

TECHNICAL  
REPORT

# **WILLINGNESS TO PAY: RESEARCH REPORT FOR SOCIETY FOR FAMILY HEALTH, ZAMBIA**

**FUNDING YEAR 4**

**(OCTOBER 2012-SEPTEMBER 2013)**



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RESEARCH REPORT FOR SOCIETY FOR  
FAMILY HEALTH, ZAMBIA**

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## List of Acronyms

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HIV	Human Immunodeficiency Virus
PRISM	Partnership for Integrated Social Marketing
PSI	Population Services International
SES	Socio-economic Status
SFH	Society for Family Health
WTP	Willingness to Pay

## Executive Summary

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In Zambia, diarrheal disease and HIV are major public health problems. To bolster the government of Zambia's response and improve access to products that reduce diarrheal disease and HIV transmission, Society Family for Health (SFH) Zambia, a local affiliate of the international non-profit Population Services International (PSI), developed Clorin brand chlorine bleach solution and Maximum Classic standard condoms, which are distributed and sold in all ten Zambian provinces. SFH has generated much demand for these products through local advertisement; however, Clorin and Maximum Classic condoms are highly subsidized and not commercially viable products at their current price. The overall objective of this research is to establish whether SFH is able to recover additional revenue from the sales of Clorin and Maximum Classic condoms while maintaining an acceptable level of sales among consumers of lower socio-economic status (SES).

Between August 2012 and July 2013, we conducted cross-sectional Willingness to Pay (WTP) surveys for each SFH product, in one rural and one urban area. WTP survey methods are a reliable and valid method for predicting client responses to price change. Survey questions were programmed into handheld computers and included socio-demographic characteristics of respondents, exposure to SFH product advertising, recent and past product use, access to sanitation and safe water, use of other product brands, and willingness to pay a higher price for the product. Male users of Maximum Classic condoms and female users of Clorin with children under age 5 were recruited outside retail outlets where products were sold. A total of 676 female and 629 male respondents completed the WTP surveys for Clorin and Maximum Classic condoms, respectively.

**Clorin Findings:** Clorin WTP surveys were conducted in Solwezi and Lusaka. Most female respondents were married and between ages 25–35 with a median of 1 child under the age of 5 in their household. In Solwezi, females reported a high proportion (71.7 percent) of diarrheal disease among their children 5 years and younger, compared to Lusaka (26.9 percent). Most respondents understood Clorin use was important during the rainy season or during all seasons. Solwezi respondents purchased Clorin more frequently in the previous 12 months (56.9 percent purchased it 5-9 times), compared to those in Lusaka (62.4 percent purchased 1–4 times). The last purchase price of Clorin was an average of 1.00 ZMK in both Solwezi and Lusaka; however, consumers in Lusaka were willing to pay more, with the median maximum price in Solwezi at 1.20 ZMK compared to 2.00 ZMK in Lusaka. Interestingly, lower SES consumers of Clorin were willing to pay more for Clorin; almost 75 percent of lower SES respondents were willing to pay 1.50 ZMK for the product. Lower SES consumers living in areas with poor sanitation likely experience a higher burden of diarrheal disease which could explain their willingness to pay more. Having a choice in household spending was associated with willingness to pay more for Clorin in bivariate analysis ( $p < 0.001$ ); female respondents in Solwezi had less choice in household spending compared to those in Lusaka. Those in the lowest tier SES were the increasingly price sensitive above 1.50 ZMK, thus the price of Clorin should not be raised over this amount.

**Maximum Classic condoms:** Maximum Classic condom WTP surveys were conducted in Chongwe and Lusaka. Most male respondents were between ages 18-34 with a little over half being married. Product knowledge among male respondents was high, with males almost universally reporting their condom use for protection from HIV, STIs, and pregnancy. In Lusaka, male respondents reported less frequent consistent condom use compared to Chongwe (28.1 percent versus 38.9 percent, respectively) and generally purchased fewer Maximum Classic condoms in the past 12 months (median of 5 times compared to 8, respectively). For Maximum Classic condoms, price sensitivity did not differ between higher and lower SES groups; however men in Chongwe were willing to pay more than men in Lusaka, but only if the price remained below 2.00

ZMK. Having children or having more household members and living in Chongwe was significantly associated ( $p < 0.05$ ) with willingness to pay a higher price for Maximum Classic condoms, while age and income were not. We speculate that willingness to pay more for Maximum Classic condoms in Chongwe stems from their more frequent use and purchase of this brand, and their familiarity with the SFH product. Overall, male respondents in both areas were most price-sensitive above 1.50 ZMK; above this price retailers will lose a substantial amount of consumers in both Lusaka and Chongwe.

## Background

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In Zambia, diarrheal disease and HIV are major public health problems. Diarrheal disease is the top cause of morbidity and mortality among children aged five years and younger[1] and an estimated 14.3 percent of men and women age 15–49 are living with HIV in Zambia, making it one of the most affected countries in sub-Saharan Africa[2]. The incidence of diarrheal disease in Zambia is 16 percent overall, with the highest incidence (37 percent) among children age 6–23 months [2]. Additionally, 41 percent of Zambians have no access to safe water and sanitation [3] and a mere 27 percent have access to safe, clean water in peri-urban areas of Lusaka[4]. Poor water quality also poses additional risks for immuno-compromised individuals who have increased vulnerability to cholera and diarrheal disease.

In Zambia, 71 percent of all new HIV infections can be attributed to multiple concurrent sexual partnerships[5]. Male and female condoms are currently the most effective method of preventing sexual transmission of HIV, with promotion and distribution as part of the ongoing national response. With 14.3 percent[6] of Zambia's population HIV positive, and up to 25 percent HIV prevalence in some urban areas, both water quality and HIV prevention are of great concern to the government and citizens of Zambia. While condoms and clean water are essential to promote behavior that improves overall health and prevents diarrheal disease and new infections of HIV; accessibility and affordability for these preventative measures remain a significant challenge in low resource settings such as Zambia.

To bolster this government response and improve access to products that reduce diarrheal disease and HIV transmission, Society Family for Health (SFH) Zambia, a local affiliate of the international non-profit Population Services International (PSI) [7] developed Clorin brand chlorine bleach solution and Maximum Classic standard condoms, which are distributed and sold in all ten Zambian provinces. Both Clorin and Maximum Classic condoms are socially marketed subsidized products targeting low-income consumers. Clorin is used to kill pathogens in household drinking water, thus reducing the incidence of water-borne illnesses. Maximum Classic condoms are standard latex condoms that protect against HIV, pregnancy, and other sexually transmitted diseases. Because Clorin is inexpensive, well recognized, and effective, it is identified as part of the expanded strategy for emergency chlorination during cholera outbreaks in Zambia [4] and is thus, an invaluable public health intervention for Zambians with little or sporadic access to safe drinking water. Because Maximum Classic condoms are a well-recognized and widely distributed brand of condoms, and the least expensive brand available outside free condoms offered through the government, they too are also a critical tool for HIV prevention.

PSI's social marketing approach to distribute Clorin, Maximum Classic condoms, and other health products emphasizes developing, marketing, and distributing health commodities via retail sales outlets. Social marketing rests on the core theory that when products are given away for free at a small number of outlets, like health clinics, the recipient does not have adequate access and may not use or value products as much as if they were charged a small subsidized price at a convenient location [8]. To generate demand for Clorin and Maximum Classic condoms, SFH advertises on television, radio, through community based agents, using brochures and distributing free samples. Clorin has a suggested retail price of 0.80-1.20 ZMK (about 0.20-0.24 USD) and is sold in a highly recognizable blue bottle containing 250 ml of chlorine solution. Clorin is also extremely cost effective with one bottle treating enough drinking water for a family of 6 up to one month. Maximum Classic condoms are sold in packs of 3 condoms for .70 kwacha (0.14 USD) and are the lowest price condoms on the retail market, next to those distributed for free at government health facilities.

However, Clorin and Maximum Classic condoms are highly subsidized and not a commercially viable products at their current price. SFH is losing a substantial amount of revenue in the distribution and sales of

both products. Recovering more revenue would be advantageous to cover the costs of production, marketing and distribution; however this would translate to increasing the price to consumers who may be extremely price sensitive in low income settings and also very vulnerable to HIV and diarrheal disease. Virtually no data exist on how an increase in price would impact the demand for Clorin or Maximum Classic condoms.

***The overall objective of this research is to establish whether SFH is able to recover additional revenue from the sales of Clorin and Maximum Classic condoms while maintaining an acceptable level of sales among consumers of lower socio-economic status.*** To accomplish this objective, Population Council employed a Willingness to Pay (WTP) survey methodology to generate demand curves which estimate whether a price increase is feasible and at what level maximum revenue can be recovered with minimal impact on sales. This report focuses on WTP survey findings for these products in one rural area and one urban area for each Clorin and Maximum Classic condoms. This research supports the Task 3 mandate for SFH under Partnership for Integrated Social Marketing (PRISM), which follows: *“Develop the ability of a commercial/private sector entity to produce and market at least one currently social marketed health product or service in a sustainable manner.”*

## Methods

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### Study sites and locations

We conducted cross-sectional WTP surveys for each SFH product, Clorin and Maximum Classic condoms, in one rural and one urban area each. Surveys were conducted in 3 areas in Zambia: Solwezi was the rural site for Clorin, Chongwe was the rural site for Maximum Classic condoms, and Lusaka was the urban site for both products.

Solwezi, a town in Northwestern province, was selected as the rural area for the Clorin WTP survey. Solwezi is less developed than Lusaka, with poor housing infrastructure, poor sanitation facilities and many communities relying on unsafe shallow wells for water. During the rainy season floods threaten to collapse latrines increasing the possibility of cholera outbreaks and diarrheal disease. Additionally, SFH's satellite office in Solwezi has used various community outreach campaigns to increase local demand for Clorin over the past 3 years. Lusaka was selected as the urban area for both Clorin and Maximum Classic condoms WTP survey; the majority of promotion and distribution for these products is done by SFH in Lusaka, which is also the largest, most densely populated city in Zambia. Due to the numerous and varied sites for products distribution in Lusaka, 4 areas within Lusaka were selected for the survey in collaboration with SFH, and include Kabwata, Emmesdale, Chawama, and Chipata. Both Chawama and Chipata have had outbreaks of cholera in the past 5 years. Chongwe, a town 90 km outside Lusaka, was also selected in collaboration with SFH as the rural area where the Maximum Classic condoms WTP survey would be conducted. Chongwe experiences periodic outbreaks of cholera during the rainy season and also has a high prevalence of HIV. A WTP survey for Clorin was conducted in Solwezi first from August to September 2012 and three additional WTP surveys (1 Clorin in urban Lusaka and 2 for Maximum Classic condoms in urban Lusaka and rural Chongwe) were added and completed between June and July 2013 to gain additional perspective on willingness to pay more for SFH products across Zambia.

Prior to the survey, mapping was conducted to identify the retail outlet sampling frame where respondents would be recruited for interview. Approximately 87 Clorin retail outlets were mapped in Solwezi and 98 were mapped in the four selected areas of Lusaka. For Maximum Classic condoms in Lusaka, 87 retail outlets were mapped, and in Chongwe 35 were mapped. Thirty retail outlets were randomly selected for each survey in each of the urban or rural areas for that survey from the complete list of mapped outlets. Outlets were diverse and included groceries, kiosks, large pharmacies, larger retail groceries, and small pharmacies. Interviewers were instructed to interview 10 respondents at random from each of the selected Clorin or Maximum Classic condom retail outlets during normal business hours.

### Eligibility

Female heads of households aged 18 to 49 years old were recruited for the Clorin WTP surveys, and were eligible if they had at least one child in the household aged 5 years or younger and had used Clorin at least once in their lifetime. Sexually active males, age 18-59 were recruited to participate in the Maximum Classic condom WTP surveys, and were eligible if they used any type of condom in the past 12 months and had used Maximum Classic condoms at least once in their lifetime.

**Table 1. Study sites, samples, and eligibility**

Product	Area Type	Location	Mapped Retail Outlets	No. Selected Retail Outlets	Sample	Eligibility
Clorin	Rural	Solwezi	87	30	371	<ul style="list-style-type: none"> <li>• Female head of household</li> <li>• 18-49 y/o</li> <li>• Ever used Clorin</li> <li>• 1 child in household 5 years old or younger</li> </ul>
	Urban	Lusaka (Chipata, Chawama, Emmesdale, Kabwata)	98	30	305	
Maximum Classic condoms	Rural	Chongwe	35	30	386	<ul style="list-style-type: none"> <li>• Self-reported sexually active</li> <li>• 18-59 y/o</li> <li>• Used a condom in past 12 months</li> <li>• Ever used Maximum Classic condom</li> </ul>
	Urban	Lusaka (Chipata, Chawama, Emmesdale, Kabwata)	87	30	243	

## Recruitment

Recruitment utilized a modified client intercept method. Instead of approaching clients after their purchase of Clorin or Maximum Classic condoms, interviewers approached customers outside retail outlets where the products were sold. Thus respondents were customers of selected retail outlets where these SFH products were sold, but were not necessarily purchasing the SFH product at that point in time. This modification was made due to time constraints for data collection; waiting for clients to purchase SFH products in real time would have been prohibitive. Thus respondents were approached outside Clorin or Maximum Classic condom retail outlets in Lusaka, Chongwe, and Solwezi after completing their purchase at the selected retailer.

## Survey Instrument and Analysis

Survey questions were programmed into handheld computers using Perseus data entry software (Perseus Development Corporation, Braintree, MA) and included socio-demographic characteristics of respondents, exposure to SFH product advertising, recent and past product use, access to sanitation and safe water, use of other product brands, and willingness to pay a higher price for the product. Surveys were administered face-to-face by interviewers to participants with handheld computers, and data were downloaded daily to central databases. Descriptive statistics, bivariate analyses (with the primary outcome being willingness to pay more money), and test of means (t-tests) were generated using STATA (SE Version 12.1) statistical software (StataCorp, College Station, TX). Excel spreadsheets were used to generate demand curves for Clorin and Maximum Classic condoms with proposed willingness to pay across a range of prices.

Willingness to pay survey methods are a reliable and valid method for predicting client responses to price change[9]. Questioning begins by asking respondents what they currently pay or last paid for the product, in this case, Clorin or Maximum Classic condoms. Respondents are then asked whether they would continue to purchase the product if its price increased by a set amount. Respondents who answer that they would still purchase the product or service are asked if they would pay an even higher price. Respondents who answer that they would not or are unsure are asked if they would pay a lower price, which is still higher than their current or last price. All respondents are asked exactly three price questions: their current price, a medium price increase, and, depending on their answer to the medium price increase, either a low price increase or a high price increase. The maximum prices clients are willing to pay are used to generate a demand curve.

## Results

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For the Clorin WTP survey in Lusaka and Solwezi, 305 and 371 female heads of household participated respectively, for a total of 676 respondents. For the Maximum Classic condom WTP survey in Lusaka and Chongwe, 243 and 386 sexually active males participated respectively for a total of 629 respondents.

### Findings from Clorin WTP Survey

#### *Demographics for female respondents*

The average price of Clorin in retail outlets at the time of the survey was 1.00 ZMK in Solwezi and 1.10 ZMK in Lusaka. Larger pharmacies and grocery stores only occasionally sold Clorin for a slightly higher price [prices ranged from 0.70 –3.00 ZMK]. Most Clorin retail outlets carried a variety of other products related to health, hygiene, or grocery store items like food, cleaning supplies, and other household items. Clorin was also sold in the open market and in kiosk stalls.

Table 2 presents characteristics of female respondents interviewed outside Clorin outlets in Solwezi and Lusaka. The majority of respondents were aged 25 to 34 (46.4 percent in Solwezi and 50.8 percent in Lusaka). In Solwezi, the majority of respondents identified their ethnic background as Kaonde (38.5 percent) and Bemba (23.5 percent), while in Lusaka they identified mostly as Bemba (28.2 percent), Tonga (17.4 percent), and Nyanja (15.1 percent). Most respondents had some secondary school education (52.6 percent in Solwezi and 55.4 percent in Lusaka) and were married (79.5 percent in Solwezi and 69.5 percent in Lusaka). The median number of persons in each respondent's household was 6 (IQR: 5-8) in Solwezi and 5 (IQR: 4-6) in Lusaka; the median number of children in each household was 2 (IQR: 2-4) in Solwezi and 2 (IQR: 1-3) in Lusaka, with a median of 1 (IQR: 1-2) child per household being 5 years old or younger in both areas. In Solwezi, a high percentage of children under 5 were reported sick in the last 3 months (71.7 percent) compared to Lusaka (26.9 percent).

#### *Knowledge use and purchase of Clorin*

Table 3 presents data on respondents' knowledge and use of Clorin. Most respondents heard about Clorin either on the radio (83.0 percent in Solwezi and 71.2 percent in Lusaka), on television (75.0 percent in Solwezi and 88.5 percent in Lusaka), by poster (67.1 percent in Solwezi and 88.9 percent in Lusaka), or in shops (61.7 percent in Solwezi and 61.6 percent in Lusaka). In Lusaka, over half (58.4 percent) of respondents had also heard of Clorin through community based agents. About two-thirds (65.2 percent) of respondents in Solwezi correctly identified the warm-wet season as the most important time for using Clorin; in Lusaka 43.9 percent of respondents correctly identified the warm wet season correctly, while 47.2 percent felt it was equally important to use the product in all seasons. Almost all clients (96.8 percent in Solwezi and 97.7 percent in Lusaka) said they used Clorin in the previous year. Of the clients who used Clorin in the past year, 39.3 percent in Solwezi and 43.0 percent in Lusaka used the product in the past month and 57.1 percent and 45.0 percent used the product in the last 1-6 months (respectively). Over the past 12 months, most clients used Clorin as a water treatment product (99.4 percent in Solwezi and 93.6 percent in Lusaka); however, some clients also used the product for general cleaning (21.1 percent in Solwezi and 67.8 percent in Lusaka) and washing dishes (15.9 percent in Solwezi and 30.5 percent in Lusaka). A large proportion of respondents reported their household water was currently treated with Clorin (83.0 percent in Solwezi and 71.5 percent in Lusaka). Among respondents who used Clorin in the past year, most thought that the product generally improved the health of their family (90.5 percent in Solwezi and 86.6 percent in Lusaka). While only a few respondents did not use Clorin in the past year (13 in Solwezi and 7 in Lusaka), they reported to have stopped

using the product because of the smell (4/13 in Solwezi), taste (3/13 in Solwezi), or price (3/13 in Solwezi and 4/13 in Lusaka). For those in Lusaka, some respondents also reported they didn't know enough about Clorin (2/7).

Less than a quarter of respondents had someone else purchase Clorin for their household in the past 12 months (23.7 percent in Solwezi and 16.4 percent in Lusaka) and most other purchasers lived with the respondent (64.4 percent and 70.9 percent respectively). About one third of respondents also received Clorin for free in the past year (44.2 percent in Solwezi and 31.2 percent in Lusaka); the majority of those received the product for free 1-2 times (76.2 percent and 88.3 percent respectively). The majority of respondents bought or purchased Clorin in the past 12 months (87.6 percent in Solwezi and 97.4 percent in Lusaka), and the median number of times clients purchased Clorin over the past 12 months was 6 times (IQR: 5-9) in Solwezi and 4 times in Lusaka (IQR: 2-6). In Lusaka, most respondents purchased Clorin from a small pharmacy or shop (48.5 percent) or a grocery store (29.3 percent), while in Solwezi the majority purchased Clorin at a kiosk (31.1 percent) or grocery store (44.3 percent).

The median price respondents last paid for Clorin was 1.00 ZMK (equivalent to 0.20 USD) (IQR: 1.00-1.50) in both Solwezi and Lusaka. The median maximum price clients were willing to pay was only marginally higher than the current price in Solwezi at 1.20 ZMK (about 0.24USD; IQR 1.00-1.50); however in Lusaka it was almost double the current price (2.00 ZMK; IQR: 1.50-2.02). In Solwezi, if Clorin became too expensive, respondents said they would most likely stop using Clorin (29.9 percent), shop for a better price (26.2 percent), get free Clorin from the government or health facilities (18.9 percent), or only use Clorin in the rainy season (11.6 percent). In Lusaka, respondents felt they would most likely get free Clorin (43.9 percent), shop for a better price (23.4 percent), stop using Clorin (12.5 percent), or use a smaller amount of Clorin (10.8 percent) if the price became too high.

### ***Socio-demographics and willingness to pay by characteristic***

Figure 1 presents the overall demand curve for client willingness to pay in both Lusaka and Solwezi. The demand curve shows that client willingness to pay drops almost 25 percent above 1.00 ZMK, from 95 percent of clients willing to pay for Clorin to only about 75 percent of clients willing to pay for Clorin at 1.10 ZMK. The most dramatic drop for willingness to pay occurs for prices above 1.50 ZMK where only about 38 percent of clients are willing to pay 1.60 ZMK for the product.

**Figure 1. Female respondent willingness to pay for Clorin**

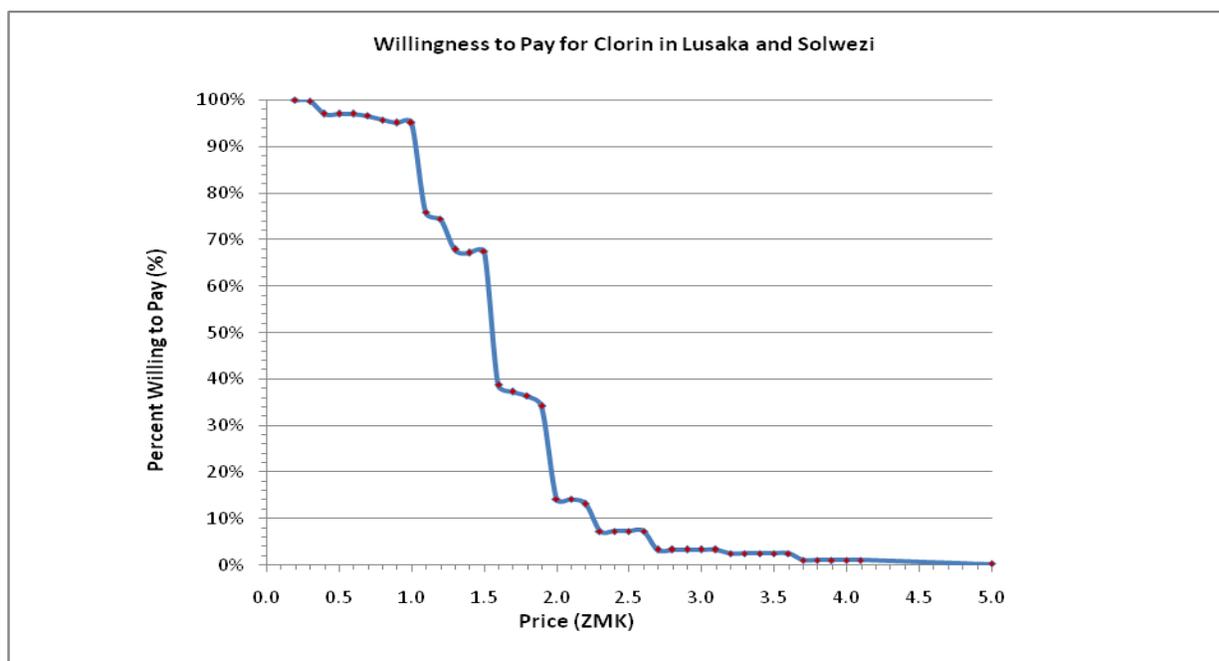


Table 4 presents socio-economic and household characteristics of female respondents. The top three main sources of drinking water reported by respondents in Solwezi and Lusaka were water from communal taps (50.1 percent and 39.7 percent), piped into dwellings (18.6 percent and 22.0 percent), and piped into their yards or plot (11.9 percent and 25.3 percent), respectively. Almost all respondents treated their water at home, with most either adding Clorin (94.7 percent in Solwezi and 89.5 percent in Lusaka) to their water or boiling their water (79.0 percent in Solwezi and 56.0 percent in Lusaka) prior to consumption. Both in Solwezi and Lusaka, respondents commonly used a pit latrine with slab (36.9 percent and 41.3 percent) or a flush to sewer toilet (22.1 percent and 28.2 percent), respectively. In Solwezi and Lusaka, the majority of respondent had electricity (72.8 percent and 92.5 percent), a radio (76.8 percent and 87.2 percent), a television (71.7 percent and 91.5 percent), mobile phone (93.0 percent and 92.8 percent), and a table, sofa, or bed (96.8 percent and 97.7 percent), respectively. About half also had a refrigerator (48.8 percent and 53.8 percent), and a VCR/DVD player (48.5 percent and 61.3 percent), respectively. A larger percentage of respondents in Solwezi owned a bicycle (44.5 percent) compared to those in Lusaka (10.5 percent). Based on the household items reported by respondents, 36.4 percent and 44.9 percent scored in the lowest wealth tertile, 18.3 percent and 25.6 percent scored in the middle wealth tertile, and 42.3 percent and 29.5 percent scored in the highest wealth tertile, for Solwezi and Lusaka respectively; these scores were only based on respondents' relative wealth and are not comparable to the distribution in Zambia. When asked about household income, the majority in both Solwezi and Lusaka estimated their household made less than 1,200 ZMK (about 240 USD) per month; about one third (37.2 percent and 32.1 percent) reported a household income of 500 ZMK or less, and another third (28.8 percent and 28.9 percent) reported between 501 ZMK and 1,200 ZMK, respectively. For employment in Solwezi, about one quarter of respondents owned their own business (23.7 percent), worked in the formal sector (24.0 percent), or did domestic work (17.6 percent). In Lusaka, about half of respondents owned their own business (47.5 percent), and some worked in the formal sector (15.1 percent). About half (46.4 percent) of respondents in Solwezi reported their husband decided how the household money is spent compared to 8.9 percent in Lusaka. About half of respondents in Lusaka (49.2

percent) reported they made household decisions about money compared about a quarter (25.1 percent) of respondents in Solwezi.

Figure 2 presents a demand curve stratified by SES or wealth tertile. Women in the lowest socio-economic (SES) tier, compared to their peers, were overall willing to pay slightly more for Clorin. For women of middle/higher SES, most women (about 97 percent) are willing to pay 1.00 ZMK, however this percentage drops sharply at 1.10 ZMK, down to about 74 percent. About 68 percent of respondents in the middle/higher SES tier are still willing to pay 1.50 ZMK, however this drops dramatically with as few as 30 percent willing to pay 1.60ZMK or above. For the lowest tier SES women, percent willing to pay dropped at a slightly lower rate (or dropped less with increases in price); about 73 percent of respondents were still willing to pay 1.50 ZMK, 52 percent were still willing to pay 1.60 ZMK (compared to only 30 percent in those in the middle/higher tier SES), and this only reduced to 50 percent of respondents willing to pay at 2.00 ZMK.

**Figure 2. Female respondent willingness to pay for Clorin by SES**

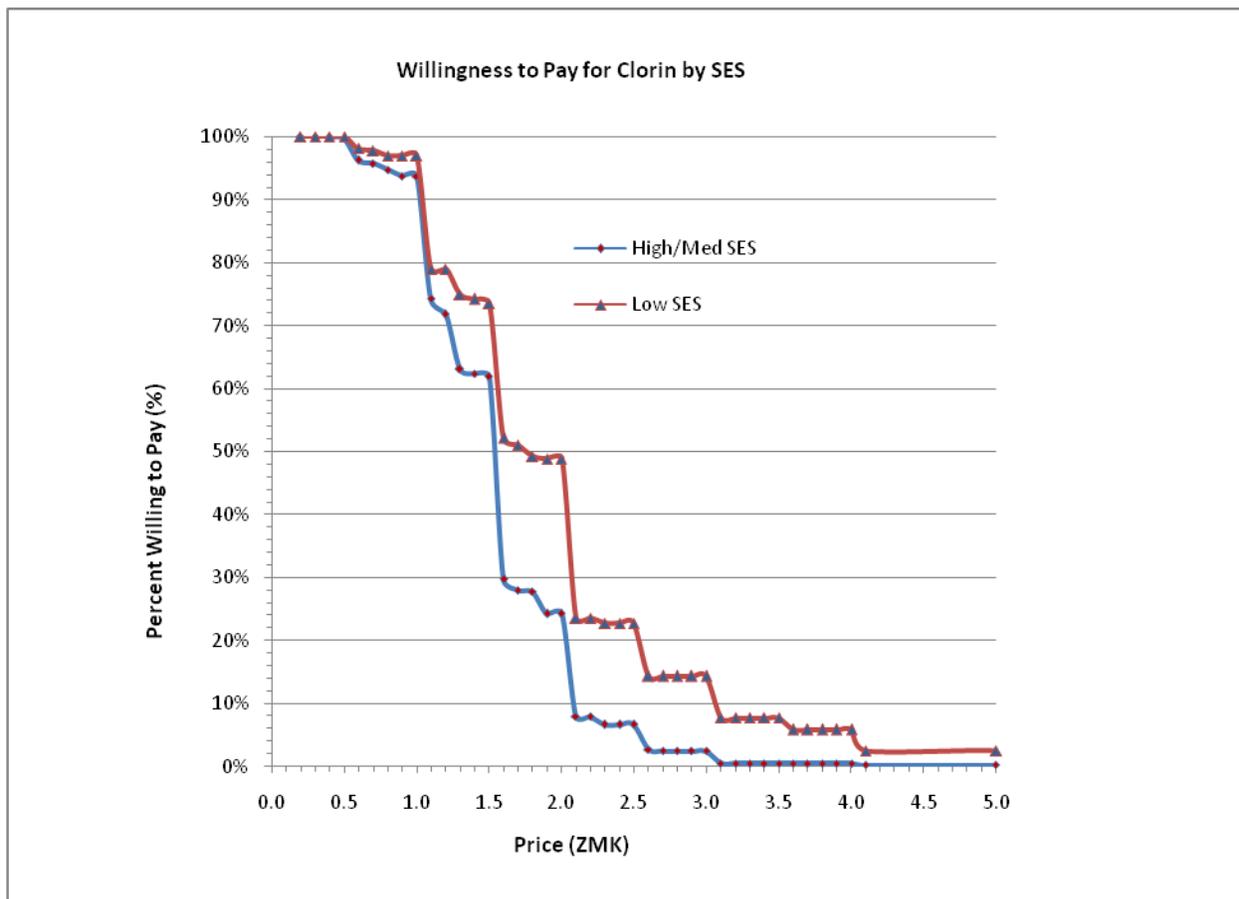
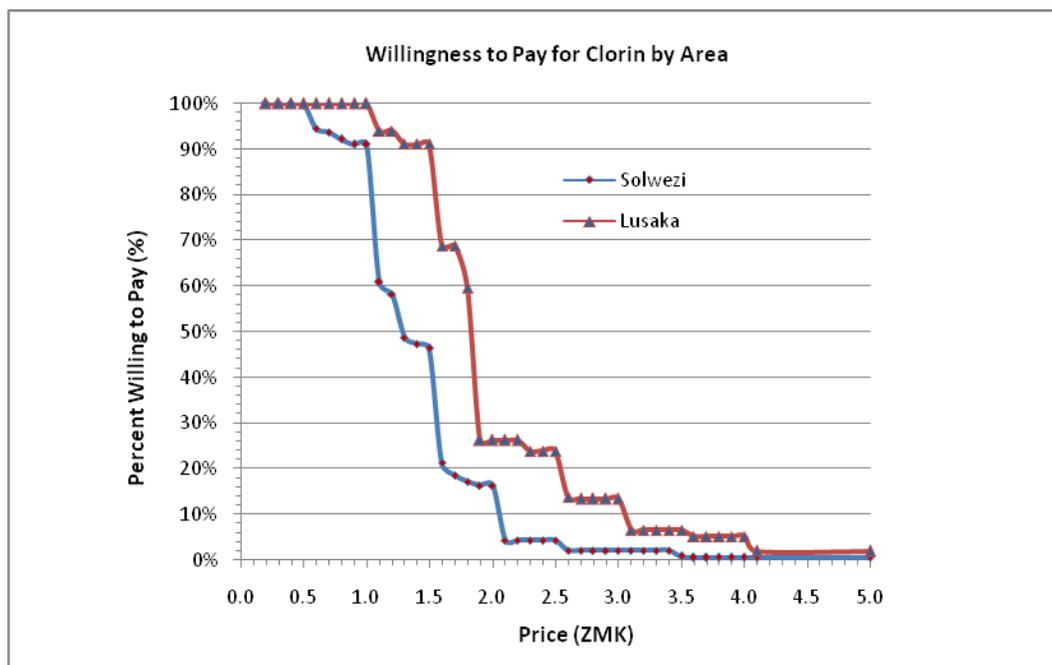


Figure 3 presents the demand curve of willingness to pay for Clorin stratified by Solwezi and Lusaka. Lusaka respondents were overall willing to pay more for Clorin. In Solwezi, about 90 percent of respondents were still willing to pay for Clorin at 1.00 ZMK; this dropped sharply with only 60 percent of respondents willing

to pay 1.10ZMK. Another steep drop in willingness to pay occurred in Solwezi above 1.50 ZMK. For Lusaka, about 90 percent of consumers were still willing to pay for Clorin at 1.50 ZMK, this dropped to about 70 percent willing to pay 1.70 ZMK (compared to about 20 percent in Solwezi), and about 60 percent at 1.80 ZMK.

**Figure 3. Client Willingness to Pay by Income**



***Bivariate analysis and test of means: willingness to pay more than last price paid***

Table 5 presents bivariate analysis of characteristics associates with willingness to pay than the last price that was paid for Clorin. Having had a child under 5 sick with diarrhea in the past 3 months ( $p < 0.05$ ), being in a lower wealth bracket ( $p < 0.01$ ), having a choice in household spending ( $p < 0.001$ ), and living in Lusaka ( $p < 0.001$ ) were associated with willingness to pay more for Clorin. Female consumers in Lusaka have a significantly higher mean maximum price (2.00 ZMK) they are willing to pay, compared to female consumers in Solwezi (1.40 ZMK) ( $p < 0.0001$ , *data not shown*). Additionally, those in the lowest SES tertile have a significantly higher mean maximum price they are willing to pay (1.95 ZMK) compared to those in the middle or highest SES tertile (1.50 ZMK) ( $p < 0.0001$ , *data not shown*).

**Findings from Maximum Classic condom WTP Survey**

***Male respondent demographics***

The average price of Maximum Classic condoms at the time of the survey was 1.11 ZMK in Lusaka retail outlets and 0.84 ZMK in Chongwe retail outlets. Similar to Clorin, larger pharmacies and grocery stores occasionally sold Maximum Classic condoms for a slightly higher price [prices ranged from 0.50 – 2.00 ZMK]. Most Maximum Classic condoms retail outlets also carried a variety of other products related to either

health and hygiene or grocery store items like food, cleaning supplies, and other household items. Maximum Classic condoms were also sold in central open markets and in kiosk stalls.

Table 6 presents characteristics of male respondents. The majority of respondent were age 25 to 34 (51.0 percent in Lusaka and 53.1 percent in Chongwe) and self-identified as Nyanja (19.8 percent and 29.5 percent), Bemba (29.2 percent and 18.9 percent), or Tonga (14.0 percent and 14.3 percent), respectively. Most respondents were married (51.9 percent in Lusaka and 66.1 percent in Chongwe) and had at least some secondary school (62.1 percent in Lusaka and 65.5 percent in Chongwe). The median number of persons in each respondent's household was 4 (IQR: 5-8 in Lusaka; IQR: 3-6 in Chongwe); the median number of children in each household was 1 (IQR 0-2) in Lusaka and 2 (IQR1-3) in Chongwe.

### ***Knowledge and use of Maximum Classic condoms***

Table 7 presents data on male respondents' knowledge and use of Maximum Classic condoms. Most respondents heard about Maximum Classic condoms on the radio (76.1 percent and 89.9 percent), on television (79.8 percent and 74.6 percent), by poster (86.4 percent and 82.4 percent) or in shops (72.8 percent and 73.0 percent) in Lusaka and Chongwe, respectively. Almost half (49.0 percent) of respondents in Lusaka had also heard of Maximum Classic condoms through community based agents. About one third (28.1 percent) of men in Lusaka reported condom use during sex every time, compared to slightly more in Chongwe (38.9 percent); 43.4 percent of men in Lusaka and 22.3 percent of men in Chongwe reported occasional condom use. About one third (32.5 percent) of men in Lusaka and Chongwe (27.3 percent) reported using a condom in the past 1 month. The greatest proportion of men (62.8 percent in Lusaka and 69.9 percent in Chongwe) used condoms in the past 1-6 months. In Lusaka over the past year, about one third of men used only Maximum Classic (35.4 percent), while another third (30.9 percent) used Rough Rider condoms, and about one quarter used Maximum Scented (23.9 percent) or free government condoms (25.5 percent). In Chongwe over the past year, about one third used only Maximum Classic condoms (35.8 percent), while another third used free condoms (36.5 percent); the most commonly used brand was Maximum Scented condoms (43.5 percent). Those who did not use Maximum Classic condoms in the past 12 month most often reported it was because they did not like the smell (5/14) or because they were happier with another brand (4/14).

Most respondents reported they were very likely to use condoms in the next 3 months (63.8 percent in Lusaka and 54.7 percent in Solwezi); about one third reported being somewhat likely (23.1 percent in Lusaka or 36.0 percent in Chongwe). Almost all respondents (>90 percent in both Lusaka and Chongwe) used condoms for HIV and STI protection. Only about one third of respondents in Lusaka had someone else purchase Maximum Classic condoms for them in the past month (32.5 percent); in Chongwe, this was more common (62.3 percent). In Lusaka, about half of participants received Maximum Classic condoms for free (49.4 percent) in the past year, compared to only about one quarter (25.1 percent) in Chongwe. Almost all clients purchased Maximum Classic condoms at least once in the past year; in Lusaka the medium number of times a respondent purchased condoms was 5 (IQR:3-10) times compared to 8 times (IQR: 2-18) in Chongwe. A little over a third of respondents purchased Maximum Classic condoms in the past month (38.8 percent in Lusaka and 39.8 percent in Chongwe), while 36.7 percent of respondents in Lusaka and 52.9 percent of respondents in Chongwe purchased the Maximum Classic condoms in the past 1-3 months.

The majority of respondents purchased Maximum Classic condoms in a small pharmacies or shops (37.1 percent in Lusaka and 54.4 percent in Chongwe) and in grocery stores (39.7 percent and 36.7 percent, respectively). The median price respondents last paid for a pack of Maximum Classic condoms was 1.00ZMK in both Lusaka and Chongwe [IQR: 1.00-1.00 ZMK for both areas]. The median price clients were willing to pay for Maximum Classic condoms was slightly higher in both Lusaka (1.50 ZMK; IQR: 1.30-2.00 ZMK) and

Chongwe (1.53 ZMK; IQR: 1.50-2.00 ZMK). In Lusaka, 21.0 percent of respondents were willing to pay the current price of Maximum Classic condoms or slightly more (1.00-1.40 ZMK); 37.9 percent were willing to pay between 1.50-1.90ZMK and 19.3 percent were willing to pay between 2.00-2.90 ZMK. In Chongwe, 15.3 percent were willing to pay the current price of Maximum Classic condoms or slightly more (1.00-1.40 ZMK); 39.1 percent were willing to pay between 1.50-1.90ZMK and 40.7 percent were willing to pay between 2.00-2.90 ZMK. If the price of Maximum Classic condoms increased beyond this price, most respondents said they would get free government condoms (34.7 percent in Lusaka and 47.9 percent in Chongwe). In Lusaka, 36.0 percent of respondents said they would shop for a lower price and in Chongwe 20.5 percent of respondents said they would stop using Maximum Classic condoms.

***Socio-demographics and willingness to pay by characteristic***

Figure 4 presents the overall demand curve for respondents’ willingness to pay in both Lusaka and Chongwe. The demand curve shows that respondent willingness to pay only drops about 20 percent between 1.00 ZMK and 1.50 ZMK. However, the most dramatic drop in willingness to pay for Maximum Classic condoms occurs after 1.50ZMK; at 1.60 ZMK willingness to pay dropped from 85 percent (at 1.50 ZMK) to 45 percent. Willingness to pay dropped steeply again over 2.00 ZMK.

**Figure 4: Male respondent willingness to pay for Maximum Classic condoms**

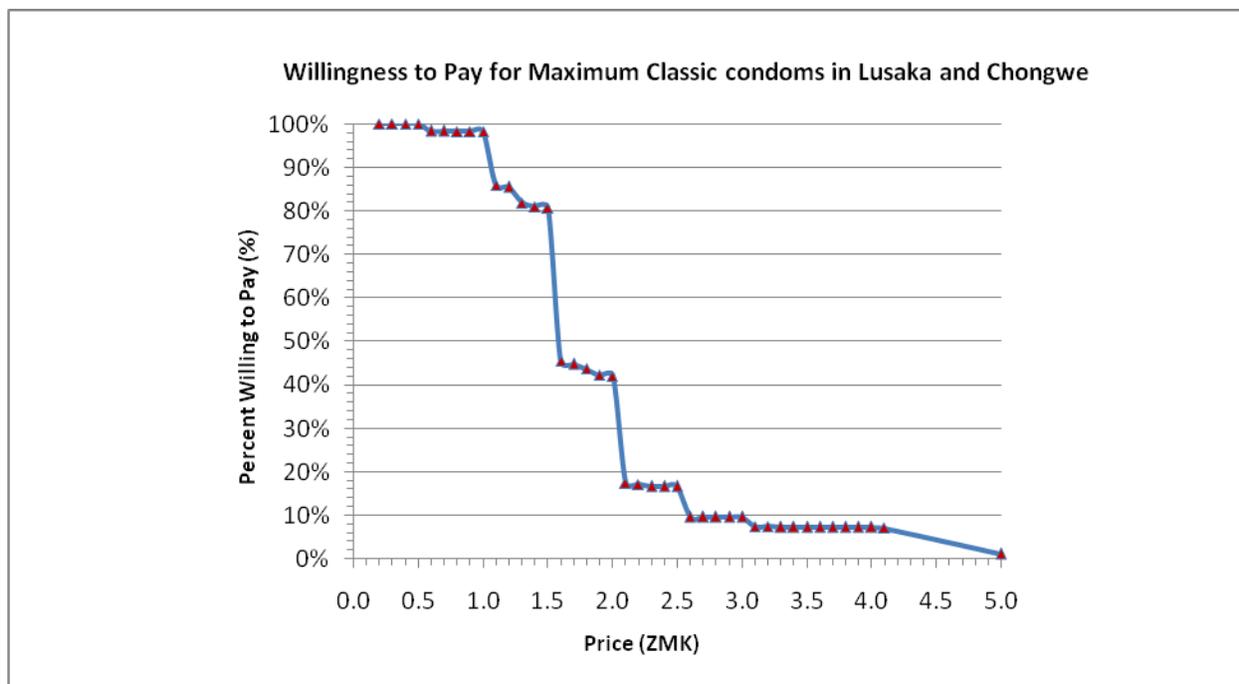


Table 8 presents socio-economic and household characteristics of male respondents. In Lusaka and Chongwe, the majority of respondent had electricity (85.9 percent and 61.4 percent), a radio (92.6 percent and 87.1 percent), a television (85.2 percent and 72.8 percent), mobile phone (85.6 percent and 89.4 percent), and a table, sofa, or bed (99.2 percent and 92.5 percent), respectively. About half also had a refrigerator (53.9 percent and 44.8 percent), and a VCR/DVD player (63.0 percent and 63.0 percent), respectively. A larger percentage of respondents in Chongwe owned a bicycle (60.9 percent) compared to those in Lusaka (27.2

percent). Wealth/SES tertiles were calculated based on the respondents' household items; scores were only based on respondents' relative wealth and are not comparable to the distribution in Zambia. In Lusaka, 44.6 percent of respondents were in the lowest SES tertile, compared to 37.1 percent of respondents in Chongwe. In Lusaka, about one third of respondents (34.2 percent) owned their own business, worked in the formal sector (16.5 percent), or worked as a day laborer (16.5 percent); in Chongwe about one third (31.4 percent) of respondents were shop keepers, owned their own business (17.6 percent), or worked in the formal sector (17.4 percent).

Figure 5 presents respondents willingness to pay for Maximum Classic condoms by SES. High/medium and lower SES respondents are fairly consistent in their price sensitivity to Maximum Classic condoms. About 80-85 percent of clients were still willing to pay 1.50 ZMK for the product. Respondents' willingness to pay drops steeply, down from around 80 percent to about 44 percent at 1.60 ZMK and drops again after 2.00 ZMK to less than 20 percent.

**Figure 5. Male respondent willingness to pay for Maximum Classic condoms by SES**

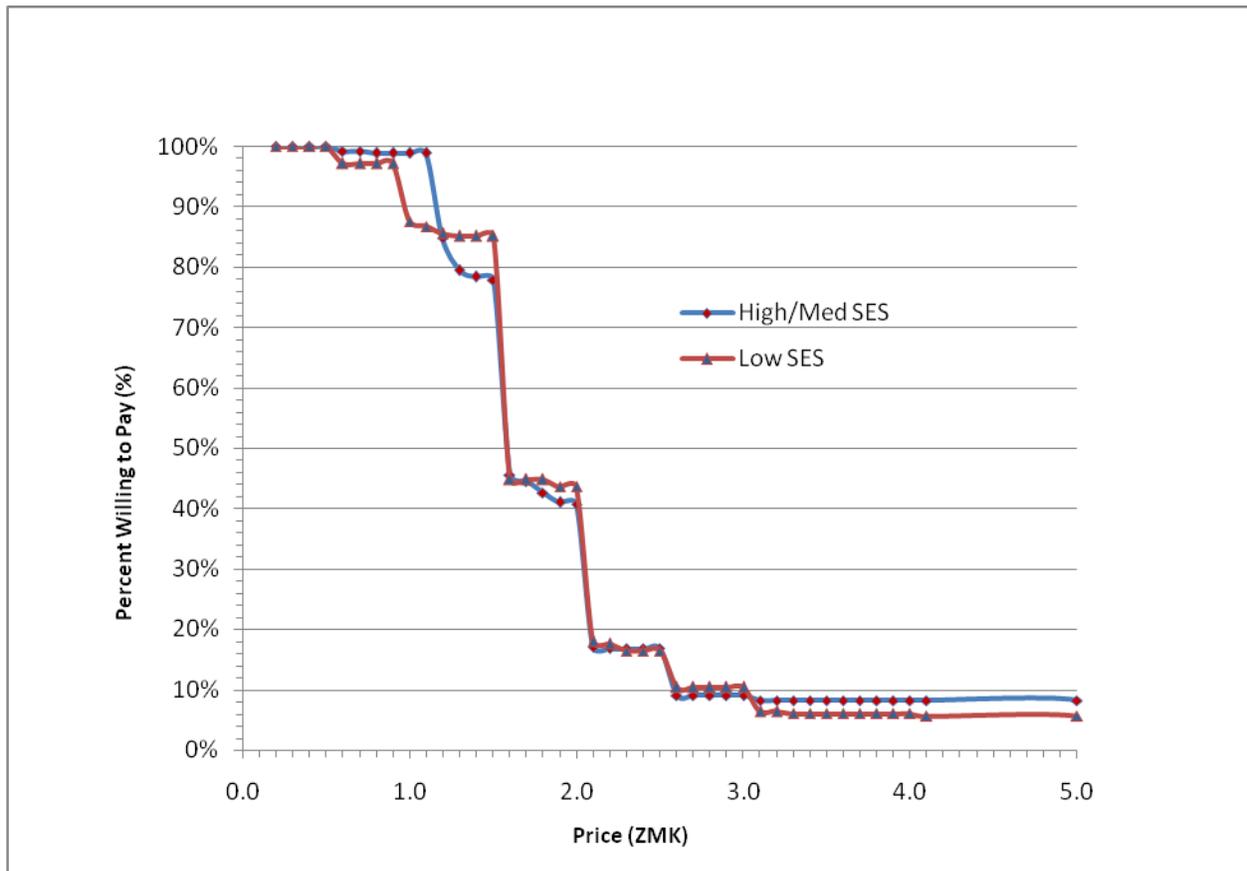
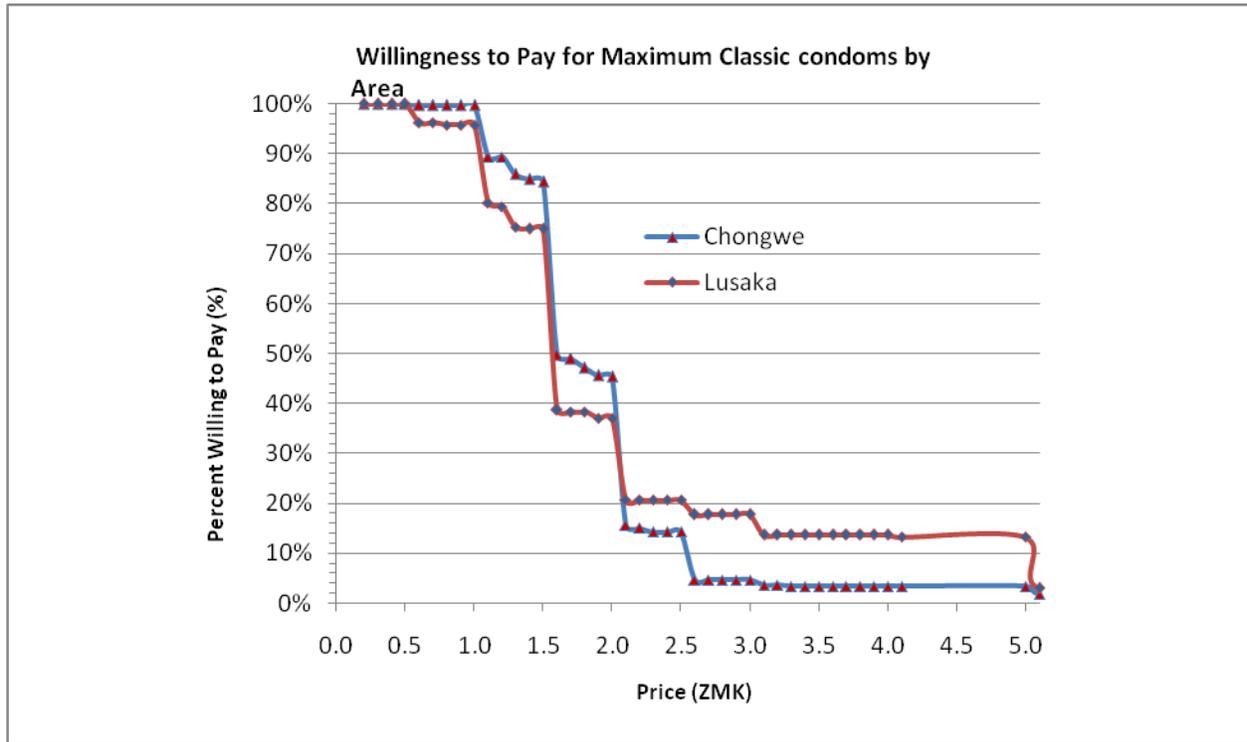


Figure 6 presents the demand curve of willingness to pay for Maximum Classic condoms stratified by areas, Lusaka and Chongwe. Chongwe respondents were overall willing to pay slightly more for Maximum Classic condoms. In Chongwe, about 85 percent of respondents were still willing to pay for Maximum Classic condoms at 1.50 ZMK; this dropped sharply with only 50 percent of respondents willing to pay 1.60 ZMK

and only about 15 percent respondents being willing to pay above 2.00 ZMK. For Lusaka, about 80 percent of consumers were still willing to pay for Maximum Classic condoms at 1.10 ZMK; this dropped to about 75 percent willing to pay 1.50 ZMK, and dropped steeply to 40 percent at 1.60 ZMK.

**Figure 6. Male respondent willingness to pay for Maximum Classic condoms by area**



***Bivariate analysis and test of means: outcome of willingness to pay more than last price paid***

Table 9 presents bivariate analysis of characteristics associates with willingness to pay more than the last price that was paid for Maximum Classic condoms. Being older ( $p < 0.05$ ), having a greater number of household members ( $p < 0.001$ ) or children ( $p < 0.01$ ), and living in Chongwe ( $p > 0.001$ ) were associated with willingness to pay more for Maximum Classic condoms. There is no significant difference in the mean maximum price clients are willing to pay for Maximum Classic condoms in Lusaka (2.40 ZMK) and Chongwe (2.10 ZMK) (*data not shown*). Additionally, there is no significant difference in the mean maximum price male respondents are willing to pay in the lower SES tertile (2.20 ZMK) compared to those in the middle or highest SES tertile (2.30 ZMK) (*data not shown*).

## Key Findings and Recommendations

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### Clorin

Female heads of household were young, generally between the ages of 25-34, married, and had some or completed secondary school. Households in both Solwezi and Lusaka were fairly large (median of 6 people in Solwezi and 5 in Lusaka) with only a few children (median of 2 in both areas), and a median of 1 child under the age of 5 in the household. Children under 5 in Solwezi experienced a notably higher proportion (71.7 percent) of diarrheal disease among children 5 years and younger, compared to Lusaka (26.9 percent), which indicates a greater need for water treatment in Solwezi. The survey in Solwezi took place in August, while the survey in Lusaka took place in June and July. This time period is considered the dry season (rainy season in Zambia occurs from November to April), which does not present greater risk for diarrheal disease.

Product knowledge was high with most respondents having heard of Clorin through multiple media channels and community based agents. Most respondents also knew to use Clorin either during every season, or specifically during the warm-wet season. While almost all respondents used Clorin in the last year, many respondents were not recent users of Clorin with only about half using the product in the past month. However, a large proportion reported their household water was currently treated with Clorin. It is possible that respondents' household water is treated with Clorin and they are not using this treated water, but these conflicting responses are more likely due to a misunderstanding of this question or there was response bias.

The majority of respondents seemed to feel that Clorin effectively improved the health of their family. Some respondents received free Clorin in the past year; this seemed slightly more common in Solwezi where respondents received a median of 2 free Clorin bottles (versus 1 in Lusaka) in the past 12 months. Over 80 percent of respondents in both areas also bought or purchased Clorin in the past year; however, Solwezi respondents purchased Clorin more frequently (56.9 percent purchased it 5-9 times), compared to those in Lusaka (62.4 percent purchased 1-4 times). Respondents in Solwezi also generally purchased the product at more informal locations, such as kiosks, compared to Lusaka respondents; this is likely because larger grocery stores are simply not available in Chongwe.

The price of last purchase for Clorin was consistent in both areas (1.00 ZMK); however, even though consumers in Solwezi were more frequent purchasers of Clorin, consumers in Lusaka were willing to pay much more, with the median maximum price in Solwezi at 1.20 ZMK compared to 2.00 ZMK in Lusaka. Lusaka respondents' willingness to pay more is apparent in the demand curves, where the curve for Solwezi is visibly below that of Lusaka (Figure 3). Solwezi's demand drops dramatically above the price point of 1.00 ZMK, while in Lusaka demand doesn't drop until price increases is above 1.50ZMK. While this is only a difference of 0.50 ZMK, at 1.50 ZMK in Solwezi, demand drops below 50 percent. When both cities are combined (Figure 1), a price increase to 1.20 ZMK still appeals to 70-80 percent of consumers regardless of SES (Figure 2). Lower SES clients are actually willing to pay a bit more for Clorin, which may be because they live in areas with a higher incidence of diarrheal disease. Almost 75 percent of lower SES respondents are willing to pay 1.50 ZMK for Clorin.

In Solwezi, female respondents had far less choice about where the household money was spent compared to Lusaka; 46.4 percent said their husbands were the main decision makers in the household compared to 8.9 percent in Lusaka. Having a choice in household spending was highly associated with willingness to pay more for Clorin in bivariate analysis ( $P<0.001$ ). Not having a child under 5 who had been sick with diarrhea in the past 3 months was also associated with a willingness to pay more, but this is probably confounded by living in Lusaka, which was also associated with willingness to pay more for Clorin ( $P<0.001$ ).

## ***Recommendation***

Those in the lowest tier SES are most price sensitive at 1.50 ZMK, thus the price of Clorin should not be raised over this amount. The price of 1.50 ZMK will still lose some consumers who are in the higher wealth tertile and also those in Solwezi, who are less willing to pay more for Clorin overall.

## **Condoms**

Male respondents in Lusaka and Chongwe were mostly between ages 18 and 34, with a little over half being married, and most having some or completed secondary school. Respondents' households were not very large, with a median of 4 people. Chongwe had a slightly higher median number of children in each household (2) compared with Lusaka (1).

Product knowledge was high among respondents; most had heard of Maximum Classic condoms through multiple media channels and community-based agents. In addition, virtually all respondents reported using condoms for protection from HIV, STIs, and pregnancy; which demonstrates understanding for condom use as a prevention tool. In Lusaka, male respondents reported less frequent consistent condom use compared to Chongwe; in Chongwe 38.9 percent of respondents reported consistent condom use, compared to 28.1 percent in Lusaka. While almost all respondents used Maximum Classic condoms in the last year, many respondents were not recent or regular users of the product as the majority in both areas used Maximum Classic condoms between 1 and 6 months ago. However, respondents seemed to represent the potential market for the product as most felt they were very likely or at least somewhat likely to use condoms in the next three months.

Respondents in Chongwe purchased Maximum Classic condoms more frequently compared to those in Lusaka (8 versus 5). Respondents in Chongwe also received Maximum Classic condoms for free with slightly more frequency than respondents in Lusaka (3 times versus 2); this might have familiarized Chongwe respondents with the product and promoted brand preference for Maximum Classic condoms, which would explain why they purchased the brand more frequently. Few competing brands might also reach the rural areas.

In Chongwe and Lusaka, respondents were consistent in their willingness to pay a higher median price of about 1.50 ZMK (from the last median price paid of 1.00 ZMK). The overall distribution of willingness to pay prices in Chongwe was tighter than Lusaka, with the majority of respondents being willing to pay between 1.50 ZMK and 2.90 ZMK. As noted, respondents in Chongwe purchase Maximum Classic condoms more frequently and were also more frequent condom users, and this tighter distribution of maximum prices may result from familiarity with or preference for the product. As seen with the demand curve, consumers were most sensitive to price increases at price points above 1.50 ZMK and above 2.00 ZMK (Figure 4). Price sensitivity to Maximum Classic condoms did not differ between higher and lower SES groups (Figure 5) and those in Chongwe were willing to pay more than those in Lusaka, but only if the price stayed below 2.00 ZMK (Figure 6).

In bivariate analysis, living in Chongwe was significantly associated ( $p < 0.01$ ) with willingness to pay a higher price for Maximum Classic condoms, while age and income were not. Interestingly, respondents' likeliness to purchase condoms in the next 3 months was not associated with the outcome of willingness to pay more. Having children and more household members was a predictor of willingness to pay more; this may be useful for program managers trying to promote condoms for contraception in addition to HIV prevention.

### ***Recommendation***

Overall, respondents in both areas were most price-sensitive above 1.50ZMK; and above this price retailers will lose a substantial amount of consumers in both Lusaka and Chongwe. SES really had no impact on willingness to pay for condoms. Because there are other brand names and free government condoms on the market, a higher price increases the amount Maximum Classic condoms would have to compete with similarly priced specialty brands like Rough Rider that target an upscale market. This is not the case for a product like Clorin, which is the only water treatment product distributed in Zambia.

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## Appendices (tables 2-9)

**Table 2. Characteristics of female interview respondents for Clorin WTP survey**

<i>Characteristics</i>	<i>Women (age 18-49)</i>		
	<i>Solwezi (n=371)</i>	<i>Lusaka (n=305)</i>	<i>Total (n=676)</i>
	<i>% (n)</i>	<i>% (n)</i>	<i>% (n)</i>
<b>Median Age</b>	30 (IQR: 26-36)	31 (IQR: 27-37)	30 (IQR:26-37)
<b>Age (yrs)</b>			
18-24	20.2 (75)	13.8 (42)	17.3 (117)
25-34	46.4 (172)	50.8 (155)	48.4 (327)
35-39	17.0 (63)	17.4 (53)	17.2 (116)
40-49	16.4 (61)	18.0 (55)	17.2 (116)
<b>Ethnic Background</b>			
Nyanja	-	15.1 (46)	6.8 (46)
Kaonda	38.5 (143)	-	21.2 (143)
Bemba	23.5 (87)	28.2 (86)	25.6 (1783)
Tonga	-	17.4 (53)	7.8 (53)
Luvale	14.0 (52)	-	7.7 (52)
Lunda	13.8 (51)	5.3 (16)	9.9 (67)
Mambwe	-	6.2 (19)	2.8 (19)
Lozi/Barotse	-	11.2 (34)	5.0 (34)
Other (<5% each)	10.2 (38)	16.7 (51)	13.2 (89)
<b>Education</b>			
No school	2.4 (9)	3.3 (10)	2.8 (19)
≤ Primary	17.8 (66)	17.7 (54)	17.8 (120)
≤ Secondary	52.6 (195)	55.4 (169)	53.9(364)
Tertiary or higher level	27.2 (101)	23.6 (72)	25.6 (173)
<b>Marital status</b>			
Married	79.5 (295)	69.5 (212)	75.0 (507)
Not married and living w/ partner	3.8 (14)	4.9 (15)	4.3 (29)
Not married and not living w/ partner	8.9 (33)	15.1 (46)	11.7 (79)
Widowed, Separated, Divorced	7.8 (29)	10.5 (32)	9.0 (61)
<b>No. Persons in Household (Median)</b>	6 (IQR: 5-8)	5 (IQR: 4-6)	6 (IQR:4-7)
2-4	22.4 (83)	37.1 (113)	30.0 (196)
5-7	46.4 (172)	50.8 (155)	48.4 (327)
8+	31.3 (116)	12.1 (37)	22.6 (153)
<b>No. Children in Household (Median)</b>	2 (IQR: 2-4)	2 (IQR: 1-3)	2 (IQR:2-3)
1-2	50.7 (188)	57.1 (174)	53.6 (362)
3-4	34.0 (126)	37.7 (115)	35.7 (241)
5+	15.4 (57)	5.3 (16)	10.8 (73)
<b>No. Children &lt; 5 yrs in Household (Median)</b>	1 (IQR: 1-2)	1 (IQR: 1-2)	1 (IQR: 1-2)
1	56.3 (209)	66.2 (202)	60.8 (411)
2	31.0 (115)	30.2 (92)	30.6 (207)
3+	12.7 (47)	3.6 (11)	8.6 (58)
<b>Children &lt;5 years old have been sick with diarrhea in past 3 months</b>			
Yes	71.7 (266)	26.9 (82)	51.5 (348)
No	28.3 (105)	73.1 (223)	48.5 (328)

**Table 3. Respondent knowledge and use of Clorin**

<i>Characteristics</i>	<i>Solwezi (n=371)</i>	<i>Lusaka (n=305)</i>	<i>Total (n=676)</i>
	% (n)		% (n)
<b>Seen / heard about Clorin</b>	<b>(n=371)</b>	<b>(n=305)</b>	<b>(n=676)</b>
Radio	83.0 (308)	71.2 (217)	77.7 (525)
Television	75.0 (278)	88.5 (271)	81.2 (549)
Shops	61.7 (229)	61.6 (188)	61.7 (417)
Leaflets	31.3 (116)	46.9 (143)	38.3 (259)
Poster	67.1 (249)	88.9 (271)	76.9 (520)
Community-based agent	38.3 (142)	58.4 (178)	47.3 (320)
Somewhere else	12.7 (47)	26.9 (82)	19.1 (129)
<b>Knows to use Clorin in warm-wet season</b>			
Cold/hot Dry	7.3 (27)	7.9 (24)	7.5 (51)
Warm-wet	65.2 (242)	43.9 (134)	55.6 (376)
All seasons the same	26.4 (98)	47.2 (144)	35.8 (242)
Do not know	1.2 (4)	1.0 (3)	1.0 (7)
<b>Used Clorin in past 12 months</b>			
Yes	96.8 (359)	97.7 (298)	97.2 (657)
No	3.23 (12)	2.3 (7)	2.8 (19)
<b>Time since Clorin use in past 12 months</b>	<b>(n=359)</b>	<b>(n=298)</b>	<b>(n=657)</b>
Use in past month	39.3 (141)	43.0 (128)	40.9 (269)
Use 1-6 months ago	57.1 (205)	45.0 (134)	51.6 (339)
Use 6-12 months ago	3.6 (13)	12.1 (36)	7.5 (49)
<b>Household water currently treated with Clorin</b>	<b>(n=359)</b>	<b>(n=298)</b>	<b>(n=657)</b>
Yes	83.0 (298)	71.5 (213)	77.8 (511)
No	15.9 (57)	16.8 (50)	16.3 (107)
Don't know	1.1 (4)	11.7 (35)	5.9 (39)
<b>Uses for Clorin in past 12 months</b>	<b>(n=359)</b>	<b>(n=298)</b>	<b>(n=657)</b>
Treating water	99.4 (357)	93.6 (279)	96.8 (636)
Washing dishes	15.9 (57)	30.5 (91)	22.5 (148)
General Cleaning (laundry and household)	21.1 (76)	67.8 (105)	18.9 (68)
<b>Clorin has improved family health</b>	<b>(n=359)</b>	<b>(n=299)</b>	<b>(n=658)</b>
Yes	90.5 (325)	86.6 (259)	88.8 (584)
No	4.7 (17)	2.0 (6)	3.5 (23)
Don't know	4.7 (17)	11.4 (34)	7.8 (51)
<b>Reasons for not using Clorin in past 12 months</b>	<b>(n=13)</b>	<b>(n=7)</b>	<b>(n=20)</b>
Bad smell	30.8 (4)	14.3 (1)	25.0 (5)
Bad taste	23.1 (3)	-	15.0 (3)
Can't afford Clorin	23.1 (3)	57.1 (4)	35.0 (7)
Drinking water is safe	23.1 (3)	-	15.0 (3)
Don't know much about Clorin		28.6 (2)	10.0 (2)
<b>Someone else purchased Clorin for house in past 12 months</b>	<b>(n=371)</b>	<b>(n=305)</b>	<b>(n=676)</b>

Yes	23.7 (88)	16.4 (50)	20.4 (138)
No	76.3 (283)	83.6 (255)	79.6 (538)
<b>Person who purchased Clorin lives with respondent</b>	<b>(n=90)</b>	<b>(n=57)</b>	<b>(n=145)</b>
Yes	64.4 (58)	70.9 (39)	66.9 (97)
No	35.6 (32)	29.1 (16)	33.1 (48)
<b>No. of times other person purchased Clorin in past 12 months</b>	2 (IQR: 1-2)	2 (IQR: 1-3)	2 (IQR: 1-3)
	<b>(n=88)</b>	<b>(n=49)</b>	<b>(n=137)</b>
1-2 times	76.1 (67)	67.4 (33)	73.0 (100)
3-5 times	12.5 (11)	26.5 (13)	17.5 (24)
6+ times	11.4 (10)	6.1 (3)	9.5 (13)
<b>Received Clorin for free in past 12 months</b>	<b>(n=371)</b>	<b>(n=305)</b>	<b>(n=676)</b>
Yes	44.2 (164)	31.2 (95)	38.3 (259)
No	55.8 (207)	68.9 (210)	61.7 (417)
<b>No. of times you received Clorin for free</b>	2 (IQR: 1-2)	1 (IQR: 1-2)	2 (IQR:1-2)
	<b>(n=164)</b>	<b>(n=94)</b>	<b>(n=258)</b>
1-2 times	76.2 (125)	88.3 (83)	80.6 (208)
3-5 times	21.3 (35)	11.7 (11)	17.8 (46)
6+ times	32.4 (4)	-	1.6 (4)
<b>Purchased Clorin in past 12 months</b>			
Yes	87.6 (325)	97.4 (297)	92.0 (622)
No	12.4 (46)	2.6 (8)	8.0 (54)
<b>No. of times client purchased Clorin in past 12 mo</b>	6 (IQR: 5-9)	4 (IQR 2-6)	5 (IQR:3-8)
	<b>(n=325)</b>	<b>(n=297)</b>	<b>(n=612)</b>
1-4 times	20.3 (66)	62.4 (179)	40.0 (245)
5-9 times	56.9 (185)	27.5 (79)	43.1 (264)
10+ times	22.7 (74)	10.1 (29)	16.8 (103)
<b>Place Clorin is usually purchased</b>	<b>(n=325)</b>	<b>(n=297)</b>	<b>(n=622)</b>
Large pharmacy	5.5 (18)	5.4 (16)	5.5 (34)
Small pharmacy/shop	16.6 (54)	48.5 (144)	31.8 (198)
Kiosk	31.1 (101)	14.1 (42)	23.0 (143)
Health center	2.5 (8)	2.7 (8)	2.6 (16)
Grocery store	44.3 (144)	29.3 (87)	37.1 (231)
<b>Price (ZMK) client paid for last bottle of Clorin (rebased)</b>	1.0 (IQR: 1.0-1.5)	1.0 (IQR:1-1.5)	1.0 (IQR:1-1.5)
	Mean =1.3	Mean =1.4	Mean =1.4
	<b>(n=325)</b>	<b>(n=305)</b>	<b>(n=630)</b>
0.5-0.9	2.2 (7)	9.2 (28)	5.6 (35)
1.0-1.4	70.2 (228)	48.5 (148)	59.7 (376)
1.5-2.0	8.9 (29)	31.2 (95)	19.7 (124)
2.1-3.0	10.2 (33)	7.9 (24)	9.1 (57)
3.0+	8.6 (28)	3.3 (10)	6.0 (38)

<b>Maximum price clients are willing to pay for Clorin (rebased)</b>	<b>1.2 (IQR:1.0-1.5) Mean=1.4</b>	<b>2.0 (IQR1.5-2.2) Mean=2.0</b>	<b>1.5 (IQR:1.1-2.0) Mean=1.7</b>
	<b>(n=371)</b>	<b>(n=305)</b>	<b>(n=676)</b>
250-900 (.25- .9)	8.9 (33)	0	4.9 (33)
1000-1400 (1.0-1.4)	44.7 (166)	8.9 (27)	28.6 (193)
1500-1900 (1.5-1.9)	29.9 (111)	35.4 (108)	32.4 (219)
2000 – 2900 (2.0-2.9)	14.3 (53)	42.3 (129)	26.9 (182)
3000+ (3.0+)	2.2 (8)	13.4 (41)	7.3 (49)
<b>Response if price too high</b>	<b>(n=371)</b>	<b>(n=305)</b>	<b>(n=676)</b>
Stop using Clorin	29.9 (111)	12.5 (38)	22.0 (149)
Get free Clorin from govt/MOH	18.9 (70)	43.9 (134)	30.2 (204)
Shop for a better price	26.2 (97)	20.0 (61)	23.4 (158)
Only use Clorin when family member is sick	3.8 (14)	2.6 (8)	3.3 (22)
Only use Clorin in rainy season	11.6 (43)	6.2 (19)	9.2 (62)
Use smaller amount of Clorin	4.9 (18)	10.8 (33)	7.5 (51)
Other	4.9 (18)	3.9 (12)	4.4 (30)

**Table 4. SES and household characteristics of respondents**

<i>Characteristics</i>	<i>Solwezi (n=371)</i>	<i>Lusaka (n=305)</i>	<i>Total (n=676)</i>
	% (n)	% (n)	% (n)
<b>Main Source of drinking water</b>			
Piped into dwelling	18.6 (69)	22.0 (67)	20.1 (136)
Piped into yard/plot	11.9 (44)	25.3 (77)	17.9 (121)
Communal tap	50.1 (186)	39.7 (121)	45.4 (307)
Open well/spring in yard/plot	2.2 (8)	0.7 (2)	1.5 (10)
Open public well	7.6 (28)	0.7 (2)	4.4 (30)
Protected well/borehole in yard/plot	3.0 (11)	3.9 (12)	3.4 (23)
Protected public well	2.4 (9)	1.3 (4)	1.9 (13)
Borehole in yard/plot	0.5 (2)	2.6 (8)	1.5 (10)
Public borehole	1.6 (6)	3.3 (10)	2.4 (16)
Spring	1.4 (5)	.3 (1)	0.9 (6)
River/stream	0.8 (3)	.3 (1)	0.4 (3)
<b>Treats water at home</b>			
Yes	97.3 (361)	90.2 (275)	94.1 (636)
No	2.7 (10)	9.8 (30)	5.9 (40)
<b>Method of water treatment</b>	<b>(n=361)</b>	<b>(n=275)</b>	<b>(n=636)</b>
Boil water	79.0 (285)	56.0 (154)	69.0 (439)
Add Chlorin	94.7 (342)	89.5 (246)	92.5 (588)
Use bleach/chlorine (ex Jix)	0	2.2 (6)	0.9 (6)
Use water filter	0.3 (1)	1.8 (5)	0.9 (6)
Use solar disinfection	0.3 (1)	1.5 (4)	0.8 (5)
Let water stand and settle	2.5 (9)	12.4 (34)	6.8 (43)
<b>Type of toilet</b>	<b>(n=371)</b>	<b>(n=305)</b>	<b>(n=676)</b>
Flushed to pipe sewer system	22.1 (88)	28.2 (86)	24.9 (168)
Flush to septic tank	7.01 (26)	7.2 (22)	7.1 (48)
Flush to pit latrine	4.0 (15)	3.3 (10)	3.7 (25)
Flush to somewhere else	0.5 (2)	0.3 (1)	0.4 (3)
Flush, don't know where	1.1 (4)	0.3 (1)	0.7 (5)
Ventilated/improved pit latrine	1.6 (6)	5.3 (16)	3.3 (22)
Pit latrine w/slab	36.9 (137)	41.3 (126)	38.9 (263)
Pit latrine without slab/open pit	10.8 (40)	10.8 (33)	10.8 (73)
Latrine	15.9 (59)	3.0 (9)	10.1 (68)
Other	-	0.3 (1)	0.2 (1)
<b>Wealth/SES tertile based on HH item variables (below)</b>	<b>(n=371)</b>	<b>(n=305)</b>	<b>(n=676)</b>
Lower	36.4 (135)	44.9 (137)	40.2 (272)
Medium	18.3 (68)	25.6 (78)	21.6 (146)
Higher	42.3 (168)	29.5 (90)	38.2 (258)
<b>Household items</b>	<b>(n=371)</b>	<b>(n=305)</b>	<b>(n=676)</b>
Electricity	72.8 (270)	92.5 (282)	81.7 (552)
Radio	76.8 (285)	87.2 (266)	81.5 (551)
Television	71.7 (266)	91.5 (279)	80.6 (545)
Mobile phone	93.0 (345)	92.8 (283)	92.9 (628)
Land phone	9.4 (35)	5.3 (16)	7.5 (51)
Refrigerator	48.8 (181)	53.8 (164)	51.0 (345)
Cassette player	15.9 (59)	12.1 (37)	14.2 (96)
Table, sofa, or bed	96.8 (359)	97.7 (298)	97.2 (657)

Cd/digital music player	28.3 (105)	29.2 (89)	28.7 (194)
VCR/DVD player	48.5 (180)	61.3 (187)	54.3 (367)
Flush toilet	31.8 (118)	36.7 (112)	34.0 (230)
Car/pick-up truck	17.5 (65)	18.4 (56)	17.9 (121)
Motorcycle	3.0 (11)	0.7 (2)	1.9 (13)
Bicycle	44.5 (165)	10.5 (32)	29.1 (197)
<b>Type of work</b>	<b>(n=371)</b>	<b>(n=305)</b>	<b>(n=676)</b>
Domestic work	17.6 (17)	9.8 (30)	7.0 (47)
Agriculture	10.2 (38)	3.0 (9)	7.0 (47)
Shop keeper	12.9 (48)	8.2 (25)	10.8 (73)
Own business	23.7 (88)	47.5 (145)	34.5 (233)
Formal sector	24.0 (89)	15.1 (46)	20.0 (135)
Day laborer	5.1 (19)	3.9 (12)	4.6 (31)
I do not work	18.3 (68)	10.8 (33)	14.9 (101)
Other	1.1 (4)	1.6 (5)	1.3 (9)
<b>Estimated HH monthly income (ZMK)</b>	<b>(n=371)</b>	<b>(n=305)</b>	<b>(n=676)</b>
0-500	37.2 (138)	32.1 (98)	34.9 (236)
501 – 1,200	28.8 (107)	28.9 (88)	28.9 (195)
1,201 – 2,000	18.9 (70)	15.1 (46)	17.2 (116)
2,000+	15.1 (56)	23.9 (73)	19.1 (129)
<b>HH member who makes decisions</b>	<b>(n=371)</b>	<b>(n=305)</b>	<b>(n=676)</b>
Respondent	25.1 (93)	49.2 (150)	36.0 (243)
Husband/partner	46.4 (172)	8.9 (27)	29.4 (199)
Respondent and husband/partner jointly	28.6 (106)	41.3 (126)	34.3 (232)
Other	0	0.7 (2)	0.3 (2)

**Table 5. Characteristics associated with willingness to pay more for Clorin**

<i>Characteristics</i>	<b>Willingness to Pay More</b>		
	<b>Yes</b>	<b>No</b>	<b>Total (n=629)</b>
	% (n)	% (n)	p-value
<b>Age</b>	<b>(n=164)</b>	<b>(n=512)</b>	
18-34	24.3 (108)	75.7 (336)	0.957
35-49	24.1 (56)	75.9 (176)	
<b>Education</b>			
No school	25.2 (35)	74.8 (104)	0.777
Secondary or higher	24.0 (129)	76.0 (408)	
<b>Marital status</b>			
Married/living as married	24.1 (129)	75.9 (407)	0.819
Not married	25.0 (35)	75.0 (105)	
<b>Number of HH members</b>			
2-4	26.5 (52)	73.5 (144)	0.379
5+	23.3 (112)	76.7 (368)	
<b>Children</b>			
1-2	24.3 (88)	75.7 (274)	0.975
3+	24.2 (76)	75.8 (238)	
<b>Children under 5</b>			
1	25.6 (105)	74.5 (306)	0.331
2+	22.3 (59)	77.7 (206)	
<b>Children under 5 had diarrhea in past 3 months</b>			
Yes	19.8 (69)	80.2 (279)	0.006*
No	29.0 (95)	71.0 (233)	
<b>SES</b>			
Lower	30.9 (84)	69.1 (188)	0.001*
Middle/Higher	19.8 (80)	80.2 (324)	
<b>Used Clorin in past 12 months</b>			
Yes	24.1 (158)	75.9 (499)	0.450
No	31.6 (6)	68.4 (13)	
<b>Believes Clorin improves family health</b>			
Yes	24.0 (140)	76.0 (444)	0.747
No	25.7 (19)	74.3 (55)	
<b>Respondent has choice in HH spending</b>			
Yes	28.0 (133)	72.0 (342)	P<0.001*
No	15.4 (31)	84.6 (170)	
<b>Area</b>			
Solwezi	18.3 (68)	81.7 (303)	P<0.001*
Lusaka	31.5 (96)	68.5 (209)	

\* Indicates significance at p&lt;0.005

Table 6. Characteristics of male interview respondents for Maximum Classic condoms WTP survey

Characteristics	Men (age 18-59)		
	Lusaka (n=243)	Chongwe (n=386)	Total (n=629)
	% (n)	% (n)	% (n)
<b>Median Age</b>	29 (IQR 25-36)	29 (IQR: 25-35)	
<b>Age (yrs)</b>			
18-24	20.2 (49)	21.5 (83)	21.0 (132)
25-34	51.0 (124)	53.1 (205)	52.3 (329)
35-39	12.8 (31)	17.6 (68)	15.7 (99)
40-49	16.1 (39)	7.8 (30)	11.0 (69)
<b>Ethnic Background</b>			
Nyanja	19.8 (48)	29.5 (114)	25.8 (162)
Bemba	29.2 (71)	18.9 (73)	22.9 (144)
Tonga	14.0 (34)	14.3 (55)	14.2 (89)
Lunda	5.8 (14)	8.6 (33)	7.5 (47)
Mambwe	7.0 (17)	4.4 (17)	5.4 (34)
Lozi/Barotse	9.1 (22)	7.0 (27)	7.8 (49)
Other (<5% each)	15.2 (37)	17.4 (67)	16.5 (104)
<b>Education</b>			
No school	2.5 (6)	0.3 (1)	1.1 (7)
≤ Primary	10.3 (25)	15.5 (60)	13.5 (85)
≤ Secondary	62.1 (61)	65.5 (253)	64.2 (404)
Tertiary or higher level	25.1 (61)	18.7 (72)	21.1 (133)
<b>Marital status</b>			
Married	51.9 (126)	66.1 (255)	60.6 (381)
Not married and living w/ partner	10.3 (25)	6.0 (23)	7.6 (48)
Not married and not living w/ partner	28.8 (70)	23.3 (90)	25.4 (160)
Widowed, Separated, Divorced	9.1 (22)	4.7 (18)	6.4 (40)
<b>No. Persons in Household (Median)</b>	4 (IQR: 3-6)	4.5 (IQR: 3-6)	
2-4	58.0 (141)	50.0 (193)	53.1 (334)
5-7	31.7 (77)	37.6 (145)	35.3 (222)
8+	10.3 (25)	12.4 (48)	11.6 (73)
<b>No. Children in Household (Median)</b>	1 (IQR: 0-2)	2 (IQR: 1-3)	
No children	32.5 (79)	12.2 (47)	20.0 (126)
1-2	46.5 (113)	56.2 (217)	52.5 (330)
3+	21.0 (51)	31.6 (47)	27.5 (173)

Table 7. Respondent knowledge and use of Maximum Classic condoms

Characteristics	Men (age 18-59)		
	Lusaka (n=243)	Chongwe (n=386)	Total (n=629)
	% (n)	% (n)	% (n)
<b>Seen / heard about Maximum Classic condoms</b>			
Radio	76.1 (185)	89.9 (347)	84.6 (532)
Television	79.8 (194)	74.6 (288)	76.6 (482)
Shops	72.8 (177)	73.0 (281)	72.9 (458)
Leaflets	66.3 (161)	67.6 (261)	67.1 (422)
Poster	86.4 (210)	82.4 (318)	83.9 (528)
Community-based agent	49.0 (119)	24.4 (94)	33.9 (213)
Somewhere else	9.9 (24)	2.1 (8)	5.1 (32)
<b>Use of condoms during sex</b>			
Every time	28.1 (68)	38.9 (150)	34.7 (218)
Most times	16.1 (39)	28.0 (108)	23.4 (147)
Sometimes	43.4 (105)	22.3 (86)	30.4 (191)
Seldom	12.4 (30)	10.9 (42)	11.5 (72)
<b>Used Maximum Classic condoms in past 12 months</b>			
Yes	96.3 (234)	99.7 (385)	98.4 (619)
No	3.7 (9)	0.3 (1)	1.6 (10)
<b>Time since Maximum Classic condom use in past 12 months</b>			
	<b>(n=234)</b>	<b>(n=385)</b>	<b>(n=619)</b>
Use in past month	32.5 (76)	27.3 (105)	29.2 (181)
Use 1-6 months ago	62.8 (147)	69.9 (269)	67.2 (416)
Use 6-12 months ago	4.7 (11)	2.9 (11)	3.6 (22)
<b>Used other brands of condoms in past 12 months (&gt;100%)</b>			
Only Maximum Classic	35.4 (86)	35.8 (138)	35.6 (224)
Maximum Scented	23.9 (58)	43.5 (168)	35.9 (226)
Rough Rider	30.9 (75)	5.4 (21)	15.3 (96)
Trust studded	4.1 (10)	1.3 (5)	2.4 (15)
Free condoms (hospital/clinic)	25.5 (62)	36.5 (141)	32.3 (203)
Other	3.3 (8)	1.8 (7)	2.4 (15)
<b>Reasons for not using Maximum Classic condoms in past 12 months</b>			
	<b>(n=9)</b>	<b>(n=5)</b>	<b>(n=14)</b>
Bad smell	33.3 (3)	40.0 (2)	35.7 (5)
Happier with other brand	33.3 (3)	20.0 (1)	28.6 (4)
Breakage	11.1 (1)	0	7.1 (1)
Free condoms	11.1 (1)	0	7.1 (1)
Want children		20.0 (1)	14.3 (2)
Other		20.0 (1)	7.1 (1)
<b>Likelihood to use condoms in next 3 months</b>			

Very Likely	63.8 (155)	54.7 (211)	58.2 (366)
Somewhat likely	23.1 (56)	36.0 (139)	31.0 (195)
Somewhat unlikely	7.4 (18)	6.5 (25)	6.8 (43)
Very Unlikely	5.4 (13)	2.9 (11)	3.8 (24)
Other	0.4 (1)	0	0.2 (1)
<b>Purpose for condom use past 12 months</b>			
HIV protection	93.0 (226)	99.5 (384)	97.0 (610)
STI protection	94.2 (228)	99.2 (381)	97.3 (609)
Prevent pregnancy	83.5 (203)	97.9 (378)	92.4 (581)
Other	0.8 (2)	3.6 (14)	2.5 (16)
<b>Someone else purchased Maximum Classic for respondent in past 12 months</b>			
Yes	32.5 (79)	62.3 (240)	50.8 (319)
No	67.5 (164)	37.7 (145)	49.2 (309)
<b>No. of times other person purchased Maximum Classic in past 12 months</b>	2 (IQR: 2-5)	2 (IQR: 2-5)	
<b>Received Maximum Classic for free in past 12 months</b>			
Yes	49.4 (120)	25.1 (97)	34.5 (217)
No	50.6 (123)	74.9 (289)	65.5 (412)
<b>No. of times you received Maximum Classic for free</b>	2 (IQR: 1.5-5)	3 (IQR: 2-9)	
<b>Purchased Maximum Classic in past 12 months</b>			
Yes	97.5 (237)	98.2 (379)	50.8 (319)
No	2.5 (6)	1.8 (7)	49.2 (309)
<b>No. of times client purchased Maximum Classic in past 12 months</b>	5 (IQR: 3-10)	8 (IQR 2-18)	
	<b>(n=237)</b>	<b>(n=379)</b>	<b>(n=616)</b>
1-10 times	80.2 (190)	59.6 (226)	67.5 (416)
11-20 times	13.5 (32)	21.4 (81)	18.3 (113)
21+ times	6.33 (15)	19.0 (72)	14.1 (87)
<b>Time since last purchased Maximum Classic</b>	<b>(n=237)</b>	<b>(n=329)</b>	<b>(n=566)</b>
Less than 1 month ago	38.8 (92)	39.8 (151)	39.5 (243)
1-3 months ago	36.7 (87)	52.8 (200)	46.6 (287)
4-6 months ago	19.4 (46)	5.3 (20)	10.7 (66)
7-12 months ago	5.1 (12)	2.1 (8)	3.25 (20)
<b>Place Maximum Classic is usually purchased</b>	<b>(n=237)</b>	<b>(n=329)</b>	<b>(n=566)</b>
Large pharmacy	4.6 (11)	4.5 (17)	4.6 (28)

Small pharmacy/shop	37.1 (88)	54.4 (206)	47.7 (294)
Kiosk	13.1 (31)	4.2 (16)	7.6 (47)
Health center	1.3 (3)	0	0.5 (3)
Grocery store	39.7 (94)	36.7 (139)	37.8 (233)
Other	4.2 (10)	0.3 (1)	1.8 (11)
<b>Price (ZMK) client paid for last pack of Maximum Classic (rebased)</b>	<b>1 (IQR: 1-1)</b>	<b>1 (IQR 1-1)</b>	
.25-.9	11.9 (29)	8.0 (31)	9.5 (60)
1-1.4	69.1 (168)	84.2 (325)	78.4 (493)
1.5-1.9	6.2 (15)	4.2 (16)	4.9 (31)
2.0-2.9	2.1 (5)	1.6 (6)	1.8 (11)
3.0+	10.7 (26)	2.1 (8)	5.4 (34)
<b>Maximum price clients are willing to pay for Maximum Classic (rebased)</b>	<b>1.5 (IQR: 1.3-2.0) Mean=2.44</b>	<b>1.53 (IQR1.5-2.0) Mean=2.11</b>	
.25-.9	4.1 (10)	0.3 (1)	1.8 (11)
1-1.4	21.0 (51)	15.3 (59)	17.5 (110)
1.5-1.9	37.9 (92)	39.1 (151)	38.6 (243)
2.0-2.9	19.3 (47)	40.7 (157)	32.4 (204)
3.0+	17.7 (43)	4.7 (18)	9.7 (61)
<b>Response if price too high</b>	<b>(n=242)</b>	<b>(n=386)</b>	<b>(n=628)</b>
Stop using Maximum Classic condoms	9.9 (24)	20.5 (79)	16.4 (103)
Get free condoms from govt/MOH	34.7 (84)	47.9 (185)	42.8 (269)
Shop for a better price	36.0 (87)	15.3 (59)	23.3 (146)
Switch condom brands	5.8 (14)	10.1 (39)	8.4 (53)
Use Maximum Classic condoms sparingly	10.7 (26)	4.9 (19)	7.2 (45)
Use condoms with risky partners	1.2 (3)	0.8 (3)	1.0 (6)
Other	1.7 (4)	0.5 (2)	1.0 (6)

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**Table 8. SES and household characteristics of male respondents**

<i>Characteristics</i>	<i>Lusaka (n=243)</i>	<i>Chongwe (n=386)</i>	<i>Total (n=629)</i>
	% (n)	% (n)	% (n)
<b>Relative SES of Respondents based on HH items variables below</b>	<b>(n=240)</b>	<b>(n=385)</b>	<b>(n=625)</b>
Lower	44.6 (107)	37.1 (143)	40.0 (250)
Medium	25.4 (61)	16.6 (64)	20.0 (125)
Higher	30.0 (72)	46.2 (178)	40.0 (250)
<b>Household items (n=371)</b>			
Electricity	85.9 (207)	61.4 (237)	70.8 (444)
Radio	92.6 (225)	87.1 (336)	89.2 (561)
Television	85.2 (207)	72.8 (281)	77.6 (488)
Mobile phone	85.6 (208)	89.4 (345)	87.9 (553)
Land phone	4.9 (12)	4.7 (18)	4.8 (30)
Refrigerator	53.9 (131)	44.8 (173)	48.3 (304)
Cassette player	38.7 (94)	60.6 (234)	52.2 (328)
Table, sofa, or bed	99.2 (241)	92.5 (357)	95.1 (598)
Cd/digital music player	57.0 (138)	27.2 (105)	38.7 (243)
VCR/DVD player	63.0 (153)	63.0 (243)	63.0 (396)
Flush toilet	25.1 (61)	29.6 (114)	27.9 (175)
Car/pick-up truck	21.4 (52)	18.1 (70)	19.4 (122)
Motorcycle	0.4 (1)	6.5 (25)	4.1 (26)
Bicycle	27.2 (66)	60.9 (235)	47.9 (301)
<b>Type of work</b>			
Domestic work	7.0 (17)	3.6 (14)	4.9 (31)
Agriculture	4.5 (11)	9.6 (37)	7.6 (48)
Shop keeper	12.4 (30)	31.4 (121)	24.0 (151)
Own business	34.2 (83)	17.6 (68)	17.0 (107)
Formal sector	16.5 (40)	17.4 (68)	17.0 (107)
Day laborer	16.5 (40)	12.7 (67)	14.2 (89)
I do not work	7.0 (17)	5.7 (22)	6.2 (39)
Other	2.1 (5)	2.1 (8)	2.1 (13)
<b>Estimated HH monthly income (ZMK)</b>	<b>(n=242)</b>	<b>(n=386)</b>	<b>(n=628)</b>
0-500	27.3 (66)	23.8 (92)	25.2 (158)
501- 1,200	34.3 (83)	38.1 (147)	36.6 (230)
1,201-2,000	18.6 (45)	17.4 (67)	17.8 (112)
Over 2,000	19.8 (48)	20.7 (80)	20.4 (128)

**Table 9. Characteristics associated with willingness to pay more for Maximum Classic condoms**

<i>Characteristics</i>	<i>Willingness to Pay More Total (n=629)</i>		
	<i>Yes</i>		<i>p-value</i>
	<i>% (n)</i>	<i>No</i>	
	<i>% (n)</i>	<i>% (n)</i>	
<b>Age</b>	<b>(n=249)</b>	<b>(n=380)</b>	
18-34	37.1 (171)	62.9 (290)	0.034*
35-49	46.4 (78)	53.6 (90)	
<b>Education</b>			
No school	35.9 (33)	64.1 (59)	0.430
Secondary or higher	40.2 (216)	59.8 (321)	
<b>Marital status</b>			
Married/living as married	38.9 (167)	61.1 (262)	0.621
Not married	41.0 (82)	59.0 (118)	
<b>Number of HH members</b>			
2-4	32.0 (107)	68.0 (227)	P<.001*
5+	48.1 (142)	51.9 (153)	
<b>Children</b>			
No	26.2 (33)	73.8 (93)	0.001*
Yes	42.9 (216)	57.1 (287)	
<b>Likely to use condoms in next 3 months</b>			
Likely	39.8 (223)	60.3 (338)	0.809
Not likely	38.2 (26)	61.8 (42)	
<b>SES</b>			
Lower	38.8 (97)	61.2 (153)	0.764
Middle/Higher	40.0 (150)	60.0 (225)	
<b>Income</b>			
Lower/Middle	38.7 (150)	61.3 (238)	0.519
Middle/Higher	41.3 (99)	58.8 (141)	
<b>Area</b>			
Lusaka	31.7 (77)	68.3 (166)	0.001*
Chongwe	44.6 (172)	55.4 (214)	

\* Indicates significance at p&lt;0.005