for the study was to assess the impact of social marketing activities and evaluate how that they translate to the condom use among sexually active men in Gasabo district.

Specific objectives were:

- a. Assessing the determinants for condom use in Rwanda
- b. Exploring the barriers of condom use for young men of 15-35 age in Gasabo district
- c. Assessing the social marketing strategies from the perspectives of the Product, the Price, the Place and Promotion for condoms in Gasabo district

1.8 Research Questions

In order to mitigate the above mentioned barriers of condom use in the Youth of 15-35age and therefore motivate condom use increase, we articulated the following research questions:

- a. Why one should use a condom?
- b. What are the most preferred condoms brands among the targeted audience? Why?
- c. How the socially marketed condoms are perceived to the targeted audience?

1.9 Scope of the Study

The research focused on Gasabodistrict and covered the period from 2010 to 2012 for the social marketing activities. Mostly a secondary analysis was done for condoms data covering the same period and a primary qualitative survey was conducted in August 2012 in all the 14 sectors of the district

1.10 Research Methodology

We used a combination of primary and secondary data analysis. Secondary data analysis was done mainly from PSI/Rwanda as the only institution carrying out social marketing in Rwanda. Additional sources consulted were the DHS (Demographic Health Survey) 2005-the DHS 2010 report was not yet available by the time of the survey-, Condoms Accessibilty Survey and various reports.

For the primary data analysis, we did focus groups discussions with 4 groups of Men of 15-35. In total, 24 men participated in the discussions and were segmented by age and economic status as follow:

- 2groups (6 participants each) of young men aged from15-24, students with low income revenues
- 2 group (6 participants) of young men aged from 24-35, who are engaged in any kind of business that make them economically well being

Additionally, in-dept interviews combined with observation techniques were used to assess the condom availability and points of sales materials display in various outlets in Gasabo district.

45outlets were visited, sampled proportionally to the number of sectors meaning 3 outlets were sampled per each of the 15 sectors of Gasabo district. Interviews to the counters were administrated and observation techniques were applied to assess pre defined standards of quality of coverage

Data for the availability assessment were collected using SPSS and exported to Excel for analysis. The analysis from both the secondary data and primary survey were interpreted and

summarized into conclusions and recommendations that might serve the donors and government regarding the role of social marketing for condoms

1.11 Structure of the paper

The thesis will be structured in 4 chapters.

The first chapter is the general introduction to the topic, provides the problem statement, research questions, methodology followed and the scope of the survey

The second chapter consists on a literature review that provides an introductory description of social marketing in a global perspective and will consist in application of theoretical conceptual framework focused on the 4Ps.

The third chapter is the research methodology for the survey and will be articulated to respond the research questions.

The fourth chapter will be the findings related to condom market dynamics and will essentially provides the results from the secondary analysis of data and the analysis of the primary data collected during the survey primary. It will provide findings on the condom programming and the social marketing interventions focusing in Gasabo district for the last 2 years.

Finally we will summarize findings and provide conclusions and recommendations to policy makers and decision makers to enhance social marketing program in order to increase condom use in Rwanda based on the Gasabo case study

Chapter II: Literature review of condom social marketing in Rwanda

2.1 Introduction to Social marketing

In order to facilitate the readers to understand the topic, it is important that we start by introducing the key concepts of social marketing

2.1.1 Definition of Social Marketing

The term “social marketing” was coined by Kotler and Zaltman in 1971, to denote the application of marketing techniques, such as consumer research, market analysis, branding and advertising, pricing, and the exploitation of commercial marketing infrastructures, to address social or health problems. It has come to be more broadly defined as, “...the adaptation of commercial marketing technologies... to influence the voluntary behavior of target audiences to improve their personal welfare and that of society of which they are a part (Andreasen, 1995).”

Social marketing... is a framework or structure that draws from many other bodies of knowledge, such as psychology, sociology, and anthropology and communications theory to understand how to influence people's behavior (MacFaydyen, Stead, and Hastings, 1999).

Social marketing differs from commercial marketing in two significant ways: it focuses primarily on changing complex behaviors arising from social, economic, political, and psychological factors; and its bottom line is quality of life rather than profit.

Early on in its thirty years of experience, PSI described social marketing as “using the proven tools of commercial marketing for high-efficiency, low-cost delivery of vital social needs (PSI, 1980).” More recently, PSI's definition has evolved to highlight the increasingly recognized importance of behavior change: “As practiced by PSI, social marketing combines communication to motivate a wide array of healthy behavior with the provision of needed health products and services to lower-income persons, through the private sector (PSI, 2002).

2.1.2 Key characteristics of Social marketing

There are several ideas to make sound social marketing programs. A literature review of many authors, few elements kept my attention particularly and will guide us throughout the survey.

- **Social Marketing is audience-focused.** This means, as Alan Andreasen writes in, *Marketing Social Change*, 1995, the audience member is not an adversary who has the wrong habits or wrong ideas. Instead, he has certain needs and wants to which PSI must adapt. If a program is not successful, the social marketer doesn't blame the audience; he knows that it is the fault of the program and that he must learn more about the target audience in order to adjust the program accordingly.
- **Social Marketing recognizes that influencing behavior involves a voluntarily exchange.** Most people are quite content with their current behaviors, even when those behaviors make them vulnerable. They receive some type of benefits from engaging in those behaviors; otherwise they would not do what they do. Stopping one behavior and/or beginning a new one, or not adopting a risky yet appealing behavior, involves a trade off or an exchange. Considering the first principle listed above, this exchange will include an analysis of the consumers' perceptions of the costs and benefits of one behavior relative to the other. In contrast to health education, which relies primarily on education to teach people about the health benefits of a behavior, social marketing uses this analysis to identify the factors that influence people's behavioral choices and create "exchanges" that are more satisfying (i.e., offer more benefits for the costs) than those provided by the risky behavior.
- **Social Marketing utilizes all of the marketing "P's"**, not just the Promotion "P". In other words, it also uses research to develop Product, Price and Placement Strategies to encourage behavior change. Product refers to an actual product or service or a non-product / service related behavior. Price goes beyond just monetary considerations to include emotional or psychological incentives and barriers. Place refers to where the customer can practice the behavior or purchase the product and service and the intermediaries or partners who can facilitate the exchange. Determinants of behavior often includes factors outside the control of an individual, such as availability of a product of service, and therefore, social marketing's use of the full marketing mix (4Ps) is essential to behavior change.
- **Social Marketing segments its audience into groups that are as homogenous as possible** so that the marketing mix can be specifically tailored to meet their needs and maximize effectiveness. Not all people within a target audience are actually at risk, as

there are always some who already practice the promoted behavior. Identifying those "most at risk" within a target -audience is critical. Beyond this, not all of those most at risk are ready to change. Some will not be practicing the promoted behavior but can be easily persuaded to do so, and others may not have ever thought about the behavior at all. Identifying and targeting those who are most open to change makes sense from both a theoretical and practical perspective.

A related concept is the idea that there are other target groups besides the main audience. These are often policy makers or informal leaders who also need to be targeted in order to provide an environment for the target group that is conducive to practicing the promoted behavior.

2.1.3 Rationale for Social Marketing in the Developing World

In many developing countries, a large portion of the population does not have access to health products and services. Health products and services offered by the commercial sector are often unaffordable and inaccessible to large segments of the population, particularly in those areas where the need is greatest. Public health systems are generally under-resourced and unable to meet the demands of the masses, let alone to embark on sophisticated information, education and communication health campaigns. Social marketing initiatives therefore have an important role to play in generating motivation, providing information, and offering low priced products and services to consumers whose needs would otherwise remain unmet.

By selling rather than giving away products, social marketing organizations can tap into the resources of the local commercial infrastructure, which becomes financially motivated to distribute and sell the product. This means that product becomes available across thousands of pharmacies, markets and other non-traditional retail outlets already in existence across the country. Furthermore, it is generally believed that when some products are given away free the recipient does not always value or use them; placing a price on a product adds intrinsic value. Finally, charging something for a product, no matter how little, helps move towards a more financially sustainable model of health care.

In Rwanda, the essence of social marketing interventions in general and for condoms in particular, is mainly the need to have a condom widely available so anyone access it anytime needed. The perception of low quality product for generic condom distributed free of charge and even the damaged Prudence brand due to its cheap price are the reasons for selling condoms in

Rwanda than extend free distribution. Also, condom usage need some level of responsibility which is evident when someone pays money to get condom, it just means he values the use of it. More than all, selling condoms will be the best sustainable way of enhancing the condom program in Rwanda as long as the price does not become a barrier for consumers and that is the objective for social marketing.

2.2 Supply Chain Management for Condoms in Rwanda

Supply chain management of condoms is concerned with the systems that forecast, procure, finance and deliver condoms to where they are needed. This analysis considers both the public and social marketing sectors, with separate sections if required. It is important to keep monitoring the supply chain of condoms since when ‘there is no product, there is no program’. The program managers can put in place effective marketing strategies to motivate demand for condoms but if there are stock outs, the situation will remain the same. In Rwanda, condoms stocks are managed primary by the Ministry of Health for the public sector, PSI/Rwanda for socially marketed condoms and commercial wholesalers for the private sector. In this section, we will have analyze the supply chain mechanisms for the total condom market that will helps us understand the place of social marketing in the total condoms market dynamics

2.2.1 Forecasting

There is one national condom forecast carried out for both the public sector and social marketing. The forecast is carried out annually with a six-monthly review. In addition, Rwandan Ministry of Health (MINISANTE), with support from the USAID | DELIVER PROJECT, monitors consumption and stock levels for the public sector. Participants in the forecasts include The Ministry of Health through two of its units (the Maternal and Child Health unit and the Pharmacy Task Force unit), The national drugs store for essential medecines in Rwanda (CAMERWA), PSI/Rwanda, *Association Rwandaise pour la Bien EtreFamiliale* (ARBEF), USAID | DELIVER PROJECT, and the National Aids Control Commission (CNLS). From the forecast, a procurement plan is prepared using PipeLine software³. The forecast for the period from 2006-2010 is shown in the table 6. This forecast was based on the historical consumption trends.

³**PipeLine is a procurement planning software tool developed on behalf of USAID by the USAID | DELIVER PROJECT**

That end goal of such exercise has been to develop a procurement plan and can be adjusted if for any reason consumption levels either increase or decrease.

Table 3: MINISANTE forecast for condom consumption 2006 – 2010

	2006	2007	2008	2009	2010
Social Marketing	9,979,100	7,508,400	7,552,900	6,305,800	6,305,800
Public sector	833,900	1,649,300	3,453,500	4,302,400	5,465,600
Total male condom	10,813,000	9,157,700	11,006,400	10,608,200	11,771,400
Female condoms (public sector)	2,000	4,200	5,500	8,200	10,400

Source: USAID | DELIVER PROJECT 2008. Note 2006, 2007 data based on actual consumption, 2009 -2010 forecasted consumption, and 2008 a combination of both.

It is important to note that actual condoms distributed in 2010 were far beyond the forecasted quantities for both the public sector and the social marketing programs. In fact, it was forecasted 6,305,800 condoms in 2010 only while the actual condoms distributed were 13,137,296 and in the public sector, while the forecasted quantities were 5,465,600, in the reality 11,771,400 were distributed. We tried to understand the reason of that huge difference which is unusual. We discovered two elements of explanation:

- **The 2010 Word Aids Day** was focused on a condom promotion theme and the CNLS decided to freely distribute huge volume of condoms during 3 months from October 1 to end of December at the community level. PSI/Rwanda also was asked to contribute by distributing freely socially marketed condoms during the same period: at the time of the forecast, this information was not available
- **Plaisir, a new Social marketing condom launched in 2010:** again, this was not factored during the forecasting exercise. Here again, we can see the contribution of social marketing in the condom program by the possibility to innovate by launching new brands, that increase the total market of condoms

2.2.2 Procurement

Currently, virtually all condoms used in Rwanda are provided by technical partners – USAID, UNFPA and the Global Funds. The Government started financing condoms since 2010. CAMERWA did procure condoms funded from both the Global Fund (GFATM) and the GOR and USAID and UNFPA donated condoms are procured from their respective international procurement mechanisms. CAMERWA used the national tender board procurement mechanism to tender internationally the Government funded condoms, 2 millions of generic condoms were procured successfully in 2010 and the rest were procured by the above mentioned partners. CAMERWA is responsible for storage and distribution of all public sector condoms. For social marketing, PSI/Rwanda did procure 6 millions of Plaisir by using the PSI global procurement mechanism through its headquarters based in Washington DC. Prudence is donated by USAID which uses its procurement mechanism. PSI/Rwanda is responsible for storage and distribution for the two social marketing condoms brands **Prudence** and **Plaisir**. In the private sector, wholesalers are using their own purchasing mechanism to import condoms in Rwanda. The only mystery is coming from Lifeguard which is clearly leaking to the Rwandan market coming from Uganda. In fact, its various prices on the markets indicated that lifeguard was provided from various sources. We tried to retrieve its supply chain by asking retailers where they were buying the condoms; some of the retailers were unwilling to respond indicating mystery sources that deliberately are invading the Rwandan market with an ultimate threat of destroying the Rwandan social marketing brands by a disloyal competition.

2.2.3 Quality Control

Condoms are currently subject to the quality control procedures of the financing partners. Rwanda does not have testing capacity for condoms and, currently testing is done by an independent quality control (QC) laboratory in Kenya under the lead from the Rwandan Bureau of Standards. Quality control testing of condoms is quite complex: testing equipment needs to be properly calibrated, laboratories need strong internal systems, and staff needs to be well trained. Many countries have encountered problems where condoms have failed testing in one laboratory,

yet passed in another. Therefore, identifying an accredited laboratory is important to ensure reliable testing.

2. 2. 4 Storage

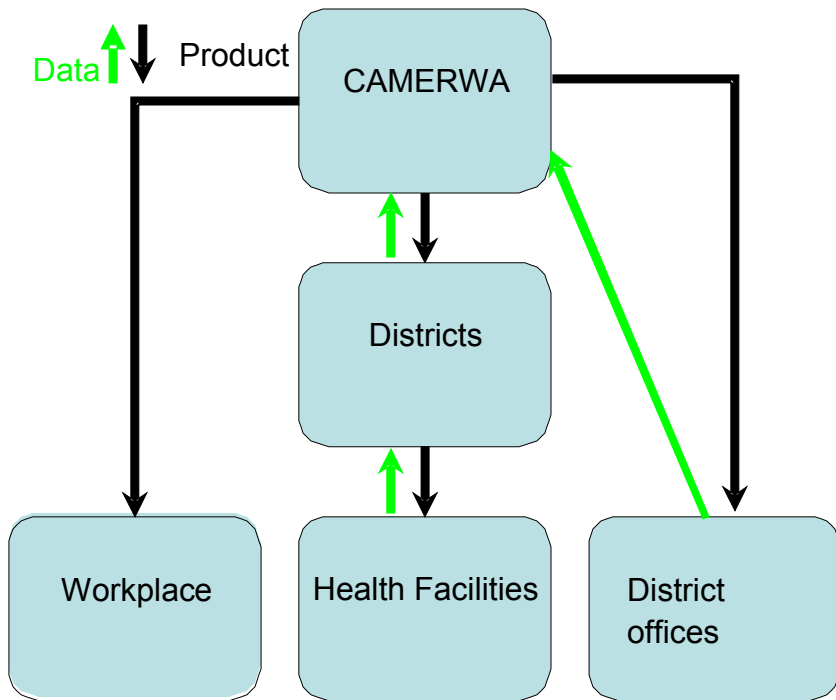
At the central level, condoms are all stored at CAMERWA for the public sector. CAMERWA is currently renting warehouse space in Kigali, though with financial support from the SCMS Project, they are also extending their main warehouse, which will more than double storage capacity, from 2,000 m³ to 4,400 m³. However, storage demands keep increasing and they anticipate perhaps having to continue to rent storage space.

PSI/Rwanda has adequate storage capacity for social marketing condoms. The wholesale business in Rwanda – for both consumer goods and pharmaceuticals is very fragmented with many small wholesalers. Storage conditions in the wholesalers are generally poor; there have very limited storage capacity, no pallet ting or shelving, no rodent control, etc. Semi-wholesalers are even smaller and their capacity is also extremely limited. However, since wholesalers own the goods they at least have a financial interest in ensuring they are stored correctly.

2.2.5 Distribution, Inventory Management, and Logistics Management Information System (LMIS)Public Sector

All CAMERWA distribution is passive – districts and Health facilities, district officers and other public and private institutions engaged in a workplace program turn requisitions to CAMERWA and they get supplied with requested quantities of condoms. The system is summarized in the figure 7 below.

Figure 3: Public sector supply chain for condoms

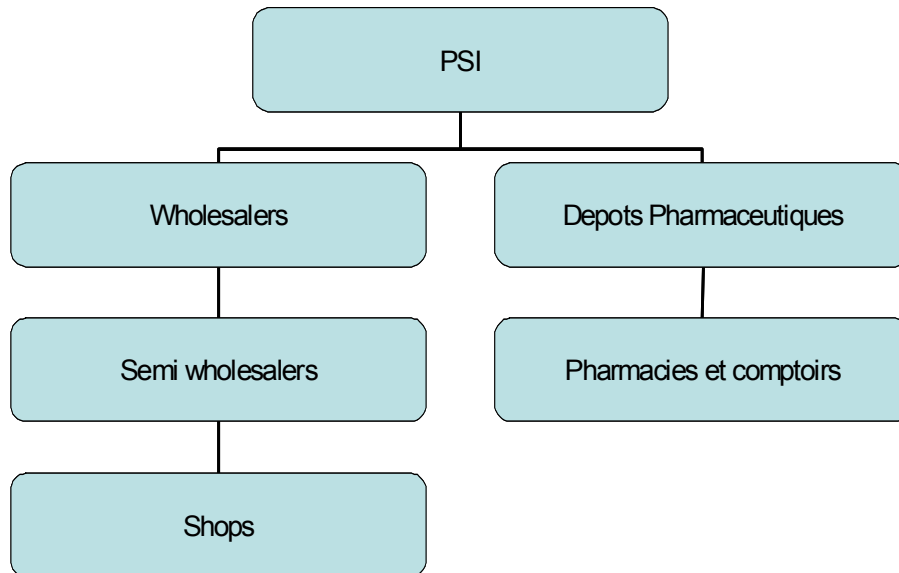


The district pharmacist monitors stocks level on monthly basis and produces consumption report and order every trimester to CAMERWA. This order is checked in turn by CAMERWA, who approve the order with or without modifications.

2.2.6 Social Marketing

For social marketing, PSI distributes to wholesalers (for shops) and *depots pharmaceutiques* (for pharmacies). Wholesalers distribute fast moving consumer goods to small shops and boutiques in Rwanda. Most are based in Kigali. Semi wholesalers are similar; the only difference is they sell in smaller volumes. For pharmaceuticals, PSI sells to several *depots pharmaceutiques* who supply to pharmacies and *comptoirs* (*comptoirs* are pharmacies not managed by a qualified pharmacist and who are only authorized to sell certain medicines). Virtually all the depots are in Kigali as are most pharmacies.

Figure 4: Supply Chain for Social Marketing



2.2.7 Commercial Distribution

Commercial condoms are distributed mainly through pharmacies and *comptoirs* with a number of *depots pharmaceutiques* importing commercial brands and distributing them to pharmacies. The major supermarkets in Kigali also import condoms. Lifeguard condoms are imported by informal networks from Uganda and distributed directly to pharmacies and also wholesalers and in some cases directly to shops.

Lifeguard, the socially marketed studded condom leaking in from Uganda, is preferred far more than Prudence here in Rwanda as there is a perception of studded condoms to be more pleasurable condom due to the dots. Lifeguard pricing has been strangely changing on the market from 1,000 rwf to a 300 rwf and even lower in some places. This has made Lifeguard a serious threat to Prudence’s brand image and distribution network. Lifeguard access and availability has been as variable as their pricing. At times, it is available consistently at all levels of the market. Other times, it is difficult to find. The entry of Lifeguard onto the market at a premium price indicated the potential for a “bridge” segment of consumers between low priced Prudence and commercial brands, which are well outside of the reach of normal consumers. Lifeguard’s distorting effect on distribution and pricing, and appeal to a bridge segment of consumers,

revealed the need of a more affordable, socially marketed studded condoms in Rwanda that is Plaisir.

2.2.8 PSI's sales strategy: From 'PUSH' TO 'PULL'

Since 2007, PSI/Rwanda shifted its sales and distribution strategy from 'PUSH' to 'PULL'. The PUSH strategy consisted in directly supplying all customers including wholesalers and retailers from PSI sales representatives. Practically, a team of 4 sales representatives had reached a customer base of almost 3,000 customers in 2006 accordingly to the MIS records. That became expensive and unsustainable. In 2007, PSI shifted to a PULL strategy which is a demand driven approach. The fundamental change was to focus direct supply on wholesalers only and create demand for the products to have retailers buying from the wholesalers and then pull the product through the chain. PSI/Rwanda reduced its direct customers from 3,000 to only 29 in 2007. The PULL strategy has consisted in enhancing product promotion activities at the wholesale level by conducting the Meet and Greet activities which is a strategy to promote the product at the wholesaler site and also by doing rapid retail outlets creation activities. As a results, sales volume were increasing each year from 2006 for Prudence and even better, the market revealed the need to launch Plaisir in 2009 and its sales is increasing significantly as indicated in the figure 5 below

Figure 5: PSI/Rwanda sales records from 2006 to 2011



Source: PSI/Rwanda's MIS

As shown in the table, sales for Prudence has been increasing with the distribution shift, the decrease in 2011 is just due to the increased sales of Plaisir brand. More importantly, 50% of the volume sold in 2006 went to institutions that were redistributing Prudence for free which was not sustainable. With the PULL system, the commercial market played a bigger role and in 2011, only 20% of the volume sold went to institutions like DMS (Military Health Unit) and the DMS is selling back to military Anti Aids clubs and those are selling to military agents. It is a channel that is working perfectly as the commercial network with respect to profit margins. The profit margins are intended to resupply in condoms which makes this system more sustainable.

2.3 Enabling Environment for Condoms

There is considerable commitment to condoms in Rwanda from the highest levels of the GOR. This is manifested most prominently in the inclusion of condom use as a key health indicator in the EDPRS but also in their inclusion on the Essential Medicines list (EML), various protocols and standard treatment guidelines, as well as national policies and strategies:

- Economic Development and Poverty Reduction Strategy (EDPRS)

Use of condoms by young people in higher-risk sex is a key MINISANTE indicator in Rwanda's Poverty Reduction Strategy Paper, known as the EDPRS. The document sets a target for condom use at least higher risk sex for young people of 50 percent for men and 35 percent for women. Improving accessibility, increasing demand, and addressing barriers to condom utilization are the key policy actions to be taken with benchmarks identified for each year from 2008 to 2012.

- National Essential Medicines List

Both male and female condoms are included in Rwanda's national EML. This means that all condoms are exempt from import duties as well as securing their financing and availability in the public sector.

- Ministry of Education: Curricula

MINEDUC is responsible for primary, secondary and tertiary education in Rwanda. A new life skills curriculum has just been developed for primary school students and they are about to begin

the process of developing one for secondary schools. Information on condoms is provided for 5eme and 6eme students (approximate ages of 10 - 13 years) in primary schools. HIV education is already included in the Technical Sciences curriculum in secondary schools. The priority for MINEDUC is the E in ABC and not necessarily condom provision. MINEDUC has no explicit guidance or policy on condom distribution in schools; it is very much up to individual principals as to whether or not it is allowed. Most schools have an HIV/AIDS club, and while these clubs may occasionally have condoms and distribute them there is no established mechanism by which they can get condoms.

2.4 Theoretical conceptual framework's application

Condom use is generally low in Rwanda compared to the neighboring countries. The situation is alarming as the low usage is among the young men of 15-35 who are engaging in high risk sexual behaviors. This section will be looking at the behavioral determinants for condom use among young men of 15-35 from a behavioral change model application first and after we will apply the 4Ps marketing framework to evaluate the condom use from a marketing perspective .

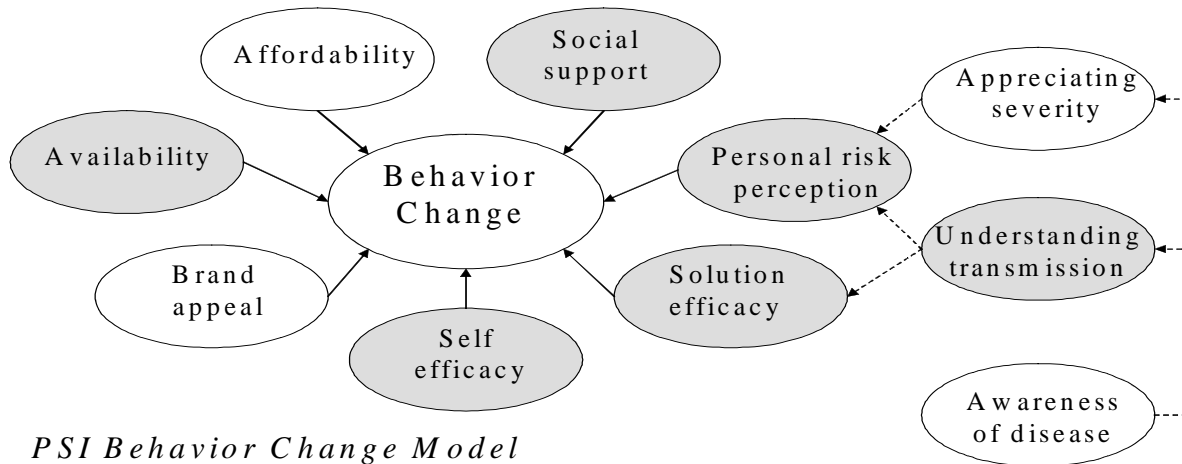
2.4.1 Behavioral change conceptual framework

Behavior change interventions acknowledge that there are barriers to change, and seek to understand how people need to change their behavior. Often, people need to perceive the benefits of changing their behavior. In this section, we will apply 2 theoretical behavior change framework for condoms to understand what should be the determinants for condom use in Rwanda

PSI's behavior change model

PSI has developed in 2001 a behavior change model that will be applied to highlight the determinants for behavior change in terms of opportunity to change a behavior by addressing the brand appeal and availability of condoms, motivation to change by working on the

Figure 6: PSI's behavior change model



Source:PSI report 2009

The above mentioned variables that can influence the adoption of the desired behavior can be grouped in 3 determinants:

- Opportunity variables: the brand appeal, availability and affordability are in this category. Those are elements that can make easier the adoption of a behavior from an audience who is already ready to use.
- Motivation factors: here is mainly the social support obtained from peers, family members and the society to adopt a behavior than can motivate a non-user to use a condom
- Capacity factors: here is the knowledge, personal risk perception, solution efficacy and self-efficacy. These are variables that will empower a non-user to become user as he will know better the risks associated with non-using a condom personal risk perception

In Rwanda, Quantitative research among high risk youth who frequent hotspot conducted by PSI/Rwanda in 2006 highlighted nine factors influencing use:

- Self-Efficacy to discuss condom use with friend and negotiate use with sexual partners: it require a lot of communication to de-stigmatize condoms so young people particularly young female will be empowered and be able to discuss with their sexual partners about condoms and will be able to either oblige their partners to wear a condom or they will themselves use a female condom.
- Correctly demonstrating correct condom use steps: this will require condoms demonstration sessions through peer education
- Social Support from friend and sexual partners for discussions about sexual behavior and condom use: this is crucial and will be hard to reach as religious leaders are still opposed to the condom use. They are suggesting that condoms should be discussed only among married couples which is a problem
- Purchase condoms before they needed them in outlets where they prefer to shop, notably near homes or bars
- Believe that their partner's past sexual behavior puts them at risk for HIV/AIDS

From this model, there are priority determinants that Rwanda should address in order to motivate condom use: Availability, affordability, self efficacy in increasing condom demonstration sessions. Those are the easiest and are really needed to improve as soon as possible and at the same time, it will be important to address the social support which is more complex as it needs to overcome the huge cultural barriers identified in the subsection above.

2.5 Marketing Mix Conceptual Framework: 4 Ps

The “Marketing Mix” is defined as the set of controllable variables that the organization uses to influence the target market, and which fall under the descriptors of: **Product, Price, Place, and Promotion**. Effective social marketing should cover the following variables:

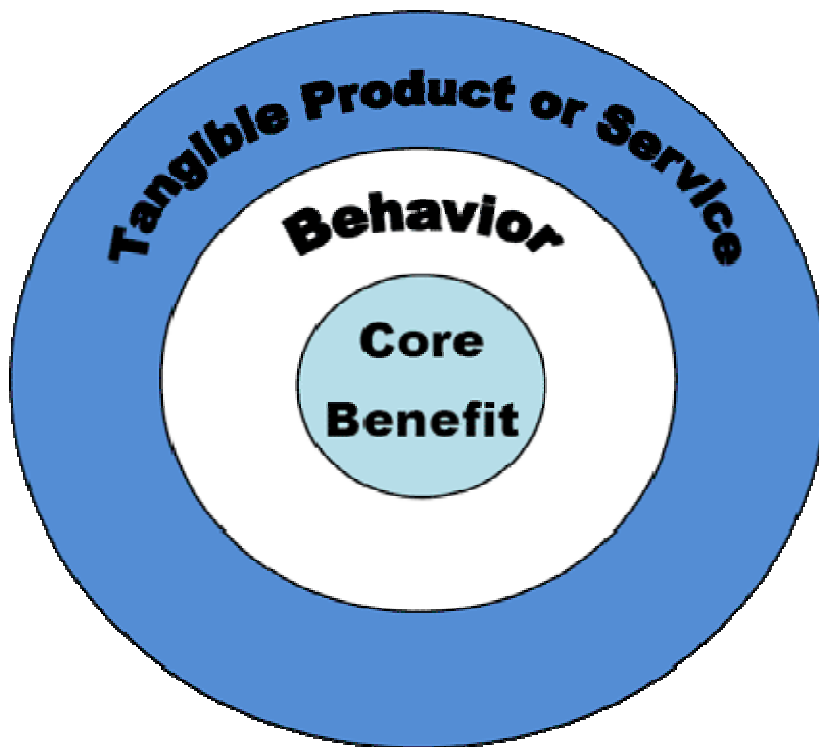
Product

The product has a specific meaning in social marketing. In traditional commercial marketing, the ‘P’ product stands for the commodity being sold; while in social marketing, the concept of product refers to a tangible product or a service. It can also refer to the behavior being

promoted like promoting abstinence as a prevention mean of HIV/AIDS. More importantly, product is composed of multiple layers that are best viewed as the fulfillment of a consumer groups' desires or needs.

Product is a multi-layered concept that includes the *core benefit* (also called the *core product*), the *behavior* (also called the *actual product*), and the *tangible product or service* (also called the *augmented product*).

Figure 7: Three Facets of Product



Source: http://www.psilearning.com/USF_Data/web/product

At the center of what you are selling is the **core benefit** (or *core product*). **Core benefit** refers to the key benefit the target group wants and expects to receive in exchange for adopting the desired behavior (Kotler, Roberto and Lee, 2002). For Prudence, the core benefit is 'proof of love' that has been chosen to motivate loving couples who love each other to show their partners

that they care about their health. For Plaisir, the core benefit is ‘peace of mind’ by enjoying a pleasurable sex free of stress of contracting HIV/AIDS.

The **behavior** (or *actual product*) in our case is condom use.

Tangible products in our case we have Prudence and Plaisir brands. The packaging are attached in the appendix 3

Price

Price refers to monetary cost and non-monetary cost to pay in order to get a product. For condoms, the monetary price indicate the actual price that a consumer will have to pay to get a product and non monetary costs are the efforts in terms of time and energy that a consumer will have to overcome in order to get a condom

Affordability and Availability: In countries where unmet demand exists, improved availability and affordable prices are the two variables which can trigger immediate returns in terms of behavior change, allowing targeted consumers to access and purchase products or services for the first time.

Pricing Structure: Key to a sustainable distribution system is the creation of price structures and payment terms providing sufficient financial incentive for traders to stock and sell the product.

PSI/Rwanda did a pricing perception survey for Plaisir in 2009 and the table below summarizes the key findings:

Table 4: Pricing Perceptions for *Plaisir* Condoms, Kigali, Rwanda, October 2009 (N=352)

Price (RWF)	Price at which <i>Plaisir</i> condom is perceived to be too cheap	Price at which <i>Plaisiris</i> perceived to be too expensive	Best perceived price for <i>Plaisir</i>condoms
	%	%	%
<300	25.7	2.3	6.1
300	47.4	2.6	17.3
400	9.1	3.8	15.0
500	13.1	17.3	36.7
600	0.6	4.6	6.1
700	0.6	5.8	5.5
>800	3.4	63.6	13.3

Source: PSI/Rwanda's *Plaisir* Pricing survey report, 2009

The most commonly cited best price for *Plaisir* condoms was 500 RWF (36.7%), followed by 300 RWF (17.3%) and 400RWF (15.0%). However, while close to one in five respondents indicated that 300 RWF was the best price for *Plaisir* condoms, nearly half of the sample (47.4%) indicated that this price was too low for the product to be perceived to be of high quality. This was the basis for determining the pricing structure for *Plaisir*.

In addition to the monetary cost, they are non-monetary to consider when developing marketing strategy. There are 3 main categories of non-monetary costs for condoms. This is particularly relevant to the generic condoms distributed free of charge

Time, effort and energy - a very common barrier to adopting condom use is the time required to obtain the condom in the public health institution. People may feel their time is better spent working in the fields or selling goods at the local market. *Psychological risk* -fear of disapproval, stigma, or other negative consequences also may deter people from adopting a healthy behavior or purchasing a condom. Considering the huge stigma

associated with condoms in Rwanda where condoms are considered for sex vagabonds and irresponsibility, this is a potential barrier as well.

Physical discomfort - the desire to avoid physical discomfort is another powerful barrier to adopting condom use in Rwanda. This is particularly due to the 'kunyaza' culture. Good sex is defined as kunyaza or 'wet sex,' that is, sex that is pleasurable to the woman. It is a practice of stimulating a woman's clitoris until she reaches climax resulting in ejaculation of liquid. Kunyaza in reality is less about the sexual pleasure of the woman and more about a man's sexual performance and ability to ultimately excite a woman to the state of producing this liquid. Women who are unable to be 'wet' are deemed to be poor lover and often rejected as partners. Condoms are thought to significantly inhibit the act of kunyaza. Condoms are perceived as inhibiting the kunyaza and therefore prevent men the ability to provide pleasure to his partner during sex. This is a huge barrier for condom use in Rwanda

Place:

Place refers to providing the product at a place which is convenient for consumers to access. Marketers manage to ensure the access in balancing delicately "push" and "pull" strategies. Pull refers to activities that generate demand by consumers, while push refers to activities that encourage distributors to purchase the products and sell them. Too much push and too little pull can result in an overstocked distribution chain, also called a pipeline. Too much pull and not enough push can result in stock outs, when the brand cannot be found at the shelf. For condoms, the ultimate goal of Place strategy is to satisfy consumers by having condoms widely available where and when they most want to purchase them. At the same time, it is important to motivate sellers/distributors by providing them with consistent and reasonable profit.

In Rwanda, the PULL strategy was adopted by PSI/Rwanda for its socially marketed brands. For the public sector, the passive distribution of condoms is used as same as in the private sector. Only lifeguard in the commercial sector seems to have PUSH mechanisms with agents who might be directly supplying the customers at all levels from wholesalers to the smallest retailer

By shifting to the PULL strategy, PSI/Rwanda aimed to learn more the market dynamics and tap into the existing commercial network. This is the cost-effective manner of reaching as many as retail outlets even located in remote areas. A major factor to keep monitoring is to map the products movements from the bottom up to the top of the distribution chain. PSI/Rwanda has conducted rapid outlets creation that allowed to understand where the retailers were buying the products from and that level was laid as semi-wholesalers. From the semi-wholesalers, PSI/Rwanda was able to identify the few wholesalers who deserve most of the semi-wholesalers countrywide. By focusing on the few wholesalers, PSI/Rwanda is able to improve sales along the time

Promotion:

The 'P' promotion refers to all of the methods of communication that may be used to provide information to consumers and distributors about the product. While interpersonal communications activities have been performed in 2010 and 2011, the lack of branded mass media communications is negatively impacting the condom usage. In fact, for the last 2 years, only 2 radio spots were produced, 1 promoting Prudence and 1 promoting Plaisir. There were aired during 3 months in 2010 from October to December in line with the World Aids campaign.

Conclusion for Chapter 2: The chapter 2 consisted in a literature review that consisted in a brief overview of social marketing, its definition, characteristics and its rationale in the developing world and in Rwanda particularly. Clearly, the social marketing is needed for condoms as free condoms are perceived as poor quality products, not valued by the consumers and also for sustainability of financing the program by selling the product and increasing the commercial sector market share gradually. The second section was an overview of the condoms' supply chain system and it is clear that the forecasting based on consumptions data has been underestimating the real demand. For condom program, if no product, there is no program. Therefore supply chain is a crucial component to monitor in order to ensure accurate supply that respond as much as possible to the program needs.

In the third section, the PSI/Rwanda sales strategy was described and the decision to shift from a DHL strategy to a PULL strategy has built a more cost-efficient sales strategy that led to increased sales volume along the time.

The last section was an application of 2 conceptual frameworks, the PSI behavior change model that showed the determinants for condom use in Rwanda and the 4 P concept. We reviewed the product concept and articulated the core benefits of the 2 socially marketed brands, the price concept with the monetary and non-monetary costs. This revealed again the 'free' condoms are associated with huge non-monetary costs that need to be addressed. The place and promotion concepts revealed some gaps to address if we want to motivate condom use.

In the next chapter, we will document the research methodology used in our case study.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

This study was undertaken to assess the role of social marketing to motivate condom use among young men of 15-35 age. In the literature review, we did a situation analysis of condom social marketing activities in a total market perspective meaning that we looked at the condom programming in both the public sector and social marketing. The information summarized came from a secondary analysis of existing data included in various sources. However, as indicated in the problem statement, there is a huge unmet need for condom in Rwanda and it is obviously a result of mixed barriers related to stigma, brands perceptions, monetary costs and non-monetary costs and the availability of condoms. Exploring those marketing factors has been the rationale of our research using qualitative methodology. We used 2 types of surveys on 2 different segments:

- Focus Groups Discussions with young men segmented by age and economic status.
- Interviews and observations with the condom retailers, men aged 15-35 who were selling social marketing condoms at the time of survey

Focus Group Discussions were conducted in order to explore qualitative perceptions concerning condom brands among the targeted audience and identifying the potential reasons why young men are not using condoms to the expected extend.

The assessment to the retailers was conducted in order to understand the level of penetration of condoms in Gasabo market to guide us on whether or not it is easy to find a condom when needed. In addition to this availability purpose, the assessment was done also to evaluate the visibility of Prudence in outlets and the reasons retailers would not be interested in selling condoms.

3.2 Rationale of the approach

Qualitative approach was used along the survey although in some cases such as computation of percentages and tabulations descriptive statistics approach was employed. The qualitative research approach includes a range of methods such as documentary analysis, interviews and observations (Bell, 1993). The qualitative research approach was used to give us better room to discuss in depth on a complex topic which is often considered as ‘tabou’ from a lack of open and public debates in Rwandan society related to sexuality in general and condoms in particular. Thus, direct contact with respondents through face-to-face interviews or observations enables the researcher to get respondents’ experiences on the issues under study (Silverman, 1993).

I moderated the 4 FGD sessions and had with me 2 notes takers which have a lot of experience with focus groups discussions and could capture each respondents’ point of view. The FGD guide used is attached in Appendix 2. For the Focus Groups Discussions, 2 sessions were conducted to 4 groups segmented by age and economic status as follow:

- 2 groups of young men (6 participants each) aged 15-24, students at either secondary or university, with low income revenue
- 2 groups of men (6 participants each) aged 25-35 engaged in business or any other kind of generating revenue activity.

2 groups per segment were used to maximize the information in capturing different opinions from a similar segment. At the beginning, the moderator had to introduce himself to the respondents and the latter introduce themselves to the researcher.

Descriptive statistics approach was used for assessing the condoms coverage at retail outlet level. 1 researcher was recruited and conducted the interviews in 45 outlets proportionally sampled in the 15 sectors in Gasabo district. Interviews were done using an open-ended questioner that is attached as Appendix 1. The researcher had also to observe 2 aspects of brand visibility on the counter. The researcher was trained by myself on the questioner which I translated in Kinyarwanda for an ease use, we were meeting at the end of every day to collect the questioners filled for a quality check and for me to make sure the information is accurately captured. .

Study Area

In order to facilitate the discussions, a small room was rented at Kimironko with 8 chairs that were arranged in a circle to allow a relaxed conversation.

Data were collected in Kimironko sector between August 13th and 17th, 2012.

For the interviews with retailers, they were done on the counter at the outlet level. A total of 45 outlets were visited in Gasabo district. 3 outlets were chosen in each of the 15 sectors of Gasabo district and the total 45 outlets were splited as follow:

- Nduba Sector: 3
- Kinyinya sector: 3
- Remera sector:3
- Rutunga sector:3
- Jabana sector: 3
- Jali sector: 3
- Kacyiru sector:3
- Rusororo sector:3
- Ndera sector: 3
- Kimihurura sector:3
- Gatsata sector: 3
- Kimironko sector: 3
- Gisozi sector: 3
- Bumbogo sector: 3
- Gikomero sector:3

Population

A population is a group of individuals who have one or more characteristics in common (Denzin and Lincoln, 1994). Borg and Gall (1989) define the target population or the universe of a study of all the members of a real or hypothetical set of people, events or objects to which an

investigator wishes to generalize the results of the research study. (Mugenda and Mugenda 2003; 41) defines the population as a complete set of individuals, cases or objects with some common observable characteristics.

In this study, the population of the study was segmented into 2 segments that met similar criterias for the FGD:

- Men aged from 15-24, sexually active who have used a condom, students at either secondary school or university and coming from a mid-level class.
- Men aged from 24-35, sexually active, who are using condoms, are engaged in any kind of business that make them economically well being. This is a segment that don't have any money constraint to buy a condom and might be targeted for Plaisir and other private sector brands

For the interviews with retailers, we worked with either men aged 15-35, owners or employees in an outlet which were selling condoms during the survey. This is a segment that inform us on the distribution and pricing aspects

Sample and Sampling Techniques

In the opposite of the quantitative surveys, there are no strict rules in sample size for qualitative surveys, like interviews and focus groups. In an article published by Peter DePaulo in 2010 on Quirk's marketing research media, he pointed out that there some informal rules of thumb. For example, Maria Krieger (in her white paper, "The Single Group Caveat," Brain Tree Research & Consulting, 1991) advises that separate focus groups are needed for major segments such as men, women, and age groups, and that two or more groups are needed per segment because any one group may be idiosyncratic

Until the definitive agreement is obtained, Peter proposed perhaps an N of 30 respondents is a reasonable starting point for deciding the qualitative sample size that can reveal the full range (or nearly the full range) of potentially important customer perceptions. Building on this and considering the limitations we had in both time and budget, we conducted 4 FDGs reaching 22 men who participated in the survey. And we interviewed 45 retailers which makes a total of 67 respondents that is twice bigger than the recommended N.

For the sampling techniques, we used purposeful sampling techniques which consists in choosing samples that we believed would provide us with information-rich cases on condoms study. Accordingly to Peter De Paulo, *'purposeful sample also known as judgment sample is the most common sampling technique for qualitative survey. The researcher actively selects the most productive sample to answer the research question. This can involve developing a framework of the variables that might influence an individual's contribution and will be based on the researcher's practical knowledge of the research area, the available literature and evidence from the study itself. This is a more intellectual strategy than the simple demographic stratification of epidemiological studies, though age, gender and social class might be important variables'*.

For the retailers, given the limitations to get the exact number of all retail outlets in Gasabo for all types of condoms, we used the information for PSI's brands which were found in 481 outlets based on recent outlets creation effort conducted in 2012 in Gasabo District.

Given the budget constraints, we first considered 10% of the total sample which was 48 outlets in the District. As we preferred using a proportional sampling technique in the 15 sectors of Gasabo district, we ended having 3 outlets per each sector which resulted in a total sample of 45 outlets. We proportionally sample the outlets to the number of sectors composing Gasabo district for a good geographical distribution of the district.

The criteria for participants for Focus Groups Discussions were:

Groups 1&2:

- Young men aged 15-24
- Residents in Gasabo district
- Students at either secondary school or university
- Don't have job or any other full time activity generating revenues
- Have used a condom and are comfortable to discuss about the topic

Groups 3&4:

- Young men aged 25-35
- Residents in Gasabo district

- Are engaged in any kind of business generating revenue
- Have used a condom and are comfortable to discuss about the topic
- Are willing to discuss the condom topic

Retailers:

- Men aged 15-35
- Owner or employee of an outlet located in one of the 15 sectors of Gasabo district
- Were selling condoms at the time of the survey
- Are willing to discuss the condom topic

Note-takers determined potential participants through their friends or/ and contacts made during previous research. Importantly, participants were approached in a sense of voluntarily contribute to the survey by expressing their own views in a very relaxed manner. The above mentioned criteria were used as screening of participants to ensure that participants were part of identified categories.

For the interviews, the retailers were just asked if they were willing to participate and proceeded only in a positive response. In case they did not want, the researcher had to thank them politely and walk away.

As sample, 4 Focus groups were conducted as follow:

- 2 Focus Groups discussions with the segment of male aged between 15-24
- 2 Focus Groups discussions with the segment of male aged between 25-35

Each FGD was composed of 6 participants within the categories described above. 2 participants dropped at last minute and we had in total 22 participants in the Focus Groups Discussions

For the interviews and observations techniques, 45 retail outlets were proportionally sampled per sectors in the Gasabo district. Gasabo district has 15 sectors; 3 outlets were selected in each of the sectors. Data was collected during 2 weeks, from Aug 13- 27th

Data Collection Methods and Instrumentation

We used different research methods and each of them had appropriate research tools. Research methods used to collect data included first a review of existing documents particularly PSI/Rwanda research and MIS reports. That was for the secondary analysis.

For the primary data collection, we used both a questioner with closed and open-ended questions for the retailers and a FGD guide for the focus groups discussions to collect data from respondents. Below are explanations on how research method and instruments were used.

3.6.1 Documentary Review

Documents are important in order to obtain rich data from the research. In fact, documents are sources of information and without it, a research is almost impossible. Documents are usually in the written, visual and sound recorded forms. Descombe (1998) mentioned that the main advantages of reviewing documents are their cost effectiveness and are easy to access.

Thus, Documents were reviewed before the research to document the problem statement and also provide insightful information in the literature review. This helped us to identify the information's gap that was needed to seek from a new primary data which was obtained from the interviews and observation. The instrument used during documentary review was mainly the internet and on-site documentary review schedule.

3.6.2 Questionnaires

In our survey, we used 2 types of questionnaires: open-ended and closed questions that were intended for interviews with retailers and a FGD discussion guide for the focus groups discussions. The questionnaire was designed to capture the information related to the condom availability in the Gasabo district. We read from a PSI's Mapping survey done in 2009 that there were 5 types of condoms outlets which are shops, kiosks, pharmacies, supermarkets and private clinics. A series of questions were conceived to allow a quick assessment of the outlets. Very easy open-ended and closed questions were formulated for the interviews. In addition, few questions were to serve the researcher for observation purpose of the condom visibility at the outlet level. For the Focus Groups Discussion, a short discussion guide was elaborated to explore the condoms brand perceptions among the primary target audience (men of 15-35 age) segmented by age and economical status. As the topic is not an easy one to discuss, we did assured confidentiality to participants for the ease participation. Detailed note of the discussions were captured by a note taker that have been used to summarize the findings.

Data Analysis Procedures

Data analysis is an important step towards finding solution of a problem understudy. Guba and Lincoln (1994) describe data analysis as being a systematic process involving working with data, organizing them and dividing them into small manageable parts. The first step then was recording the information gathered from the 2 techniques used.

For the assessment, a pre-coding of the questions allowed us to organize the data towards a quantitative interpretation. A database was created and data entry and cleaning was done using SPSS 15.0, data were reported in excel for analysis and interpretation of results.

The Focus groups discussions were harder and time-consuming. The first step was to organize the massive notes collected from the note takers and group them for coherence with the research questions coherent with research objectives and research questions. Thus, we focused only on the responses to the research question. The second step was a comparison data was done to identify those similar. This activity reduced the data into small manageable and analytical packages which was used for analysis, interpretation and conclusion drawings

3.8 Research Limitations

The following are methodological, implementation- and analytical- related limitations of the study:

- We choose to focus on just three brands for condom in only one area in one region and collected cross-sectional data in a limited time-frame
- We could not do a quantitative research with a statistically representative sample which should have required funds
- As for most qualitative surveys, rigor here is more difficult to maintain, assess, and demonstrate.
- The volume of data made analysis and interpretation time consuming.
- Findings could not be well understood and accepted as if they were drawn from quantitative research
- Findings are more difficult and time consuming to characterize in a visual way which would have been easier to the reader.

The next chapter will provide key findings from our survey.

CHAPTER IV: Findings from the case study survey

In this chapter, we will look into the condom marketing aspects in Gasabo district by using a combination of secondary analysis of the existing data with the information gathered from the targeted audience during focus groups discussions and interviews conducted to retail outlets.

At the end of this chapter, we will look into condoms market supply using the marketing mix strategy called '4 Ps' which stand for Product, Price, Place and Promotion. We will then show what have been done so far and explain the gaps that have to be filled in order to motivate condom use in Gasabo district

The term "marketing mix" was used first time in 1958 by Neil Borden in his American Marketing Association presidential address. However, this was actually a reformulation of an earlier idea by his associate, James Culliton, who in 1948 described the role of the marketing manager as a "*mixer* of ingredients", who sometimes follows recipes prepared by others, sometimes prepares his own recipe as he goes along, sometimes adapts a recipe from immediately available ingredients, and at other times invents new ingredients no one else has tried.

The prominent marketer, E. Jerome McCarthy, proposed a *Four 'P's* classification in 1960, which has since been widely used by marketers throughout the world

4.1 Products

One key aspect we were looking at was to understand from the audience, what are the reasons for using or not using a condom. It is clear that young men are convinced that condoms are used to protect sexually transmitted diseases including HIV/AIDS and unwanted pregnancies, everyone was in agreement for this in all the groups. However, there were many reasons they gave for not using condoms and essentially we can cite the following:

Group 1: 15-24

'One might not use condom because of ignorance or because he wants to wait until marriage'
said a **16 years old participant**

A 19 years old boy said:

'One might not use condom because of ignorance (does not know how to use condoms) or if married couples have done test and are HIV negatives'

A 23 years old man said:

'Condoms are not used because of ignorance or sex envy (irari)'

*'The reasons for not using condoms do not know how to use them and/or underestimate the importance for condoms'*saida **21 years old man**

For the sex envy, the participants meant a strong desire to engage in sex so that one does not have time or completely forget to use a condom.

Group 2: 15-24

A 24 years oldman said: *'One might not use condom because of ignorance or because of religious believes'*

'One might not use condom when he trust his partner, he wants to have birth or in worse case, he is infected and wants to infect his partner' saida **20 years** old man

A 22 years oldman said: *'Condoms are not used when the person don't care about their lives'*

Most of the same reasons mentioned above came through as the same in the groups of men aged 25-35. Below are mentioned some added points from these groups, basically one defined more the sexually transmitted diseases and new elements such alcoholism, drug abuse and sexual pleasure also were mentioned. Below are the respondent's views:

A 30 years old man said *'We use condom to protect against HIV/AIDS and other sexually transmitted diseases including gonorrhoea, syphilis and allow birth spacing for married couples'*

A 27 years old man said *'Condoms are not used because they are inhibiting sexual pleasure'*

A 34 yearsold man said *'condoms are used for prevention of sexually transmitted diseases and unwanted pregnancies'*

Below is the table summarizing the reasons cited:

Summary findings for reasons of not using a condom	
Reasons cited	Frequencies (number of participants who cited the same reason)
Ignorance	5
Sex envy	1
Religious believes	1
Trust his partner	1
Intention to give birth	1
Inhibiting sex pleasure	1
Does not care about their lives	1

The second aspect looked at on the P product; we wanted to know the brand preferences from the targeted audience's points of view. We displayed 5 different of brands: Prudence, Plaisir, Lifeguard, Kama X and durex and asked the respondents what brand they preferred the most and why.

In the first 2 groups of young men 15-24 years old, the preferences were largely for Plaisir brand, among 11 responses to this question:

- 7 preferred Plaisir due to its nice packaging and publicity,
- 3 preferred lifeguard mainly they perceive it is high quality and can be trusted,
- 1 preferred Prudence as widely known condom

Below are the detailed answers:

One boy aged 16 years old said: *'I prefer Lifeguard, its high cost compared to the others is due to its higher quality'*

A 19 years old boy said: *'I prefer lifeguard, it looks more beautiful and can be trusted more than the others. It procures pleasure due to the dots'*

A 23 years old man said: *'I prefer Prudence since it is the most widely known condom'*

One 22 years old man said: *'I prefer Plaisir, it looks more solid and i like it'*

A 20 yearsold boy said: *'I prefer Plaisir, its packaging looks more beautiful and i have seen its publicity'*

A 21 years old boy: *'I prefer Plaisir, i like its packaging'*

A 24 years oldman said: *'I prefer Plaisir because of its nice packaging with a nice picture'*

A 20 years old boy said ' *Lifeguard is more beautiful and i prefer it since it makes pleasurable sex*'

A 22 years old man said: ' *I prefer Plaisir, it is well packed*'

A 24 yearsold man said: ' *I will choose Plaisir, it is more appealing to me*'

A 24 years old man said: ' *I prefer Plaisir, it is more robust*'

In the other 2 groups of men 25-35 years old, the preferences were also for Plaisir brand. Among the 11 respondents, the preferences are summarized as follow:

- 6 preferred Plaisir found as beautiful,
- 3 preferred lifeguard mainly they perceive it is pleasurable,
- 1 preferred Durex, perceived as clean with a better smell
- 1 Preferred Prudence as he had used it and is cheap

The detailed responses are below:

A 34 years old man said: ' *I prefer Plaisir because of its nice packaging*'

A 35 years old man said: ' *My preferred brand is Durex, it is more clean, has a better smell and is more solid*'

A 35 years old man said: ' *I prefer Plaisir, it makes pleasurable sex*'

A 29 yearsold man said: ' *I like Lifeguard, looks more beautiful and makes pleasurable sex*'

A 34 yearsold man said: ' *I prefer lifeguard, it is more beautiful*'

A 30 years old man said: ' *I prefer lifeguard because of its dots that make pleasurable sex*'

A 28 years old man responded: ' *My preferred brand is Prudence, i have used it and it is cheap*'

A 27 years old man said: ' *I prefer Plaisir, the packaging looks more beautiful*'

A 25 yearsold man said: ' *I like Plaisir*'

A 35 years old man: ' *I prefer Plaisir, it is more beautiful and i have used it and enjoyed*'

A 34 years old man : ' *I prefer Plaisir*'

Considering the results from the 2 groups, with 22 respondents, the table below summarizes the preferences:

Condom Brand Preferences by respondents to FGDs/Emery		
Type of brand	# respondents preferring a brand	%
Plaisir	13	59
Lifeguard	6	27
Prudence	2	9
Durex	1	5
Total	22	100

To sum, although there are widely diversified preferences and reasons of preferences, findings show that Plaisir is predominantly preferred by men aged 15-35 (59%) mainly they perceive it packaging nicely designed and found it beautiful. It is followed by Lifeguard (27%) which is a socially marketed brand in Uganda leaking to the Rwandan market, it is also preferred by its beauty and is perceived as solid and more trusted. 9% preferred Prudence since its is cheap and has been widely known and last, Durex came as preference among the economically well being group as high quality condom.

4.2 Price

One of the more difficult components in the marketing mix is the pricing strategy: determining a price that will make the target group value the product but not view as unaffordable. The goal is to develop a pricing strategy that makes exchanges easy and desirable to accept because benefits obtained clearly outweigh the costs or other barriers associated with the product.

When referring to costs, there are 2 types of costs: monetary costs and non-monetary costs. Non-monetary costs are most complexes and act more frequently as barrier to adopt condom use behavior. Those non-monetary costs are generally affecting the generic condoms that are ‘free’ if one considers monetary costs only

4.2.1 Non-monetary costs

The most common of these are: time, effort, energy or psychic hassle involved in changing habits, and psychological risk or physical discomfort (Kotler, Roberto and Lee, 2002). While

free condoms are available in public health institutions, the non-monetary costs were recognized by our audience during focus groups as a big barrier for condom use

- *Time and effort* –the services in health facilities that procure free condoms are closed during night when condoms are mostly needed and it often require transportation to get there which is far more expensive than the actual cost of a condom from a shop- this is a true barrier. Practically speaking, we can analyze the segment of population whose revenue will logically force them to seek for free condoms.

The Estimated time to get a condom in public facility when needed= 1h (transport 15 min + filing and consultation 30min+ transport back home 15 min)

Or, 1 Pack of Prudence condoms= 100 rfw

Equivalence of Monthly revenue =100 rfw/h*9working hours per day*22 working days per month= **19,800 rfw per month which is \$32 per month**

It will therefore a loss for any person who normally has a revenue beyond \$32 per month to seek free condoms in public health facilities

- *Psychological risk* -fear of disapproval, stigma, or other negative consequences also may deter people from adopting a healthy behavior or purchasing a tangible product. In Rwanda, condoms being associated with sex promiscuity, it is embarrassing for many people to ask for condoms and feel ashamed to be seen by their relatives.

4.2.2 Monetary costs

The price of the condoms were looked in two angles, in the FGD we did asked the participants who preferred a given brand what would be the price he is willing to pay for the product. This indicates the consumer's willingness to pay. On the other side, we have asked retailers how much they were selling their products in order to get an idea of the real price on the market.

Price in Rwf that respondents cited as their willingness to pay

Respondents	Plaisir	Lifeguard	Prudence	Durex
Group 1	300	300	200	
		100		
		200		
		300		
Group 2	500	300		
	100	300		
		200		
Group 3	200	1000		4000
	200	300		
Group 4	200	100	50	
	100			
	150			
	150			
Total Average	211	310	125	4000

In the above table, we reported the prices that all the 22 respondents said they will be willing to pay for a given brand of condoms of their choice. Interestingly, the young men with less revenue would be willing to pay higher for Plaisir, this informs probably that publicity and advertisement of Plaisir has been much designed to the young men than it is for more elder men with more revenues.

The findings could be summarized in the table bel

Consumers' willingness to pay

	Number of respondents	Price range_FGD (RWF)		
		Max	Average	Min
Plaisir	9	500	211	100
Lifeguard	10	1000	310	100
Prudence	2	200	125	50
Durex	1	4000	4000	
Total	22			

It is important to note that 4 respondents who liked Plaisir did say they are willing to pay for lifeguard. Although this can't be interpreted as a quantitative survey, it just indicates that the

price recommended for Plaisir (300 rwf) is higher than what the consumer is willing to pay (211 rwf).

In the interviews with the retailers, we asked the price they were selling at the different condoms and the table below summarize the results

Condom market prices

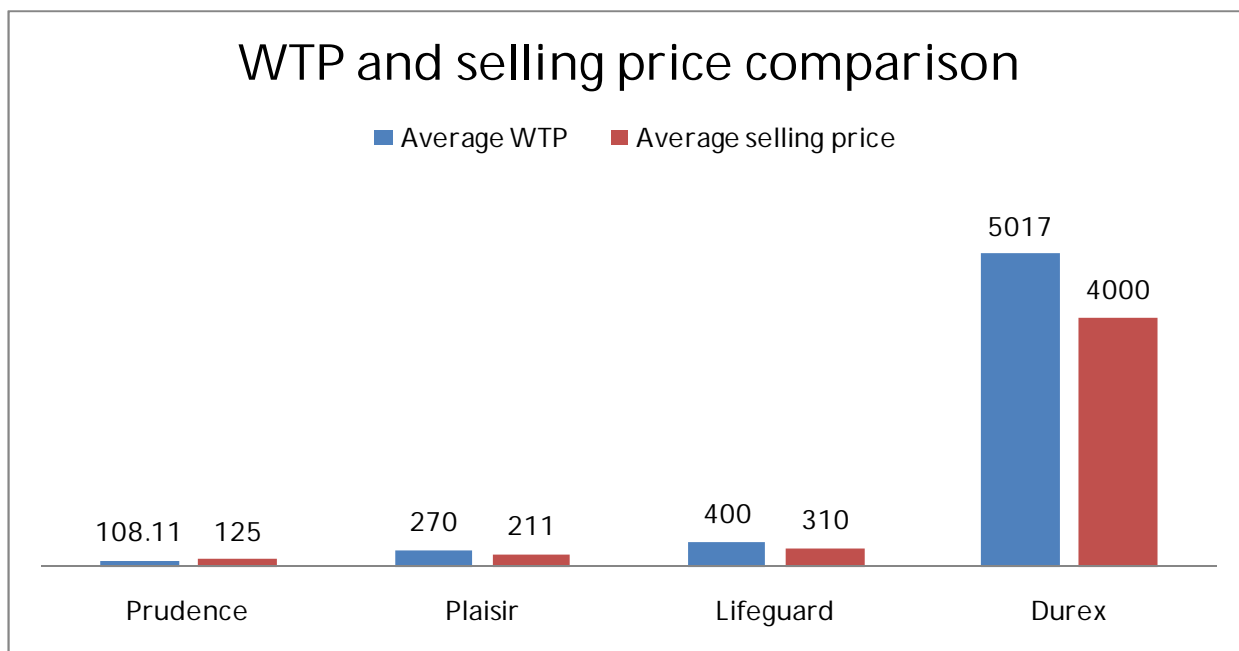
Type of condoms	N= sellers	Minimum	Maximum	Mean
Prudence	37	50	500	108.11
Plaisir	29	200	500	270
Lifeguard	3	300	500	400
Durex	6	1500	6300	5017

N= retail outlets selling by the time of the survey

Some outlets were selling more 1 brand

Interestingly, if we compare the average selling prices found on the market and the average prices the participants in the Focus groups had said they are willing to pay, the chart below show the result

Figure 8: Analysis between WTP and selling price at retail



For Prudence, the average willingness to pay reported by participants was less than the actual price retailers are selling on market. This is a potential barrier but results probably to the lack of interest in Prudence as it was cited as preferred condom by only 2 participants. This is generally the market dynamic, when the demand is low, price tends to be high. But, the fact is that both the average willingness to pay of 108 rwf and the average retail price of 125 rwf are higher than the recommended consumer price by PSI/Rwanda which is 100 rfw. It could be that money are left on the table but this deserves a more representative survey to make a decision.

For Plaisir at the opposite, the average willingness to pay was higher than the actual price on the market. This could results in much promotional initiatives that PSI/Rwanda may have done in distributing for free Plaisir which were sold back to the market at lower than the recommended retail price of 300 rfw. Pricing for Plaisir should be looked carefully by PSI/Rwanda as Plaisir was cited as the most preferred brand.

Lifeguard and Durex had an average willingness to pay higher than the actual average selling price which indicates that there is room for increasing sales the private sector. However, we noted that very few outlets were selling lifeguard by the time of survey which indicates that this product is no longer leaking from Uganda as this used to be the situation in the last years.

But, the condoms are sold in packets which has a different conditioning: Plaisir and Prudence packs have 4 condoms each in 1 pack; lifeguard pack contains 3 condoms while Durex pack is made of 20 units. If we look then specifically into the pricing of the condoms per unit, the findings are in table below:

Type of condoms	Number of unit per pack	Average WTP/unit	Average selling price/unit
Prudence	4	27.0	31.3
Plaisir	4	67.5	52.8
Lifeguard	3	133.3	103.3
Durex	20	250.9	200

The results are more interesting and show a big difference in unit prices. The price for lifeguard which could be considered as competitor for Plaisir is almost double. Durex is doubling the price of Lifeguard. Durex condoms are 4 times more expensive than Plaisir.

PSI/Rwanda should take advantage by selling Plaisir to consumers who were using lifeguard.

4. 3. Place

The Place is about making products and services convenient to locate, accessible, and comfortable to purchase. The ultimate goal of having a good distribution strategy is to make sure products are widely available and easy to find to reduce the potential non-monetary costs as previously discussed.

We will analyze 2 aspects in this section: where did the consumers preferred to buy condoms the most and types of the retail outlets visited in Gasabo district and the brands visibility at the points of sale. Those points are both illustrative and informative for a good distribution strategy

4.3.1 Preferences in condoms retail outlets

In the FGD, we asked the participants to express themselves on the places that they have bought condoms and most importantly to give their opinions on where they would prefer to get easily the condoms.

Out of the 22 participants, 12 said they preferred to see condoms sold in boutiques. Their responses are below:

A 16 years old boy said' *I can buy a condom from everywhere since i am not ashamed' but i will prefer boutique'*

A 19 yearsold boy responded ' *I will prefer in boutiques'*

A 22 years old man said'*I will prefer boutique'*

A 22 years old man said' *Mostly in boutiques'*

A 24 yearsold man responded ' *Easy in boutiques'*

A 34 years old man said' *mostly in boutiques'*

A 35 years old man said' *Mostly in boutiques'*

A 30 years old man also said' *mostly in boutiques'*

A 28 yearsold man said ' *mostly in boutiques'*

A 27 years old man said' *Mostly in boutiques'*

A 25 years old man mentioned' *i will prefer boutiques'*

A 35 years old man said' *Mostly in boutiques'*

A 34 years old man responded' *In boutiques could be easier as I am seeing signage'*

The above did mention boutiques only. In addition to them, 5 participants said they preferred both boutiques and either with bars, pharmacies or restaurants. Below are the respondent's views:

A 24 years old man said' *mostly in bars and boutiques'*

A 20 yearsold boy responded ' *In bars and boutiques'*

A 29 years old man said' *i will prefer boutiques and pharmacies'*

A 34 years old man said ' *Easy in boutiques and bars*'

For the remaining, 3 said they preferred pharmacies, 1 preferred resto-bar and mentioned vending machines. Therefore, from the FGD, the majority of respondents pointed out they would prefer seeing condoms mostly in boutiques which should be a focus on the distribution strategy. Coincidentally, among the 45 retail outlets which were interviewed, 41 fall in category of boutiques (25 shops, 14 kiosks, 2 supermarkets) which might tell us that the condoms are in the right place but for this survey we can't say anything to which extend.

In the next sub section, we will now analyze the quality of coverage in terms of brand visibility

4.3.2 Quality of coverage in condom selling outlets

We have been looking at the quality of coverage in terms of how easily the condom brand was visible from outside or inside the outlet. The table below summarizes the findings.

Table 5: Proportion of brand visibility in selling outlets

Brands	Total selling outlets	Visibility		Percentage
		No	Yes	
Prudence	37	1	36	97
Plaisir	29	0	29	100

There was a perfect visibility for the most sold condoms which are Prudence and Plaisir, this is an important point to make. In fact, the brand visibility at an outlet is very important to facilitate purchase. In a context of stigma around condoms where people are still ashamed by asking loudly or seeking information related to condoms, it is easier for making the condoms easily visible to anyone can access them.

Main of outlets that were not selling either Prudence or Plaisir gave 3 reasons:

- Insufficient demand
- Plaisir product is expensive
- There are no profit to sell Prudence

4. 4 Promotion

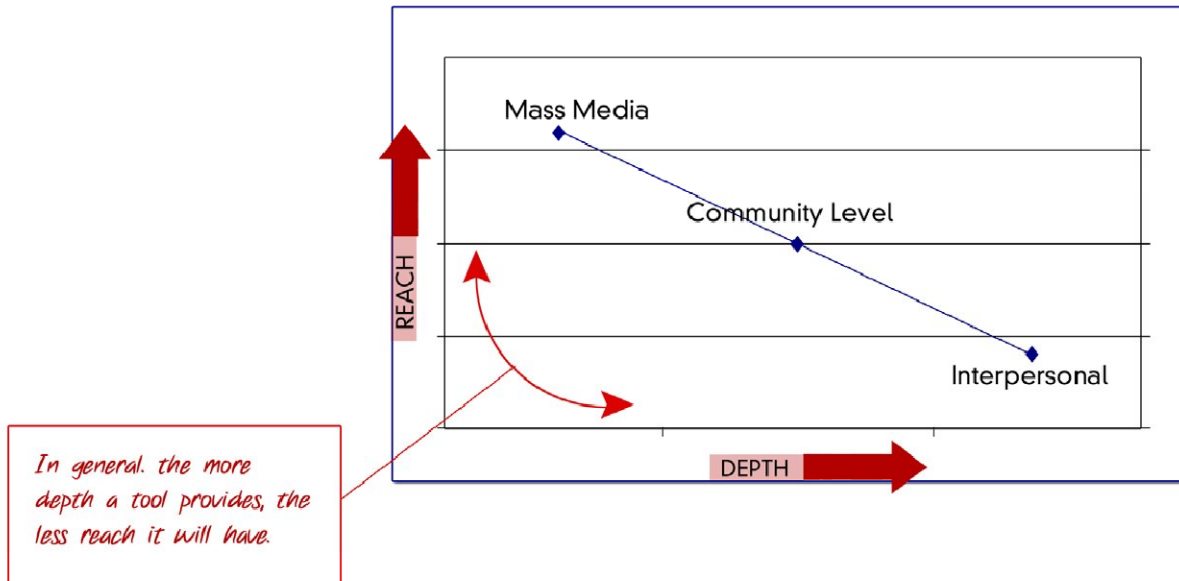
The promotion is fundamental in motivating behavior change by addressing behavioral barriers that prevent targeted audiences from using condoms in our case.

Promotional activities are implemented using three main channels:

- Mass media through radio, TV or billboards,
- Community outreach interactive sessions like theater, rapid promotional events at market places
- Interpersonal communication sessions either dialogues between 2 people or small groups discussions generally up to 20 participants
- Promotional materials at retail level to improve brand visibility

Communication channels will be selected based on the message. Mass media are generally used for brand communication, easy and short messages that need to capture the attention of the target audience in order to create an emotional link to the message in a short time. Communication outreach sessions are generally used for condom demonstrations purpose with the goal of helping the young people to touch and learn how to use a condom. Interpersonal communications are needed to address the more in-depth cultural barriers for condom use like stigma associated with condoms as sex promiscuity. The illustration is provided in figure 10

Figure 8: Media channels purpose



It is important to consider cost implication in choosing a medial channel, Interpersonal communications are the most expensive, and then community level outreach and mass media came last.

Looking into PSI/Rwanda and CNLS reports, there were lot of interpersonal communication activities that were implemented in 2010 and 2011. There were very little mass media advertisements which are a problem since brand communication broadly broadcasted is crucial address the barriers to adopt a given behavior. Also, even the little mass media advertising focused on generic condom message during the Word Aids Day. While this might have been helpful, most research points to branded mass media advertising as being more effective in changing risk perceptions of HIV, and increasing beliefs as to the efficacy of condoms (Agha 2003.) Advertising of generic public sector condoms is likely to be less effective than branded advertising in increasing overall condom use Clearly, there is need for change in communication channel usage if we really need to increase condom use among youth.

4.4.1 Barriers to address

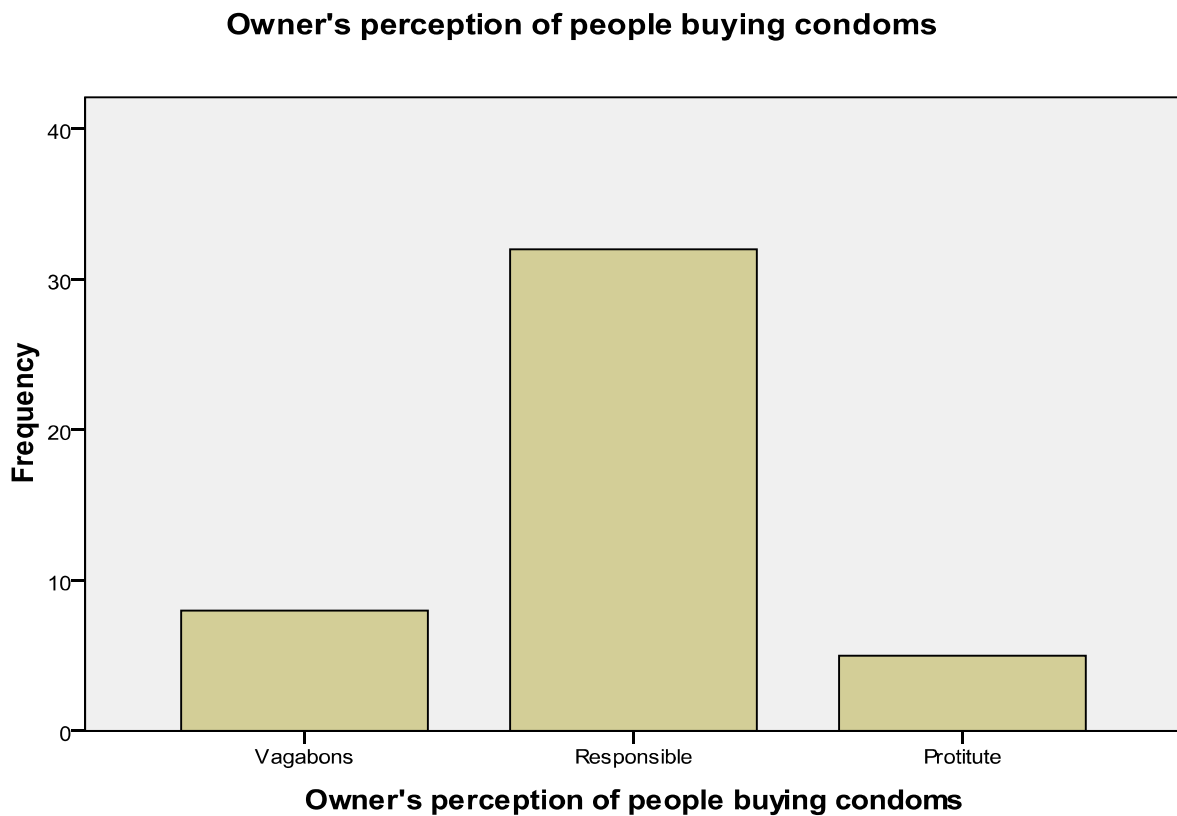
As mentioned in the P Product, we had asked our participants in the FGDs the reasons one might not use a condom. Below are the main reasons the participants mentioned:

- Ignorance
- Religious believes

- Trusted partner
- Need to give birth within a married couple
- Sex pleasure inhibition

Messages should be addressing those barriers to motivate condom use among the young men in Gasabo district. In the interviews with retailers, the participants were asked to provide their opinion of what were their perceptions of a person who was coming to buy a condom. The figure below show that the majority of interviewers found the persons buying condom as ‘responsible’. There are still a portion of persons who still think that a person who is buying a condom is either a sexual vagabond or just a prostitute.

Figure 11: Perception of someone buying a condom



4.4.2 Promotion of outlets

As far as marketing concerned, promotional activities at outlets level is critical to facilitate the recognition of the brand and therefore facilitate the purchase from the consumer. With that in

mind, we asked the researcher to observe at the retail outlet, both inside and outside, if there was any promotional item for Plaisir and Prudence that was easily visible for brand publicity. Below are the results:

Visibility of Plaisir promotional branded materials

		Frequency	Percent
Plaisir	No	9	31.0
	Yes	20	69.0
	Total	29	100.0

Existence of Prudence branded promotional material

		Frequency	Percent
Valid	No	12	32.4
	Yes	25	67.6
	Total	37	100.0

There were promotional items for Plaisir in 69% of outlets selling Plaisir and for Prudence; there were 67% outlets that had a signage. In an ideal situation, 100% of outlets should have a signage linking the customer to the brand as is done by some commercial companies like MTN, Bralirwa etc. Social marketing uses commercial marketing techniques to make the products available and affordable to the consumers.

4.5 Overall condom programming

In the FGD, we were interested to learn from our participants what should inform the condom programming to motivate condom use. The participants express different opinions that are summarized below:

A 16 years oldboy said *‘I would request more efforts in sensitization at secondary schools and teach us how to use condoms and the protection means for HIV’*

A 19 yearsoldboy said *‘I would ask to decrease the price of the condoms and eventually avail it for free in all institutions that work in HIV/AIDS prevention’*

A 23 yearsoldman said *‘Increase sensitization efforts towards youth and ensure condoms are widely available’*

A 24 years oldman said *'I would request increasing condoms availability for instance through vending machines that are found in some bars, putting them in many places at affordable price'*

A **20 years** oldboy responded *'I would ask to make 'condom stop centers' in which condoms could be found without going to boutiques'*

A 24 yearsoldman said *'Increase sensitization efforts towards youth, encourage them to not have sex before marriage. if they can't abstain, ensure condoms are easily available without going to boutiques since it is shameful for some to go there'*

A 29 years old man responded *'I would request increasing condoms availability since they are highly needed and decrease the price to make them affordable to every person who needs them'*

A 35 yearsoldman said *'I would ask to increase sensitization efforts to explain the benefits for using condoms'*

A 34 yearsold man said *'Decrease the price in order to make condoms as widely available as possible so anyone who needs it access it at a cheap price.'*

A 25 years old man said *'I would request producing more quality condoms, solid and make them widely available everywhere including restaurants, bars and everyplace where meet many people like banks'*

A 27 yearsoldman said *'I would ask to make condoms widely available and at cheap prices to make them as much affordable as possible to every person'*

Clearly, participants made nice suggestions that touch on each of the P from a marketing perspective. On P product, there were suggestions of sensitization of abstinence until marriage, benefits of condom use.

On P price, they suggested to decrease prices of condoms in order to make them affordable

On P place, the suggestions were to make the condoms as widely available as possible and more interestingly some creative alternatives of creating condoms stops centers

And finally on P promotion, they suggested increasing sensitization of youth through schools and teach the youth on how to use condoms.

Chapter V: Conclusions and Recommendations

At the end of this paper, we are summarizing the key elements to conclude our survey and observations and will make recommendations that might help understanding the role of social marketing of condoms in increasing the condom use in Rwanda.

5.1 Conclusions

Rwanda has the lower condom use among high risk youth the region. In the Gasabo district, an analysis of the universe of needs indicated that there were 60% unmet needs for condoms in 2010. During the 2010 World Aids Campaign focusing on condoms, a 3 months campaign boosted distribution numbers from both the public sector and social marketing that resulted in more consumption that anticipated during the forecasting exercises. It is clear that there is a latent market for condoms in Gasabo district and in Rwanda in general.

In our survey, we have tried to explore key marketing questions whose responses might be critical to improve the condom programming. Although the study was done in Gasabo district only, we believe that the findings could provide insightful information already for decision makers to increase support to social marketing of condoms. Below is the summary of findings organized by P:

5.1.1 Product

There were many reasons the participants in the survey mentioned for condom use. Mostly, young men are convinced that condoms are used to protect sexually transmitted diseases including HIV/AIDS and unwanted pregnancies; everyone was in agreement for this in all the groups. This is encouraging to see that the attribute of condoms are largely known and agreed unanimously. However, there were many reasons they gave for not using condoms and essentially we can cite the following:

- Ignorance of how to use condoms and also of the benefits of using condoms
- Religious believes
- Choice of abstinence: one could prefer to wait having sex until marriage, in that

case, there is no need for condom use

- Alcoholism and drug abuse
- Uncontrolled Sex envy

Those were the mainly cited reasons which should be the focus on the condom messaging in order to remove any barrier to condom use.

On the brand preference point, although there are widely diversified preferences and reasons of preferences, findings show that Plaisir is predominantly preferred by men aged 15-35 (59%) mainly they perceive it packaging nicely designed and found it beautiful. It is followed by Lifeguard (27%) which is a socially marketed brand in Uganda leaking to the Rwandan market, it is also preferred by its beauty and is perceived as solid and more trusted. 9% preferred Prudence since its is cheap and has been widely known and last, Durex came as preference among the economically well being group as high quality condom.

As mentioned earlier, no conclusions can be drawn from this survey as it was limited in terms of sample. However, it gives an indication that Plaisir brand is perceived as nice, beautiful and sexy. Building on the fact that all respondents understand from the first question that condoms are used to protect against sexually transmitted diseases and unwanted pregnancies, we believe that if the barriers related to the other P price, place and promotion are addressed; substantial increase of condom use can be achieved with a comprehensive well rolled out socially marketing program. Also, socially marketed brands are targeting specific segments of the population and among them young men 15-35 which are more likely to engage in high risk sex. To complement social marketing brands, commercial brands should target the segment of men generally elder 35 and above which have more revenue and don't have any pricing barrier. And, generic condoms that are free of charge should be exclusively targeting the poor who have price as a barrier to access condom use and who have to be protected from HIV. With sound targeted condom programs:

- Commercial brands to the high end consumers, economically well being
- Socially marketed brands for the middle-class
- Generic free condoms for poor and vulnerable groups who are not affording any of the above brands

5.1.2 Price

- There are monetary cost and non-monetary costs associated with condom use.
- Non-monetary costs are more considered for generic condoms distributed ‘free of charge’. In fact, they are non-monetary costs in terms of time and energy spent to access those condoms and the psychological embarrassment associated with stigma. Factoring those costs, it would be reasonable only for a person whose monthly revenue is below 32 USD to seek for ‘free of charge’ condoms
- For Plaisir, the average willingness to pay price (270 rfw) was higher than the actual selling price at retail (211 rfw). This indicates that there are money left on the table, price should be increased to avoid the risk of perceiving the brand as a cheap product and therefore a low quality product
- For Prudence, the average selling price was (125 rfw) which was higher than the average willingness to pay and which is already higher than the recommended price (100 rfw). This require a more rigorous monitoring of pricing structure across the supply chain in order to maintain a regular and harmonized consumer price
- For socially marketed brands, as far as monetary costs are concerned, the most important thing is to understand what can be done to minimize perceived costs and ensure that they do not exceed what the target group is willing to pay.
- To sum, Price is a very important marketing element that influence behaviors adoption. The condoms distributed free of charge in the public sector do have non-monetary costs that are potential barriers for target audiences in terms of timing constraint and psychological challenges associated with social norms affecting condoms in Rwanda. Monetary costs are related to pricing that need to factor consumer insights to determine the perception of appropriate price and also consider putting in place attracting margins for retails in order to motivate the commercial sector for sustainability purpose. It is clear that recommended prices are not respected on the market; it would be interesting to adjust the pricing structure by increasing consumer prices to make the brands more valuable and also increase the profit margins to motivate the retail business

5.1.3 Place

- The boutiques were the most preferred outlet type to sell the condoms. In fact, out of the 22 participants, 12 said they preferred to see condoms sold in boutiques.
- Among the 45 retail outlets which were interviewed, 41 fall in category of boutiques (25 shops, 14 kiosks, 2 supermarkets) which might tell us that the condoms are in the right place but for this survey we can't say anything to which extend.
- Prudence and Plaisir were well displayed in the outlets. In fact, Plaisir was easily visible in 97% selling the product while 100% of outlets selling Prudence have the products easily visible.
- The main reasons for not selling either Prudence or Plaisiras reported were:
 - Insufficient demand
 - Plaisir product is expensive
 - There are no profit to sell Prudence
- To sum, Place will be crucial to motivate condom use by ensuring target audience are accessing the condoms anytime needed. This requires both a comprehensive penetration of condoms in the commercial outlets, and an improved brand visibility that will facilitate the purchase. The participants wished to avail condoms in boutiques which will be able to respond to their spontaneous condom needs.

5.1.4 Promotion

- Branded communication through mass media are weak and need to be reinforced in order to motivate condom use
- Condom messages should be oriented to address the main reasons for not using cited by participants which are:
 - Ignorance
 - Religious believes
 - Trusted partner
 - Need to give birth within a married couple
 - Sex pleasure inhibition

- Majority of interviewers found the persons buying condom as ‘responsible’. There are still a portion of persons who still think that a person who is buying a condom is either a sexual vagabond or just a prostitute
- In terms of outlets signage that facilitates condom purchase from the consumer, there was a low coverage. There were promotional items for Plaisir in 69% of outlets selling Plaisir and for Prudence; there were 67% outlets that had a signage.

To sum, many public health officers have been thinking that free condom massive distribution is the best way to motivate condom use; we are saying that we need a total market approach instead from a marketing perspective. The social marketing role is therefore incredibly important to motivate successfully condom use in Rwanda. From our survey, although limited in its scope, we have recommendations in order to improve the current situation.

5.2 Recommendations

From our survey, we are formulating the following recommendations:

- Scale up this study to a more national representative assessment that will provide a more comprehensive picture of the total market dynamics in Rwanda
- As Plaisir was cited as the most preferred among the young men, PSI/Rwanda should consider reinforcing Plaisir distribution and promotion in Gasabodistrict and other urban cities and may be consider focusing on Prudence in rural areas
- Plaisir willingness to pay is higher than the current selling price; this could lead to a potential damage on Plaisir brand perception. PSI/Rwanda should look into the root causes of this situation if it is confirmed as a larger scale and make adjustments on the pricing to make sure the quality of the product is still perceived high. In general, cheap products could be perceived as low quality products. In addition, increasing the price for Plaisir will be a solution to make it more sustainable as it can generate revenues from sales that will allow purchase future quantities without relying on donor funding.
- PSI/Rwanda should leverage on the advantage for being less expensive compared to lifeguard, its most competitor and aggressively promote it.

- The attribute for condoms as mean to prevent AIDS and are used for family planning is very known, therefore the focus should be extended to address the identified barriers which are trust, ignorance, religious believes etc.
- Generic condoms distributed free of charge should be extremely limited to poor people. For sustainability purpose, social marketing should be reinforced and mandated to build a commercial network that will take over the subsidized interventions in the coming 5-10 years. PSI/Rwanda should implement a direct distribution strategy for Plaisir to improve its penetration as it is the most preferred brand among youth. PSI/Rwanda need resources to directly supply wholesalers and retailers with Plaisir at least for the coming 2 years. Also, PSI/Rwanda reinforces its distribution strategy by making sure the products get through the way up to end boutiques where the consumers prefer buying it.
- Plaisir willingness to pay is higher than the current selling price; this could lead to a potential damage on Plaisir brand perception. PSI/Rwanda should look into the root causes of this situation if it is confirmed as a larger scale and make adjustments on the pricing to make sure the quality of the product is still perceived high. In general, cheap products could be perceived as low quality products. In addition, increasing the price for Plaisir will be a solution to make it more sustainable as it can generate revenues from sales that will allow purchase future quantities without relying on donor funding.
- PSI/Rwanda should leverage on the advantage for being less expensive compared to lifeguard, its most competitor and aggressively promote it.
- Creating condoms stop centers that will make condoms as widely available as possible
- Intensify youth targeted branded communication campaigns in both schools and out-of schools
- Brand promotional activities should be increased in place of generic communications to keep a good image of condoms and reinforce the message that condoms use is a responsible act rather than sex promiscuity. This will motivate condom use in general and will help growing the condom total market in Rwanda.
- Mobilize financial resources to support condom social marketing interventions as current fundings ending this year of 2012.

5.3 Suggestions for further research

In our research, we putted more emphasize on the role of social marketing, it would be interesting to extend the survey to the commercial sector and the public sector in order to have a more broad understanding of condom market dynamics in a total market approach. Engaging the 3 sectors effectively and complementarily will definitively be the best way of improving condom use by meeting the needs.

Also, they are different segments that should be analyzed like Commercial sex workers to explore the female condom usage barriers. So far, female condoms are not used in Rwanda for unknown reasons.

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Appendix 1: FGD Discussion guide

Note for the moderator: It is important to remind the contribution of the participants to the survey and the confidentiality guarantee in order to ensure they express themselves freely and honestly, remind the non-judgment of someone else opinion. There is no right or wrong answer!

NB: For all questions and / or responses from participants, ask if possible, under the question "why / why not? "Even if it is not marked in the question.

0. INTRODUCTION

Moderator: Here we want the respondents develop team spirit, we should not waste much time here, we need just to know each other right?

Presentation of the respondents, full name, age, marital status, occupation [optional]→

Q1: Today we will be discussing condoms, why one should use a condom? Why one should not use a condom?

Q2. [The moderator need to have Prudence, Plaisir and Lifeguard at least] let us talk about these different brands and the other you know.

- Looking at these packaging and other condom packs you know, which one do you like most and Why?

Q3: In your opinion, which brand concept among the 3 can motivate someone like you to buy a condom?

Q4: Based on the perception that you have the package you choose, what price would you give it a condom?

Q4.1) Probe: Did you pay less or the same price as condoms in the same category on the market? Why?

Q4.2) Probe 2: What kind of point of sale do you find this product? Why?

Q4.3) Probe 3: How easy are you finding condoms when you need them?

Q5 : What will be your suggestions for improving the condom programming to meet your needs?

Thank you very much for taking the time to share your thoughts, we have much appreciated!

Goodbye

Appendix 2: Questioner for interviews

Questionary for condom _English version

N°	Questions	Codes																														
01	District																														
02	Sector	<table border="1"> <tr><td>Kimironko</td><td>1</td></tr> <tr><td>Kacyiru</td><td>2</td></tr> <tr><td>Remera</td><td>3</td></tr> <tr><td>Kimihurura</td><td>4</td></tr> <tr><td>Gatsata</td><td>5</td></tr> <tr><td>Jali</td><td>6</td></tr> <tr><td>Jabana</td><td>7</td></tr> <tr><td>Nduba</td><td>8</td></tr> <tr><td>Rutungu</td><td>9</td></tr> <tr><td>Gikomero</td><td>10</td></tr> <tr><td>Bumbogo</td><td>11</td></tr> <tr><td>Ndera</td><td>12</td></tr> <tr><td>Rusororo</td><td>13</td></tr> <tr><td>Kinyinya</td><td>14</td></tr> <tr><td>Gisozi</td><td>15</td></tr> </table>	Kimironko	1	Kacyiru	2	Remera	3	Kimihurura	4	Gatsata	5	Jali	6	Jabana	7	Nduba	8	Rutungu	9	Gikomero	10	Bumbogo	11	Ndera	12	Rusororo	13	Kinyinya	14	Gisozi	15
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03	Owner'sage																														
04	Type of outlet	<table border="1"> <tr><td>Pharmacy</td><td>1</td></tr> <tr><td>Privateclinic</td><td>2</td></tr> <tr><td>shop</td><td>3</td></tr> <tr><td>Kiosque</td><td>4</td></tr> <tr><td>supermarket</td><td>5</td></tr> </table>	Pharmacy	1	Privateclinic	2	shop	3	Kiosque	4	supermarket	5																				
Pharmacy	1																															
Privateclinic	2																															
shop	3																															
Kiosque	4																															
supermarket	5																															
05	Are you selling Prudence brand condom ?	Yes1 No0if Q105=0→ Q110																														

06	Where do you get supplied the Prudence condoms you are selling ?	PSI.....1 Pharmaceutical wholesaler..... 2 Shop/wholesaler.... 3 Other(specify).....4 _____
07	How much are you selling a box of 4 pieces of « Prudence » ?	I__I__I__I__I FRW/Box
08	OBSERVATION: Prudence is visible easily ?	Yes1 No..0
09	Is there any promotional material branded Prudence inside or outside the outlet	Yes1 No.....0
10	Would you be interested in selling « Prudence »?	Yes.....1 No.....0 if Q 110=1 → Q201
11	<i>If no</i> , why aren't you interested in selling this product?	No profit.....1 No demand.....2 Supply chain/hard to get.....3 Product is expensive4 Other (specify).....5 _____
201	Are you selling Plaisir brand condom ?	Yes1 No0if Q201=0 → Q206
202	Where do you get supplied the Plaisir condoms you are selling ?	PSI.....1 Pharmaceutical wholesaler..... 2 Shop/wholesaler.... 3 Other(specify).....4 _____
203	How much are you selling a box of 4 pieces of « Plaisir » ?	I__I__I__I__I FRW/Box

204	OBSERVATION: Plaisiris visible easily ?	Yes1 No..0
205	Is there any promotional material branded Plaisir inside or outside the outlet	Yes1 No.....0
206	Would you be interested in selling « Plaisir »?	Yes.....1 No.....0 if Q 109=1 → Q301
207	<i>If no</i> , why aren't you interested in selling this product?	No profit.....1 No demand.....2 Supply chain/hard to get.....3 Product is expensive4 Other (specify).....5 _____
301	Are you selling Lifeguard brand condom ?	Yes1 No0if Q301=0 → Q401
302	Where do you get supplied the Lifeguard condoms you are selling ?	PSI.....1 Pharmaceutical wholesaler.....2 Shop/wholesaler.....3 Other(specify).....4 _____
303	How much are you selling a box of 3 pieces of « Lifeguard » ?	I__ __ __ __ FRW/Box
401	Are you selling Kama x brand condom ?	Yes1 No0if Q401=0 → Q501

402	Where do you get supplied the Kama x condoms you are selling ?	PSI.....1 Pharmaceutical wholesaler..... 2 Shop/wholesaler..... 3 Other(specify).....4 _____
403	How much are you selling a box of 3 pieces of « Kama x » ?	I__ __ __ __ FRW/Box
501	Are you selling Durex brand condom ?	Yes1 No0if Q501=0→ Q601
502	Where do you get supplied the Durex condoms you are selling ?	PSI.....1 Pharmaceutical wholesaler..... 2 Shop/wholesaler..... 3 Other(specify).....4 _____
503	How much are you selling a box of 3 pieces of « Durex » ?	I__ __ __ __ FRW/Box
601	Are you selling Protectorbrand condom ?	Yes1 No0if Q601=0→ Q 701
602	Where do you get supplied the Protector condoms you are selling ?	PSI.....1 Pharmaceutical wholesaler..... 2 Shop/wholesaler..... 3 Other(specify).....4 _____
603	How much are you selling a box of 3 pieces of « Protector » ?	I__ __ __ __ FRW/Box

701	What is your perception of people who come buying condom?	Vagabonds.....1 Responsible..... .2 Prostitute..... 3 Other (specify).....4
702	In your opinion, is it normal for a woman to buy a condom?	Yes1 No0

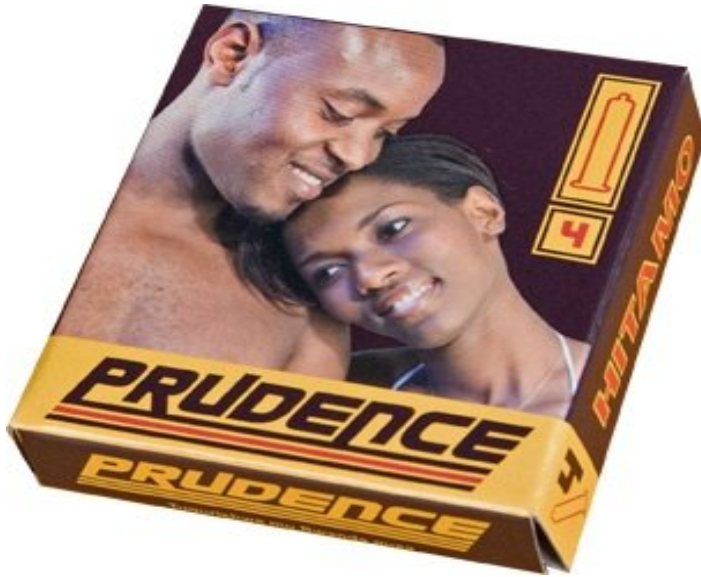
END

NAME OF THE DATA COLLECTOR : _____

THANKS FOR YOUR TIME

Appendix 3: Prudence and Plaisir brand packaging

Prudence brand



Plaisir brand

