



A guide to effective policy implementation for social and economic well-being.

# **Condom demand in Botswana**

## ***1995 consumer intercept study***

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## TABLE OF CONTENTS

Table of Contents .....	i
List of Tables .....	iii
<b>Chapter One</b>	
Introduction .....	1
Executive Summary .....	2
Abstract of the study .....	5
<b>Chapter Two</b>	
Specific Findings .....	7
I Qualitative .....	7
Condom Access .....	8
Condom Usage .....	13
Brand Awareness .....	16
Condom Availability .....	17
Favourite Brand .....	19
II Quantitative .....	25
Model Specification .....	25
Hypothesis Testing .....	25
<b>Chapter Three</b>	
Recommendations .....	28
Conclusions .....	31
Bibliography .....	32

## Appendix A

Problem Statement .....	34
I.    Questions Addressed .....	34
II.   Economic Importance .....	34
III.  Economic Cost .....	35
IV.  Costs Specific to Botswana .....	36
Hypothesis .....	37
Empirical Methods .....	37
I.    Sampling Procedure .....	37
II.   Data Collection .....	37
III.  Sample Selection .....	38
IV.  Analysis .....	39

## Appendix B

Literature Review .....	40
-------------------------	----

## Appendix C

Regression Results .....	45
--------------------------	----

## Appendix D

Code Book .....	46
-----------------	----

## Appendix E

Questionnaire .....	68
---------------------	----

## LIST OF TABLES

Table 2.1	Mode of acquisition and purchase behaviour.
Table 2.2	Mode of acquisition and brands bought.
Table 2.3	Reasons for obtaining condoms free.
Table 2.4	Condom purchaser by gender.
Table 2.5	Quantities and brands obtained.
Table 2.6	Condom usage by demographic variables.
Table 2.7	Reasons for using condoms.
Table 2.8	Reasons for brand selection.
Table 2.9	Knowledge and use of various brands.
Table 2.10	Knowledge of condom outlets.
Table 2.11	Success in obtaining condoms.
Table 2.12	Exogenous problems encountered when obtaining condoms.
Table 2.13	Favourite brands by demographic variables.
Table 2.14	Perceived brand quality by demographic variables.
Table 2.15	Best alternative brands by demographic variables.
Table 2.16	Price changes by brand name.
Table 2.17	Outlet type by brand name.
Table 2.18	Brand Accessibility.
Table 2.19	Outlet types and favourite brands.
Table 2.20	Stock consistency in the neighbourhood.
Table 2.21	Sources of knowledge by demographic variable.

# CHAPTER ONE

## INTRODUCTION

This analysis seeks to study factors that affect the condom buying behaviour and therefore sexual practices of the sexually active population in Botswana. The government of this country has put a great deal of effort into preventing the spread of HIV. It is, however, important to realise that even though the fight against the virus is across the globe, approaches differ from country to country.

To prevent and perhaps stop the spread of HIV, we must understand the behaviour that puts individuals at risk. Understanding high risk groups entails speaking to people about their sexual behaviour. This is a challenging task since it deals with a very sensitive issue.

This investigation measures how individuals behave as a result of their awareness of the AIDS virus. More specifically it is concerned with the purchasing behaviour of an effective preventative device, the condom. The study measures the impact of the condom's price on purchasing behaviour, and measures how purchasing behaviour varies according to demographic characteristics.

Usually, individual practices vary according to gender, age, place of abode, education, marital status and income. Organisations wishing to assist in the prevention of AIDS should note these factors in order to provide services that match their clients' preferences.

PSI Botswana expects that this research will be useful and that it will generate discussion.

## EXECUTIVE SUMMARY

*A note on terminology: 'Consumers', 'respondents', 'those interviewed' and 'the sample' are synonymous and refer to people interviewed immediately after taking possession of condoms. 'Buyers' are consumers who paid money for condoms. 'Obtainers' are consumers who received condoms free of charge.*

### *Demographic Details*

- Forty six percent of consumers were female.
- The youngest consumer was 14 years old.
- The majority of consumers were 21-25 years old.
- Sixty percent of consumers were employed.
- Over 70 percent of the those interviewed had at least Junior Secondary education.
- The majority of consumers were married (67.3 percent).
- Gender and marital status are significantly related to the type of partner condoms are used with.
- Females favour *Lovers Plus* significantly more than males do.
- Married people and those with an education level above secondary show preference for *Lovers Plus*.

### *Condom Access*

- Sixty four percent of the respondents stated that they have been buying condoms continuously since their first time of purchase while 36 percent say they have been obtaining condoms free continuously since the first time they had obtained condoms.
- Even though most people were not able to estimate their monthly quantity purchase, forty seven percent of buyers had purchased between three and six condoms on the day of the interview.
- When the enumerators asked if they could see the packaging of the condoms just bought, over 55 percent of the respondents produced a *Lovers Plus* packet while 6 percent produced a *Durex* pack. Of those who had obtained free condoms 15.9 percent got *Durex* while 5 percent got *Lovers Plus*.
- Eighty percent of respondents who faced problems when consuming condoms said they were able to consume condoms irrespective of the problems faced.

### *Condom Usage*

- Three percent of consumers surveyed were first time buyers.
- Partner refusal was the most frequent reason stated for not using a condom.
- Eighty nine percent of consumers said they intend to use condoms always.
- Ninety six percent of consumers intended to use the condoms they had just bought, while the rest claimed that they had purchased condoms for friends.
- Forty percent of consumers said they would use the condoms they had just bought with their regular partner.
- Of all the people interviewed three said they would have sex with a commercial sex worker and that a condom would be used.
- Contraception was the most frequently stated reason for condom use. However, when asked to rank the reasons for use, the most important reason stated was "to prevent both AIDS & STDs"

### *Brand Awareness*

- Eight percent of consumers did not name *Lovers Plus* as a brand they knew. In the 1994 consumer intercept study this figure was 12 percent.
- Forty five percent of obtainers received *Durex* from clinics while 22 percent received *Sultan*.
- Forty four percent of consumers said that if all condoms were the same price, they would buy *Lovers Plus*, the next highest was *Durex* at 16 percent.
- Aside from price, sensitivity is the most frequently stated reason for selecting a particular brand. (Refer to question no 22 in the questionnaire.)
- Twenty four percent of the respondents who faced problems when consuming condoms said this was due to inconvenient selling hours. However when asked to rank the problems faced when consuming condoms, respondents cited expense as the biggest problem.

### *Favourite Brand*

- *Lovers Plus* was the favourite brand of 46 percent of the respondents; the next highest brand was *Durex* at 19 percent.

- Seventy eight percent of buyers said the price of their favourite brand had not changed over the past year.
- Sixty six percent of the buyers say the price of their favourite brand is acceptable.
- Forty two percent of the respondents first learned about their favorite brand from friends; the Kutlwano magazine (21 percent) and newspapers (11.3 percent) were second and third respectively. This shows a considerable drop in the information obtained from Kutlwano a year ago when 43 percent of the respondents had learnt about *Lovers Plus* through Kutlwano.
- Ninety percent of those who use *Lovers Plus* could find it in an outlet in their neighbourhood. Conveniently placed outlets has remained an important phenomenon for consumers in both the 1994 and 1995 studies.

### *Price*

- Forty two percent for those who named *Rough Rider* as a favorite brand experienced a price change while only 1.8 percent of those that named *Lovers Plus* experienced a price change.
- Over 60 percent of those who experienced a price change did not alter their consumption level as a result of the price change.
- Findings suggest that price does not affect consumer behaviour as much as consumers think it does.

## ABSTRACT OF THE STUDY

"As Developing Countries seek the most effective ways to control the spread of AIDS, the World Development Report 1993, argues that no country is immune. Delaying action will sharply raise the cost of intervening and increase the threat the epidemic poses to development. Without a cure, prevention is the only key, along with research on vaccines and treatments." Finance and Development / June 1994 (P.40)

In Botswana the National Aids Control Programme (NACP) projections indicate that by the year 2000 the number of people infected with the HIV virus will be in the range of 167,000 to 242,000.

The most alarming thing here is that the economically productive segment of the work force is the most threatened. These are both men and women aged 20 to 49. In addition, this virus threatens to undermine all the major development advances made by Botswana in recent years.

It is estimated that the significant spread of HIV in Botswana began in the mid 1980's. The first case of AIDS was identified in 1985. Since then, the spread of HIV among the general population has been explosive, starting in urban and peri-urban areas and rapidly extending to rural localities.

The main mode of HIV transmission in Botswana is heterosexual. The high proportion of AIDS cases in the 20-29 year old age group suggests that infection most frequently occurs between 15-19 years of age. The probability of HIV infection is greatly increased if one or both partners have a sexually transmitted disease (STD). Levels of STD in Botswana are high -- approximately 25 percent of males are thought to carry an STD (Monitoring Trends in Youth Sexual Behaviour, 1994). HIV transmission from mother to child is a widespread and increasing problem -- on average, an HIV+ mother has a 1 in 3 chance of transmitting the virus to her child.

Rapidly increasing HIV prevalence places Botswana as one of the most seriously affected countries in the world. Studies among pregnant women in 1992 showed a seroprevalence of 12.7 percent in Maun, 14.9 percent in Gaborone and 23.7 percent in Francistown. A similar study in 1993 indicated that more than one in three pregnant women in Francistown, and between one in five and one in ten pregnant women at five other urban and rural sites were infected with HIV. In 1992, the AIDS/STD Unit (ASU) estimated that 92 000 people were infected with HIV. The number of AIDS cases in the same year was put at 4000. By 1998, the cumulative number of people with HIV in Botswana is projected to be 216 000, with a cumulative total of 44 000 AIDS cases (NDP7, Mid-term review, August 1994).

There are reports that in Botswana, as throughout the rest of Africa, the number of AIDS cases doubles every twelve months. For example, the Occupational Health Unit reports that the number of blood donors in Botswana testing HIV positive rose from 1% in 1987 to almost 6% in 1990.

The Unit continues to state that the virus is present in every geographical location in Botswana, and that 75% of the reported cases are in individuals aged 20 to 49 years. Given

the ten year incubation period this suggests that many individuals are being infected as teenagers.

The Occupational Health Unit, (1993) concluded that:

"Enough information is now available from experiences around the world that the spread of AIDS can be reduced by educating people to change their sexual behaviours. In particular, useful educational programmes have been those which emphasize providing accurate information about how HIV is spread and is not spread."

The specific preventative behaviors which are promoted include the need to reduce the number of sexual partners, and the proper use of condoms as protective devices against infection.

## CHAPTER TWO

### SPECIFIC FINDINGS.

#### I. Qualitative Data Analysis

The first section of the survey obtained a number of demographic features from the respondents. These are included in the questionnaire in the appendix under the section Demographic Details. Chapter one highlights some of the main findings of the study. The highlights in chapter one were deduced from simple frequency runs.

This chapter links up the selected demographic variables with the knowledge, attitude and behaviour that individuals exhibit in respect of condom access, condom usage and availability as stated in the hypothesis in appendix A. The demographic variables were selected in order to find whether or not males and females behave significantly different when obtaining condoms, and whether age, education and marital status play a significant part in determining individuals access to condoms.

The second section of the questionnaire deals with issues relating to how people acquire condoms. A series of questions were asked with the hope of finding out whether individuals who buy condoms differ from those who obtain them free.

The term demographic variables through out this chapter refers to gender, age, level of education, marital status and employment status. These are the control variables used throughout the analysis to test the hypothesis. Each table in this chapter contains the results of the Chi-square tests of association. The results of these tests are expressed as P-values and have been denoted by the abbreviation "Sig. Test" in the tables that follow. The section on methods of analysis explains in detail how the test is performed. The method of analysis also explains how the P-values should be interpreted and how conclusions were arrived at. Throughout this chapter these procedures are repeated to facilitate the interpretation of the tables.

The first column in all the tables in this chapter is the *response* column. This column is extremely important for purposes of interpreting the tables. For example, in order to differentiate table 2.1 from table 2.2, we have to look at the questions contained in the *response* column. The first phenomenon dealt with in table 2.1 is how the respondent normally obtains condoms. Table 2.2, on the other hand, deals with the brand just bought. In order to facilitate comparisons and to make for easier reading, each table carries a number of related issues. The contents of the tables and the write ups that follow each table summarise the findings of this study. Chapter three draws conclusions based on these findings and recommends policies which should be adopted on the basis of these findings.

## Condom Access

**TABLE SHOWING MODE OF ACQUISITION AND PURCHASE BEHAVIOUR.**

Response	Gender		Age			Education		Marital Status		Employment	
	Male	Female	Age Under 21	Age 21-25	Age Over 25	Below Sec.	Sec & above	Married	Not Married	Employed	Unemployed
<i>How do you normally obtain condoms?</i>											
Buy	72.4	68.5	73.5	69.5	70.1	43.8	77.7	70.7	70.3	74.8	64.1
Get Free	27.6	31.5	26.5	30.5	29.9	56.3	22.3	29.3	29.7	25.2	35.9
Sig. Test	.40203		.80255			.00000		.93347		.02295	
<i>Is this the first time you buy condoms?</i>											
Yes	4.2	15.2	9.1	14.6	11.1	19.0	10.1	12.5	11.5	10.9	13.6
No	95.8	84.8	90.9	85.4	88.9	81.0	89.9	87.5	88.5	89.1	86.4
Sig. Test	.15944		.79674			.27545		.89955		.68873	
<i>How many have you just bought?</i>											
<15	98.7	93.7	95.8	95.5	97.5	95.7	96.5	96.1	96.9	95.1	98.3
>=15	1.3	6.3	4.2	4.5	2.5	4.3	3.5	3.9	3.1	4.9	1.7
Sig. Test	.01968		.68448			.78541		.74319		.15388	

**Table 2.1**

Table 2.1 shows that more males than females buy condoms. The other demographic categories indicate that a greater proportion of those who buy condoms are under 21 years of age, have a higher secondary school education and are employed. There is no difference between the number of married and unmarried people in terms of condom acquisition. The calculated p-values show significant variation between the different education levels and the mode of acquisition (buy or free). Variation was also found between the employed and the unemployed.

The results in table 2.1 show that there is an association in the pattern of acquisition of condoms across levels of education and employment. According to the P-value statistic, gender, age and marital status do not significantly affect the way condoms are obtained.

Table 2.1 also shows that none of the demographic variables (gender, age, education, marital status and employment) are related to first time buying. Marital status has the highest recorded p-value among the demographic variables. This implies that out of all the demographic variables, marriage has the least significant impact on first time buying. This means that marital status is not associated to first time buying, or the number of married and unmarried people that are buying condoms for the first time are the same.

The chi-square test of quantities bought proved to be unreliable due to low presence in the cross tabulated cells. The concept of reliability has been explained in the section on analysis in appendix A. These unreliable P-values in Table 2.1 have been reported solely for

comparison with table 2.5. Table 2.5 shows quantities and brands obtained at no cost while 2.1 looks at costs. The actual response percentages are reported and can be read directly from table 2.1. The percentages show that people who buy less than fifteen condoms in a month are males (98.7%), over the age of 25 (97.5%), and not currently employed (98.3%). Married and unmarried people are equally likely to buy less than fifteen condoms.

**TABLE SHOWING BRANDS BOUGHT AND MODE OF ACQUISITION.**

Response	Gender		Age			Education		Marital Status		Employment	
	Male	Female	Age Under 21	Age 21-25	Age Over 25	Below Sec.	Sec & above	Married	Not Married	Employed	Unemployed
What brand have you just bought?											
Lovers Plus	76.5	74.3	87.1	72.4	71.1	79.1	74.7	76.0	74.2	68.2	86.7
Durex	6.5	10.3	4.3	12.4	7.0	9.3	8.2	9.0	6.7	11.4	3.5
Other	17.0	15.4	8.6	15.2	21.9	11.6	17.1	15.0	19.1	20.5	9.7
Sig. Test	.50216		.03646			.65979		.59363		.00145	
Do you sometimes get condoms free?											
Yes	53.2	51.2	48.8	58.5	48.7	71.0	48.0	53.0	50.8	50.2	55.5
No	46.8	48.8	51.2	41.5	51.3	29.0	52.0	47.0	49.2	49.8	44.5
Sig. Test	.69649		.19187			.00056		.70029		.32095	

**Table 2.2**

The results show that more males than females had bought *Lovers Plus*, table 2.2, (76.5% male and 74.3% female). The chi-square insignificant at the 0.1 level (0.50216) shows that this difference is immaterial. This implies that no association exists between brand purchase and gender. Education and marital status also have no association with the brands people buy. Variation does exist across the various age categories (chi-square 0.03646) and across employment (chi-square 0.00145). Respondents under the age of 21 (87.1%) and currently not employed (86.7%) prefer *Lovers Plus*. The “Other” category in table 2.2 is a collapsed record made up of the following brand names: *Kama Sutra, Rough Rider, Sultan, Bare Back, Gossamer and Stellar*.

Table 2.2 shows that males answer “yes” more often to, “Do you sometimes get condoms free?” than females (53.2% for males and 51.2% for females). The table shows that those under the age of 21 and over the age of 25, answer “yes” in equal proportions, while the unemployed answer yes more often than the employed. The calculated P-value shows that there is no significant variation across gender .69649, age 0.19187, marital status 0.70029 and employment 0.32095. Education is therefore the only variable that has a bearing on whether condoms are obtained free or not.

Many reasons were cited for obtaining condoms free, some of these were :-

- Lack of money,
- Obtain them free from friends,
- The clinic is near.

The most frequent of these being, not having money and the clinic is near. The data relating to these responses is contained in table 2.3.

**TABLE SHOWING REASONS FOR OBTAINING CONDOMS FREE.**

Response	Gender		Age			Education		Marital Status		Employment	
	Male	Female	Age Under 21	Age 21-25	Age Over 25	Below Sec.	Sec & above	Married	Not Married	Employed	Unemployed
<i>Why do you sometimes get condoms free?</i>											
Do not have the money.	65.1	71.4	50.0	76.8	68.4	76.8	65.3	67.1	70.1	72.3	62.5
Clinic is near.	28.4	22.4	42.9	18.3	24.1	16.1	28.7	27.1	22.4	22.7	29.5
Other	6.4	6.1	7.1	4.9	7.2	7.1	6.0	5.7	7.5	5.0	8.0
Sig. Test	.5973		.03984			.18011		.71148		.31334	
<i>Have you been buying condoms continuously ever since the first time?</i>											
Yes	71.3	67.4	71.8	63.4	74.4	77.2	66.2	68.3	71.9	69.8	69.0
No	28.7	32.6	28.2	36.6	25.6	22.8	33.8	31.7	28.1	30.2	31.0
Sig. Test	.54433		.29340			.12760		.61194		.89501	

**Table 2.3**

Females state lack of money as the main reason for getting condoms free more often than males. Interviewees in the 21 to 25 age group as well, those with education below secondary school level, the unmarried and the employed all cite lack of money as the main cause for getting free condoms. Age is however, the only variable in which a significant association exists with the way in which people obtain condoms. This is seen from the P-value 0.03984 which is less than 0.1.

Table 2.3 shows high P-values for all the variables in relation to obtaining condoms consistently. All the P-values are above 0.1. This means that condoms are generally not being used consistently.

Table 2.4 attempts to answer the question as to, Who usually buys condoms ? (See questionnaire, question 9). Thirty seven percent of the respondents said they buy the condoms they use themselves. The majority of these were male. This table shows the proportion of respondents who usually buy the condoms themselves by gender. Of the

37.3% that buy condoms themselves 63% are male and 37% are female. The table also shows that 23.5% of the males interviewed usually buy condoms themselves while only 13.8% of the females interviewed buy condoms themselves. This is consistent with the earlier observations that more males usually buy condoms. The 43.8% and the 29.8% respectively show the proportion of males and females interviewed. In the case of males, this would be 92 out of 210, and 54 females out of 181.

**TABLE SHOWING WHO USUALLY BUYS THE CONDOMS BY GENDER.**

<i>Response</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
I do	92 63.0 43.8 23.5	54 37.0 29.8 13.8	146 37.3
My Partner	1 9.1 0.5 0.3	10 90.0 5.5 2.6	11 2.8
Either of us	10 26.3 4.8 2.6	28 73.7 15.5 7.2	38 9.7
Non buyer	107 58.5 51.0 27.4	76 41.5 42.0 19.4	12 3.1

**Table 2.4**

Using the same analogy as described above, the four figures contained in the cells of table 2.4 represent, from top to bottom, the actual number of respondents, the row percent, the column percent and the percentage of all the interviews conducted. When looking for variation across gender the reader should use the column percentages, that is 43.8% and 29.8%, showing that males claim to purchase condoms more often than females.

While the P-values that related to the data in table 2.4 show that there is a significant variation across gender, education, marital status, and income (0.0000; 0.00889; 0.05702; 0.00150) with regard to "Who usually buys them?" there is no variation across age (0.96986).

**TABLE SHOWING QUANTITIES AND BRANDS OBTAINED.**

<i>Response</i>	Male	Female	Age Under 21	Age 21-25	Age Over 25	Below Sec.	Sec & above	Married	Not Married	Employed	Unemployed
<i>How many have you just obtained?</i>											
<15.	87.3	83.1	93.8	82.6	84.8	75.0	89.7	85.0	85.4	82.3	89.8
>=15	12.7	16.9	6.3	17.4	15.2	25.0	10.3	15.0	14.6	17.7	10.2
Sig. Test	.50152		.55545			.03149		.94882		.24492	
<i>What brand have you just obtained?</i>											
Lovers Plus	9.2	8.5	8.8	7.4	10.0	5.4	10.1	6.2	14.3	8.4	9.5
Durex	28.6	29.1	14.7	32.1	31.0	39.3	24.7	24.1	38.6	30.5	26.2
Sultan	5.1	6.8	5.9	7.4	5.0	10.7	4.4	5.5	7.1	4.6	8.3
Other	57.1	55.6	70.6	53.1	54.0	44.6	60.8	64.1	40.0	56.5	56.0
Sig. Test	.95653		.53581			.03297		.00741		.65862	

**Table 2.5**

From table 2.5 it can be noticed that people with secondary school education and above were more likely to obtain fewer condoms (less than fifteen) than those with a lower education. Chi-square .03149 shows significant variation across education level. This means that the level of education and the quantity of condoms *obtained* are significantly related.

We can now compare tables 2.1, 2.2 and 2.5, and find that consumer behaviour differs quite significantly with price. Tables 2.1 and 2.2 deal with *buying*, while table 2.5 talks about *obtaining* free of charge, (ie. Table 2.5 does not include price). When considering price the amount of condoms *bought* varies with gender (Table 2.1), on the other hand when price is not considered, the amount of condoms *obtained* varies with education. (NB. *This comparison is based on the assumption that the p-values have some reliability. This argument is supported further by the comparison that follows below.*)

Similarly, brand choice changes when the price factor is included. Table 2.1 and 2.5 show that **Durex** is the most popular brand being *obtained* free of charge while **Lovers Plus** is the most popular brand *purchased*. When condoms are paid for, brand choice varies across age and employment, while when condoms are *obtained* free of charge brand choice differs significantly with education and marital status.

## Condom Usage

Condom Usage across all the variables under study was very high. Table 2.6 shows that 99% of males and 98.3% of females have used a condom. Likewise all the other variables have high percentage responses. However, these responses should not be mistaken for current use as they simply refer to having used a condom at some point in time.

**TABLE SHOWING CONDOM USAGE BY DEMOGRAPHIC VARIABLES.**

<i>Response</i>	Male	Female	Under 21	Age 21-25	Over 25	Below Sec.	Sec & above	Married	Not Married	Employed	Unemployed
<i>Have you ever used a condom?</i>											
Yes	99.0	98.3	96.3	100.0	98.8	98.8	98.7	99.2	97.6	98.7	98.7
No	1.0	1.7	3.7	0.0	1.2	1.2	1.3	.8	2.4	1.3	1.3

**Table 2.6**

In an attempt to discover how often people do not succeed in using condoms, we asked a series of questions. These questions reflected frequency of actual and potential utilization (*see page 6 in the questionnaire*). The following constitutes examples of some of the questions asked:

- *Is this the first time you intend to use a condom ?*
- *How many times have you attempted to use condoms ?*
- *Why have you not been able to use the condoms you obtained?*

Only 1.3% of all the people interviewed answered “Yes” to the first of these three questions. It is important to note that this does not mean that the remaining 98.7% do not encounter problems when trying to use condoms. This actually means that the remainder have made previous attempts to use condoms. Unfortunately, the results do not show what percentage of respondents tried to obtain condoms but failed in their attempts.

The only result that can be stated with certainty from these questions is that the main reason for not being able to use a condom was that of “*Partner refusal*”.

**TABLE SHOWING REASONS FOR USING CONDOMS**

<i>Response</i>	Male	Female	Age Under 21	Age 21-25	Age Over 25	Below Sec.	Sec & above	Married	Not Married	Employ-ed	Unem-ployed
<i>Who do you intend to use the condoms you have just bought with?</i>											
Casual	26.9	38.4	35.8	38.1	25.3	33.3	32.2	41.2	13.2	29.4	36.7
Regular	38.8	44.1	35.8	37.4	47.5	40.0	41.5	30.4	64.5	43.9	37.3
Either/Both	34.3	17.5	28.4	24.5	27.2	26.7	26.2	28.4	22.3	26.8	26.0
Sig Test	.00068		.13187			.97008		.00000		.29535	
<i>Why do you use condoms?</i>											
To prevent AIDS	13.4	42.5	25.3	30.0	24.8	27.5	26.5	26.7	27.0	28.0	25.0
To prevent STDs	13.9	5.0	10.8	8.6	10.3	11.3	9.2	8.8	11.9	11.0	62.5
To prevent pregnancy	66.5	45.3	60.2	52.9	58.2	52.5	58.2	56.5	57.1	53.0	62.5
To prevent both AIDS and STDs	6.2	7.3	3.6	8.6	6.7	8.8	6.2	8.0	4.0	8.1	4.6
Sig. Test	.00000		.71548			.73331		.40141		.22666	

**Table 2.7**

A total of 378 respondents answered the question:

- *Whom do you use / intend to use the condoms you have just bought with ? . (See table 2.7)*

The answers obtained were as follows:

Casual Partner	119	(31.5%)
Commercial Sex Worker (CSW)	3	(.8%)
Regular Partner	156	(41.2%)
Both Casual & Regular	100	(26.5%)

Table 2.7 shows that females (38.4%) use condoms with casual partners more than males (26.9). Married people also have higher condom usage with casual partners than the unmarried (41.2 and 13.2 respectively). The p-values show that gender and marital status are significantly related to the type of partner condoms are used with.

Females have a higher concern for preventing AIDS than males (42.5 and 13.4 respectively table 2.7). At the same time males have an unusually high concern for preventing pregnancy (66.5%). Within the age group categories, people between 21 and 25 years of age are the most concerned with preventing AIDS. Table 2.7 shows little difference between education, marital status and employment categories with regard to AIDS prevention (see percentages in the table). The P-value calculated for gender shows that the reason for condom usage only varies between male and female. The other variables, age, level of education, marital status and employment level do not indicate any relationship as to why people use condoms.

**TABLE SHOWING REASONS FOR SELECTING A PARTICULAR BRAND.**

<i>Response</i>	Male	Female	Age Under 21	Age 21-25	Age Over 25	Below Sec.	Sec & above	Married	Not Married	Employed	Unem-ployed
<i>Why Do You Buy That Brand?</i>											
Packaging	7.4	7.5	7.5	10.9	4.4	9.1	7.0	8.7	4.8		6.8
Smells Good	7.4	2.9	5.0	2.9	7.35	2.6	6.0	4.8	6.4	7.0	2.7
Sensitive	46.3	40.2	48.8	42.3	41.9	42.9	43.7	44.8	10.8	43.5	43.5
Accessible	11.8	9.8	8.8	9.5	13.1	14.3	10.0	9.1	14.4	11.3	10.2
Strong	11.3	14.4	8.8	8.8	18.1	9.1	13.7	9.1	201.0	14.8	9.5
Curious	3.9	1.1	2.5	4.4	1.3	2.6	2.7	2.8	2.4	2.6	2.7
Other	9.9	10.9	12.5	10.9	8.8	9.1	10.7	12.3	6.4	7.4	15.0
Do Not Know	2.0	13.2	6.3	10.2	5.0	10.4	6.3	8.3	4.8	5.7	9.5
Sig.Test	.00081		.07848			.62274		.01956		.09853	

**Table 2.8**

Reasons for selecting a particular brand differ with gender, age, marital status and employment. Males place a greater preference on smell, sensitivity and accessibility while females are concerned with strength (see table 2.8). People under the age of 21 are more interested in sensitivity than are other age groups, while smell, accessibility and strength are important factors to those over the age of 25. Married people are concerned with packaging and sensitivity while the employed base their purchasing decision on smell and strength.

## Brand Awareness

Brand awareness differs mostly in the education category. The p-value for education is unreliable and hence we can not say anything of substance about variation between education and brand awareness. However, the actual percentages recorded in table 2.9 remain useful. It can be said from the data that *Lovers Plus* is a brand known more often by people with secondary and higher education. *Durex* on the other hand is known more by individuals with an education level below secondary school level.

From table 2.9, it can be observed that the frequency of use, (of these brands) does however vary significantly with gender, age and education (P-values: 0.07314; 0.00577; 0.00001 respectively) in table 2.9. It can therefore be deduced that gender, age and education differ significantly as far as condom use is concerned. This means that females use *Lovers Plus* significantly more often than males (55% and 45% respectively). *Lovers Plus* is used more frequently by people with a secondary school and higher level education .

**TABLE SHOWING KNOWLEDGE AND USE OF VARIOUS BRANDS**

<i>Response</i>	<b>Male</b>	<b>Female</b>	<b>Age Under 21</b>	<b>Age 21-25</b>	<b>Age Over 25</b>	<b>Below Sec.</b>	<b>Sec &amp; above</b>	<b>Married</b>	<b>Not Married</b>	<b>Employ ed</b>	<b>Unem- ployed</b>
<i>What Brands do you know ?</i>											
LP	91.4	92.8	92.8	93.6	90.4	86.3	93.5	93.2	89.8	91.2	93.5
Durex	4.3	4.4	3.6	2.8	6.0	8.8	3.2	4.2	4.7	4.6	3.9
Other	4.3	2.8	3.6	3.5	3.6	5.0	3.2	2.7	5.5	4.2	2.6
Sig. Test	.72094		.74170			.06940		.35917		.66588	
<i>What brand do you use most frequently ?</i>											
Lovers Plus	44.8	55.0	62.7	50.4	42.2	40.0	51.8	52.1	44.1	46.0	54.9
Durex	20.0	21.7	16.9	26.2	18.1	31.6	18.1	20.2	22.0	19.0	23.5
Sultan	3.3	2.8	1.2	2.8	4.2	10.1	1.3	2.7	3.9	2.5	3.9
Other	31.9	20.6	19.3	20.6	35.5	17.7	28.8	25.1	29.9	32.5	17.6
Sig. Test	.07314		.00577			.00001		.48336		.01359	

**Table 2.9**

Table 2.9 also reveals that *Durex* is used more frequently by individuals in the 21 to 25 age group and by individuals with lower than secondary education. *Durex* is also used more by the unemployed than by the employed. We can hypothesize that the low price of *Lovers Plus* and the clinic distribution of *Durex* are factors that cause the unemployed to utilise these brands rather than any other brand.

## Condom Availability

This section of the report deals with knowledge of availability of condoms. In recent years condoms have been made available in a number of outlets other than those used traditionally, such as clinics and chemists. The table below shows the number (not the percentage) of respondents that cited various outlets from which condoms can be obtained.

**TABLE SHOWING KNOWLEDGE OF OUTLETS FROM WHICH CONDOMS CAN BE OBTAINED**

<i>Response</i>	Male	Female	Age Under 21	Age 21-25	Age Over 25	Below Sec.	Sec & above	Married	Not Married	Employed	Unemployed
<i>Where Can The Condoms Be Obtained?</i>											
Clinics	178	150	69	116	143	72	254	215	113	195	133
General Dealer	20	16	3	17	16	5	31	28	8	28	8
Bars	5	1	3	2	1	2	4	6		4	2
Chemists	6	5	5	2	4		11	8	3	6	5
Friends	1		1			1	1				1
Spaza Shops		3	1	2	3	3	3				
Sig. Test	.26366		.08726			.31488		.03607		.13772	

**Table 2.10**

Knowledge of where condoms can be obtained differs with age and marital status. Individuals over the age of 25 are more aware of clinics as an outlet for condoms than other ages groups.

Of all the people interviewed thirteen percent of the respondents encounter problems obtaining condoms. Just under 20% of those who encounter problems obtaining condoms are unable to obtain any.

The percentage figure in table 2.11 suggests that educated, married and employed people are more likely not to obtain condoms because of the problems they face. The p-values, however, show that these variables have no association with being able to obtain condoms. Hence, problems associated with obtaining condoms are not related to any of the variables under investigation. There must therefore be an exogenous factor which causes problems for users when obtaining condoms.

**TABLE SHOWING FREQUENCY OF SUCCESS WHEN OBTAINING CONDOMS.**

<i>Response</i>	Male	Female	Age Under 21	Age 21-25	Age Over 25	Below Sec.	Sec & above	Married	Not Married	Employed	Unemployed
<i>Could you obtain condoms irrespective of the problems faced?</i>											
Yes	80.6	80.0	76.9	73.3	87.0	91.7	76.3	75.8	88.9	88.0	73.1
No	19.4	20.0	23.1	26.7	13.0	8.3	23.7	24.2	11.1	12.0	26.9
Sig Test	.95484		.54823			.24647		.22782		.17964	
			unreliable								

**Table 2.11**

Table 2.12 examines some exogenous factors (not the demographic variables in the study) which could possibly create problems for people obtaining condoms. Males report that they encounter more problems at stores and clinics than females. Females say price and inconvenience are the greatest constraints to obtaining condoms. Inconvenience also poses a substantial problem for those over the age of 25, as well as those with secondary and higher education. The unmarried and the employed too find problems in obtaining their supply of condoms. The only reliable p-value for this question was with regard to employment. The calculated P-value for this variable was 0.01863 implying that the problems faced differed significantly between the employed and the unemployed. Problems which people face in obtaining condoms are listed in the code book in appendix D.

**TABLE SHOWING PROBLEMS ENCOUNTERED WHEN OBTAINING CONDOMS**

<i>Response</i>	Male	Female	Age Under 21	Age 21-25	Age Over 25	Below Sec.	Sec & above	Married	Not Married	Employed	Unemployed
<i>Problems Encountered</i>											
Expense	10.3	31.6	25.0	35.7	4.5	8.3	22.9	25.8	5.9	12.5	25.0
Inconvenience	20.7	31.6		21.4	40.9	16.7	28.6	12.9	47.1	41.7	8.3
Prob. Shop	41.4	26.3	50.0	21.4	36.4	33.3	34.3	32.3 41.2	41.2	37.5	33.3
Prob. Clinic	27.6	10.5	25.0	21.4	18.2	41.7	14.3	29.0	5.9	8.3	33.3

**Table 2.12**

## Favourite Brand

*Lovers Plus* is slightly more favoured by females than by males as can be seen from table 2.13. Individuals under the age of 21 reveal their preference for *Lovers Plus* more often than those over the age of 21. Those with secondary education and higher, the married and the unemployed also have a greater preference for *Lovers Plus*.

TABLE SHOWING FAVOURITE BRAND BY DEMOGRAPHIC VARIABLE

Response	Male	Female	Age Under 21	Age 21-25	Age Over 25	Below Sec.	Sec & above	Married	Not Married	Employed	Unemployed
Please name your favourite brand											
L/P	43.8	48.3	61.4	48.9	35.5	38.8	48.1	49.4	38.6	39.7	55.6
K/S	8.1	7.2	7.2	5.7	9.6	2.5	9.1	7.6	7.9	9.7	4.6
Durex	20	18.3	16.9	21.3	18.7	27.5	17.2	19.4	18.9	19.4	19.0
Rough Rider	11	5.6	2.4	4.3	15.1	5.0	9.4	6.8	11.8	12.2	2.6
Sultan	2.4	3.3		2.8	4.2	10.0	1.0	1.5	5.5	3.0	206
BB	1.0	5.0	1.2	3.5	3.0	1.3	3.2	1.9	4.7	3.8	1.3
Stellar	11	6.1	9.6	7.1	9.6	12.5	7.1	9.5	7.1	7.6	10.5
Other	2.9	6.1	1.2	6.4	4.2	2.5	4.9	3.8	5.5	4.6	3.9
Sig test	.03722		.00192			.00004		.06931		.00304	

Table 2.13

*Durex*, on the other hand, is preferred by males. Those in the 21 to 25 age group and those with an education below secondary level also prefer *Durex*. The p-values calculated for favourite brand in table 2.13 are all below 0.10. This means that all the demographic variables have an impact on the selection of a favourite brand. We can therefore interpret all the data in this table with 90% confidence. For example, we can say *Durex* is favoured more by individuals with an education level below secondary school level, while *Lovers Plus* is favoured more by those with an education above the secondary level.

Table 2.14 shows that when selecting a favourite brand females consider the price factor more than males do. The P-value however refutes this claim since it is greater than 0.10, which indicates that there is no significant reason why females consider the price factor more than males do.

Those under the age of 21, with higher than secondary education, married and unemployed, also consider price more than the other groups when selecting a favourite brand. Age is however the only variable that shows significant variation in relation to price, quality and accessibility when selecting a favourite brand is concerned.

Quality is a factor observed more by males, those over 25 and the unmarried. Table 2.14 shows that males consider quality more than females (40.2%, 37.% and 45.5% respectively). The high P-value (0.12007) tells us that there is no difference between males

and females with regard to quality. Expressed differently, the P-value tells us that 40.2% and 37.6% are not significantly different.

Accessibility had a higher preference rating among males than females, the unmarried and those with below secondary level education. The variations across these categories (except age) are all negligible due to their high P-values. (See P-values in table 2.14).

**TABLE SHOWING BRAND QUALITY BY DEMOGRAPHIC VARIABLES**

<i>Response</i>	Male	Female	Age Under 21	Age 21-25	Age Over 25	Below Sec.	Sec & above	Married	Not Married	Employed	Unemployed
<i>How does it defer from other brands.</i>											
Price	41.7	50.6	60.5	47.4	36.7	41.4	47.0	49.6	38.0	41.5	52.4
Quality	40.2	37.6	24.7	37.0	48.1	37.1	39.4	36.0	45.5	42.8	33.1
Accessible	18.1	11.8	14.8	15.6	15.2	21.4	13.6	14.6	16.5	15.7	14.5
Sig test	.12007		.00583			.24799		.11056		.10307	

**Table 2.14**

The brands selected by females as their best alternatives are, *Lovers Plus* (27.9%), and *Rough Rider* (9.3%). When males are unable to find their favourite brand they choose *Kama Sutra* (9.5%), *Durex* (39%) or *Sultan* (4.5%). See table 2.15.

**TABLE SHOWING BEST ALTERNATIVE BRAND QUALITY BY DEMOGRAPHIC VARIABLE**

<i>Response</i>	Male	Female	Age Under 21	Age 21-25	Age Over 25	Below Sec.	Sec & above	Married	Not Married	Employed	Unemployed
<i>Best alternative</i>											
Lovers Plus	25.5	27.9	22.5	29.2	26.5	29.7	25.6	24.3	31.4	28.4	23.8
Kama Sutra	9.5	8.7	13.8	5.1	10.3	8.1	9.4	9.6	8.3	10.2	7.5
Durex	39.0	35.5	38.8	35.8	38.1	39.2	37.0	38.6	34.7	34.2	42.2
Rough Rider	8.0	9.3	8.8	6.6	10.3	6.8	9.1	9.2	7.4	9.3	7.5
Sultan	4.5	3.5	5.0	5.1	2.6	4.1	4.0	3.2	5.8	3.1	5.4
Power Play	10.0	7.6	7.5	11.7	7.1	9.5	8.8	10.0	6.6	8.9	8.8
Other	3.5	7.6	3.8	6.6	5.2	2.7	6.1	5.2	5.8	5.8	4.8
Sig test	.61694		.54341			.36562		.57328		Unreliable	

**Table 2.15**

*Lovers Plus* is named more often by those between the age of 21 and 25 (29.2%), the unmarried (31.4%) and the employed (28.4%) as an alternative brand. None of the demographic variables have an impact on the choice of an alternative brand. The high P-values in table 2.15 show that there is no relationship between any of the demographic variables and the alternative brand selected.

Individuals who state *Lovers Plus* as their favourite brand experience fewer price changes than those who favour other brands. *Rough Rider* experiences the most price changes. Fourty two percent for those who name *Rough Rider* as a favorite brand experienced a price change as opposed to 1.8% for *Lovers Plus*.

**TABLE SHOWING PRICE CHANGES BY BRAND NAMES**

<i>Response</i>	<b>Lovers Plus</b>	<b>Kama Sutra</b>	<b>Durex</b>	<b>Rough Rider</b>	<b>Sultan</b>	<b>Bare Back</b>	<b>Stellar</b>	<b>Other</b>
<i>Has the price of your favourite brand changed recently.</i>								
Yes	1.8	17.2	8.6	42.4		9.1	14.3	54.5
No	98.2	82.8	91.4	57.6	100.0	90.9	85.7	45.5

**Table 2.16**

Respondents were also asked if the price changes they had experienced were increases or decreases. As anticipated, 92.3% of the time the price change was said to have been an increase. However, 62.5% of those who experienced a price change said they did not alter their level of consumption as a result of the price change.

**TABLE SHOWING OUTLET TYPE BY BRAND NAME**

<i>Response</i>	<b>Lovers Plus</b>	<b>Kama Sutra</b>	<b>Durex</b>	<b>Rough Rider</b>	<b>Sultan</b>	<b>Bare Back</b>	<b>Stellar</b>	<b>Other</b>
<i>Where do you usually buy/obtain condoms?</i>								
Clinic	1.2		28.1	3.1	66.7		28.6	8.3
Gen. Dlr.	45.8	22.2	15.8	21.9		18.2	17.9	25.0
Bars	17.9	7.4	5.3	6.3			3.6	
Bottle str	1.2							
Chemists	10.1	66.7	36.8	62.5		72.7	28.6	58.3
Spazas	23.8	3.7	14.0	3.1	33.3	9.1	17.9	8.3
Library				3.1			3.6	

**Table 2.17**

Table 2.17 shows that clinics do not stock *Kama Sutra* and *Bare Back*. *Sultan* (66.7%) and *Durex* (28.1) are the top brands issued by clinics. General dealers and chemists sell all brands except *Sultan*. The most frequently sold brand in general dealers is *Lovers Plus* (45.8%). *Lovers Plus* was the only condom available in bottle stores. Spaza shops stock all brands, while *Rough Rider* and *Stellar* were the only brands found in libraries.

The above table (2.17) shows us that certain brands are synonymous with particular outlet types. The reason for this could be that once brands are distributed freely it is unlikely that someone will be willing to pay for those brands. As a result if the clinic distributes *Durex*

freely, no business or profit making venture will find it worthwhile selling *Durex*. This compels shop owners to stock those brands that are not distributed freely.

**TABLE SHOWING BRAND ACCESSIBILITY**

<i>Response</i>	<b>Lovers Plus</b>	<b>Kama Sutra</b>	<b>Durex</b>	<b>Rough Rider</b>	<b>Sultan</b>	<b>Bare Back</b>	<b>Stellar</b>	<b>Other</b>
<i>Is there a place in your neighbourhood where you can always find your favourite brand?</i>								
Yes	90.2	55.2	71.7	66.7	100.0	63.6	62.1	63.6
No	9.8	44.8	25.3	33.3	0	36.4	37.9	36.4
Sig. Test	.00001							

**Table 2.18**

From table 2.18, it can be observed that all the people who use *Sultan* find it in their neighbourhood. This implies that the clinic network is well integrated into residential areas. However, only eleven individuals had stated *Sultan* as a brand they used. Ninety percent of those who use *Lovers Plus* could find it in their neighbourhood. The chi-square test for this data shows high association across brands with neighbourhoods. This shows, as in the case of outlet types, certain condom brands are commonly found in certain neighbourhoods and not others. This may be as a result of customers communicating their preferences to shop owners. Finding certain condom brands in certain neighbourhoods could also be a result of the clinic free distribution effect described previously.

**TABLE SHOWING WHERE FAVOURITE BRANDS ARE PURCHASED.**

<i>Response</i>	<b>Male</b>	<b>Female</b>	<b>Age Under 21</b>	<b>Age 21-25</b>	<b>Age Over 25</b>	<b>Below Sec.</b>	<b>Sec &amp; above</b>	<b>Married</b>	<b>Not Married</b>	<b>Employed</b>	<b>Unemployed</b>
<i>Where do you buy your favourite brand.</i>											
Clinic	10.4	7.0	5.7	7.4	11.6	21.3	6.2	8.7	9.1	10.4	6.3
Gen	33.0	31.2	25.7	43.4	25.9	23.0	34.1	32.3	31.8	33.0	30.7
Bar	13.7	8.3	12.9	12.3	9.5	6.6	12.3	13.1	7.3	12.3	9.4
Bottle ST		1.3	1.4		.7		.7	.4	.9	.5	.8
Chemist	28.6	30.6	25.7	23.0	36.7	18.0	32.2	27.9	32.7	30.7	27.6
Spaza	13.7	21.0	28.6	13.1	15.0	31.1	13.8	16.6	18.2	12.7	24.4
Library	.5	.6		.8	.7		.7	.9		.5	.8
Sig. Test	.23078		.01867			.00005		.65037		.17139	

**Table 2.19**

Males visit clinics more often than females for the purpose of obtaining condoms (10.4% : 7.0% respectively). Males also visit general dealers and bars more often than females to

obtain their favourite condom brand. Out of the age categories, those over 25 years (11.6%) report obtaining their favorite brand more often from the clinic than other age groups. The lower education category and the employed also report using the clinic for this reason.

Age and education are the only variables that differ with the type of outlet. The observed P-values and percentages are shown in table 2.19. These values show that there is no difference in outlets used by males and females ( $P = 0.23078$ ). Neither is there any difference between the outlets used by the married and the unmarried, ( $P = 0.65037$ ) or between the employed and unemployed ( $P = 0.17139$ ).

**TABLE SHOWING STOCK CONSISTENCY IN THE NEIGHBOURHOOD**

<i>Response</i>	Male	Female	Age Under 21	Age 21-25	Age Over 25	Below Sec.	Sec & above	Married	Not Married	Employed	Unemployed
<i>Is there a place in your neigh where you always get your favourite brand.</i>											
Yes	85.1	68.2	84.6	77.0	75.2	84.4	76.7	78.4	76.9	76.7	79.9
No	14.9	31.8	15.4	23.0	24.8	15.6	23.3	21.6	23.1	23.3	20.1
Sig. Test	.00005		.25272			.17717		.75453		.49038	

**Table 2.20**

Table 2.20 shows that significant differences occur between males and females with regard to obtaining condoms in their neighbourhood. Males are more likely to obtain their favorite brand near home than females. Chi-square test is significant at the .1 level.

**TABLE SHOWING SOURCE OF KNOWLEDGE BY DEMOGRAPHIC VARIABLE**

<i>Response</i>	Male	Female	Age Under 21	Age 21-25	Age Over 25	Below Sec.	Sec & above	Married	Not Married	Employed	Unemployed
<i>Where did you first learn about your favourite brand.</i>											
Radio	13.5	5.6	13.3	6.5	11.0	13.0	9.2	8.1	13.5	9.8	9.9
Kutlwano	20.3	22.5	26.5	26.6	14.1	15.6	22.9	23.9	15.9	19.2	24.5
Friends	38.2	48.3	39.8	42.4	44.8	42.9	42.8	41.7	45.2	44.9	39.7
News	8.7	5.6	8.4	5.8	8.0	1.3	8.8	6.6	8.7	8.5	5.3
Partner	11.6	11.2	3.6	11.5	15.3	19.5	9.2	11.6	11.1	9.8	13.9
Mots. Wmn	0	2.8	3.6	.7	.6	1.3	1.3	1.5	.8	.4	2.6
Other	7.7	3.9	4.8	6.5	6.1	6.5	5.9	6.6	4.8	7.3	4.0
Sig. Test	.00633		.03809			.04162		.34773			

**Table 2.21**

Table 2.21 carries information on how users come to learn about their favourite brands. Just under 10% of the respondents stated radio as the medium through which they first learnt about their favourite brand. Ninety six percent of those who first heard about their favourite brand on radio stated Radio Botswana as the radio station which carried this information, the respondents did not distinguish between the national and commercial service of Radio Botswana. The majority (96%) of these respondents had spent most of the last six months in rural areas. This could mean that there is good radio coverage to the rural areas; it could also mean that urban dwellers do not listen to national radio as much as rural dwellers do.

Table 2.21 shows that radio listenership varies significantly across gender, age and education level (p values are .00633; .03809 and .04162 respectively). Males report having first heard about their favourite brand on radio (13.5%) as opposed to the 5.6% for females. This shows that radio is a better media by which males can be addressed. Females on the other hand report Kutlwano magazine more often than males (22.5% and 20.3% ) respectively.

All the variables dealt with thus far have been qualitatively treated. We shall now consider the quantitative variables. This study contains two quantitative variables, these are age and price. Previously age was divided into groups, thus removing the quantitative aspect of age. In this section we will use the actual ages reported by the respondents during the study. It must be noted that information on income was collected for income groups. Information on actual income was not collected and hence income can not be treated as a quantitative variable. We now formulate a simple econometric model to analyse the impact of price and age on the quantity of condoms demanded.

## II. Quantitative Data Analysis

### Model Specification

The economic model will take the form :

$$Q_d = f(P, A) \quad \dots(1)$$

where  $Q_d$  = Quantity of Condoms Demanded  
 $P$  = Price  
 $A$  = Age

The equation above shows that the quantity demanded of condoms is a function of price, and age. That is to say, changes in any of the variable on the right hand side of the economic model above will result in a change in the quantity of condoms demanded.

Theoretically it is anticipated that price and quantity are inversely related for a normal good. On the other hand it can be hypothesised that as age increases, (all things being equal), the demand for condoms increases. For purposes of this investigation we shall assume that the condom is a normal good. We can now set up our simple econometric model which takes the following form:

$$Q_d = b_0 + b_1P + b_2A + U_t$$

The first component on the right hand side of this model is the constant (intercept),  $b_0$ . The constant is interpreted to be the level of demand that will take place even if all the independent variables were zero. For example, given equation (2) below, if price is zero there would still be a demand of condoms to the value of  $b_0$ .

$$Q_d = b_0 + b_1P \quad \dots\dots(2)$$

A variable that is inversely related to quantity will have a negative coefficient. This should be the case for the price coefficient, denoted as  $b_1$ , implying that for a one unit change in price the quantity of condoms demanded would fall by the value of the price coefficient,  $b_1$ . Age is expected to have a direct impact on demand and therefore has a positive sign.  $U_t$  is an error term included to take account of any misrepresentation in the model.

### Hypothesis Testing

#### (i) Price.

The null hypothesis ( $H_0$ ), is that price does not have an effect on quantity demanded. This implies that the price coefficient is zero. It is therefore necessary to investigate whether this implication is true.

We denote the null hypothesis as:  $H_0: b_1 = 0$

The regression results show that the price coefficient  $b_1 = 0.002359$ . This means that for every one percent change in price the quantity of condoms demanded will increase by 0.02359. We are interested in finding out whether this value of  $b_1$  is in fact different from 0 or whether the difference is merely due to sampling error. If  $b_1$  is in fact equal to 0 then our null hypothesis will

be true, that is we accept the null and reject the alternative hypothesis that price has an effect on quantity demanded.

To test if  $b_1 = 0.002359$  is significantly different from zero we use the computed t statistic (4.047) and the tabulated value of t from the table of statistics at the desired level of confidence. We will use the 90% level of confidence. The tabulated value at this level of confidence from a t-distribution table for 388 degrees of freedom is 1.645. The degrees of freedom being the number of interviews (391) carried out less the number of right hand variables (2).

By comparing our computed t statistic to the tabled value we find that the computed value is greater than the tabulated value. The rule is, if the computed value falls in the critical region, (is greater than the calculated value), you reject the null hypothesis.

This means that the computed value of the price coefficient is significantly different from zero. The price coefficient ( $b_1$ ) price has a positive effect on quantity of condoms demanded. This confirms the hypothesis that for every unit increase in price the quantity of condoms demanded will increase by 0.002359.

#### (ii) Age.

The null hypothesis ( $H_0$ ), is that age does not have an effect on quantity demanded, implying that the age coefficient is zero. It is therefore necessary to investigate whether this implication true.

$H_0: b_2 = 0$

The regression results show that the price coefficient  $b_2 = 0.055738$ . ( For every unit increase in age, the quantity of condoms demanded rises by 0.055738 ). We are again interested in finding out whether this value of  $b_2$  is in fact different from 0 or whether the difference is merely due to sampling error. If  $b_2$  is in fact equal to 0 then we accept the null hypothesis and reject the alternative hypothesis that age has an effect on quantity demanded.

We use the same test as for the price coefficient. The computed t statistic for age was 1.967. The tabled value remains unchanged at 1.645. In this case the computed value falls in the critical region. We reject the null hypothesis and report that there is a statistical relationship between age and quantity of condoms demanded.

Mathematically our model takes the following form:

$$Qd = 1.649184 + 0.002359P + 0.055738A \quad \text{.....(3)}$$

This simple regression analysis shows that both age and price have a positive effect on the quantity of condoms demanded. The value of the age coefficient is greater than the value of the price coefficient. This proves that price is not a major determinant in the demand for condoms, age has a greater impact on quantity demanded than price.

The model also shows us that if price and age were held constant there would still be some level of condoms demanded, shown by the value of  $b_0$ , 1.649184.

The positive value of the price coefficient tells us that as price increases the quantity demanded of condoms also increases.

## CHAPTER THREE

### RECOMMENDATIONS

Having stated the results in the two preceding chapters we now draw conclusions and suggest what these results imply for policy. The recommendations that follow are not solely directed towards government. There are a number of non governmental organisations that could use these recommendations to assist government in the struggle against AIDS. Moreover it is important that individuals take heed of these results in order to protect themselves against the dangers of becoming infected with the HIV virus.

Government has invested a large portion of its resources into AIDS prevention, (sixty percent of the AIDS and STD Unit budget over the past three years). A major component of the AIDS prevention programme implemented by government consists of free condom distribution. However, in this study, over 70% of the respondents state that they purchase condoms rather than obtain them free. A similar study in 1994 showed that 63% of the respondents purchased condoms rather than obtained them free. *Government will therefore need to review its policy of free condom distribution and may pursue more effective measures of condom distribution.*

Another of the findings in this study is *that over 35% of the respondents have not consistently been purchasing condoms.* This suggests that condom use is discontinued from time to time. The sexually active population need to be educated on the importance of condom use with every act of sexual intercourse. Billboards and radio messages should therefore stress **consistent** condom use rather than just condom use. This finding shows a small improvement over the findings in the Consumer Intercept Study (January 1994), carried out in Botswana, in which 40% of the respondents did not always use condoms.

This study also found that *nearly half the people interviewed bought between three and six condoms at the time of the interview.* This can be used as an indication of a daily or weekly requirement of condoms. Government should compare this amount to the quantities it distributes free over a similar time period (day or month). Distributing quantities in excess of six condoms to one person may not be cost effective. Distributing too many condoms may have negative effects on the economy resulting from wastage and litter.

Contraception was the most frequent reason given for condom use while prevention of AIDS & STDs was stated as the most important reason for condom use. This shows scope for promoting condoms as a contraceptive and not only for disease prevention.

*The most frequently stated reason for not using a condom was, " My partner refused "*. This shows a lack of acceptance of condoms. Education therefore has to be directed towards behavioural change and extended to improving negotiation skills between partners.

With regard to advertising, *radio has not realised its full potential with regard to creating condom brand awareness.* This shows a need for more radio advertising. In Botswana the radio station is a public owned enterprise. This means that government can be instrumental in creating condom brand awareness. Government can also promote condom use more frequently on the radio than it currently does. The private sector, on the other hand, should enhance the print media. This would enable a good majority of the population to become more informed.

People with higher levels of education do not obtain free condoms as often as those with an education level below secondary school. This shows a variation in behaviour due to difference in levels of education. Education also impacts significantly on the quantity of condoms obtained free. We can therefore accept the hypothesis that education affects behaviour in respect of condom access and conclude that as people acquire more education, and begin to earn an income, they prefer to pay for condoms rather than obtain them free. *This implies that free condom distribution should be concentrated in schools.* If condoms are distributed at schools, then students who require them will have easy access to condoms. At the same time students can be educated on proper condom use and on hygienic methods of disposal.

Another finding shows that age and employment have a significant impact on the brands people buy. This means that we should accept the hypothesis that condom purchasing behaviour is affected by age and employment. We therefore reject the hypothesis that gender and marital status have a relationship with how people obtain condoms. This implies that occupation, (school and work) affects individuals ability to obtain condoms. The reason for this may be that students and workers are occupied during normal business hours. It also shows that clinics are not a good source of condoms after normal business hours. *Policy will therefore have to move towards making condoms more accessible in the workplace and in the schools.* Clinics also need to be more sensitive to requests for condoms in the evenings and at night. Government should put more effort into getting the nursing staff to encourage the public to approach clinics at all times. Special condom divisions could be created within the clinics and hospitals.

Condom use (behaviour), on the other hand, varies with gender and marital status. Reasons for using condoms vary with gender while the type of partner (regular or casual) condoms are used with varies with both gender and marital status. Age, level of education and employment have no relationship with condom use. The reason for gender affecting condom use is clear. Females are usually more concerned about pregnancy while males tend to be driven by sexual desire. Males are aware that they can “disappear” if the female falls pregnant. Females are also aware that they are biologically more susceptible to contracting the HIV virus. In this regard policy needs to be gender sensitive, *there is a need to focus on developing a concern in men to use condoms.*

Married people have more at stake and therefore use condoms more with casual partners than the unmarried. This finding shows that extra marital relationships are a reality. This implies quite strongly that there is a need to bring condoms into the long term serious relationship. *Special effort has to be put into getting married people to use condoms with each other.*

The study shows that brand knowledge is significantly related to the level of education. Individuals with a secondary level of education and higher are more knowledgeable about **Lovers Plus** than those with a lower education. We therefore accept the hypothesis that education has an impact on knowledge of brand availability. Specific brand usage is related to all the demographic variables under study except marital status. We therefore reject the hypothesis that marital status affects brand choice.

*Consumer behaviour differs significantly with price.* When condoms are paid for, brand choice varies with age and employment. When condoms are freely distributed, brand choice varies with level of education and marital status. This shows that price is not the only factor that affects the choice of a particular brand. In fact, sensitivity was stated as the most important criteria for selecting a specific brand, given that price was held constant. When purchasing condoms for free

distribution, government needs to pay considerable attention to the issue of quality and not too much focus should be put on supply (purchase) price.

*The findings also show that price changes have little effect on quantity demanded.* Sixty three percent of those who experienced a price change in the last six months said they did not alter their consumption as a result of the change. This implies that demand is relatively irresponsive (inelastic) to change in price. This finding suggests that if government were to place a nominal price on all condoms, consumption would not fall. Government may be able to recover some costs by charging for condoms. In addition if people pay for condoms they attach more value to them than when they are obtained for free. The probability that individuals use condoms for which they pay is higher than if they obtained them free.

The findings show that particular brands are bought from certain outlet types. We therefore accept our hypothesis that certain brands are synonymous with particular outlet types. This may imply that consumer choice is limited to the brands they find in certain outlets. It would therefore be helpful to the consumer if clinics and the non traditional outlets diversify the brand ranges they stock.

## CONCLUSIONS

Failing to implement the policies recommended above will result in outright financial losses to the economy. Government can not continue directing funds into programmes that are failing to take off, such as free condom distribution. The rate at which individuals obtain free condoms has fallen in the past two years. Indications are that it will continue to fall. A detailed review of the effectiveness of free condom distribution is therefore necessary. It may prove more effective to mobilise the private sector, which has profit making incentives, into the activity of condom distribution. Also the fact that price and quantity demanded of condoms are positively related shows that possibilities exist for price increases and profit making without causing a drop in the consumption of condoms.

Other losses to the economy will be that of human-capital loss. The formal sector which consists mainly of skilled labour will break down as fatality increases. Following this productivity losses will set in. At the same time tax payers' money used to finance education will be lost to society.

Similar losses will be incurred in the informal sector as in the formal sector. In addition the informal sector which relies on the formal sector as a market for informal output will experience a fall in the demand for its output. The informal sector will also not receive income from migrants in the formal sector once these migrants take ill.

On the whole, economic activity will fall as the labour force is reduced. The Botswana economy is still greatly dependent upon labour as a factor of production. Government promotes labour intensive modes of production wherever possible. Failing to actively monitor the spread of HIV and react promptly to changes in the market for preventative measures, will have detrimental consequences on economic activity and long term economic growth.

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# APPENDICES

# Appendix A

## A. PROBLEM STATEMENT

The purpose of this study is to determine the characteristics of people who buy condoms from retail outlets and to arrive at an accurate buyer profile.

In addition to studying the demographics of the individuals who purchase condoms the study attempts to analyze a number of issues. These range from differences in life styles to availability and ease of access to condoms.

It is felt that by studying the purchasing patterns of condom buyers it would become evident why individuals prefer to purchase condoms. The study intends to highlight what individuals perceive as the benefits of condom usage, and whether or not users conceive products as different. The study also intends to investigate if condom usage varies with different partners, that is to say, are condoms used more with casual partners or with regular partners.

### **(I) Questions addressed.**

Buyer profile was investigated with regard to gender, age, marital status, education level, income and employment. These are the basic determinants of the demand for condoms.

The purchasing behavior was studied with particular reference to issues concerning new buyers vis-à-vis old buyers of the commodity, low and high volume buyers, awareness of the product, as well as brand preferences.

The opportunity cost as perceived by the buyer was explored in terms of transport and time. We also investigated whether individuals felt they had forgone *something* (a particular attribute) when using a brand, and when using an alternative brand.

The price elasticity of demand for the various brands were studied in order to determine how sensitive the consumers are to changes in prices of condoms.

### **(II) The Economic Importance of the Study.**

The AIDS pandemic is a serious threat to many a country, as it affects the workforce. Through its effects on savings and productivity, AIDS poses a very real threat to economic growth. World Bank simulations indicate a slowing of growth of income per capita by an average 0.6 percent per year in the ten worst-affected countries in Sub-Saharan Africa, which includes Botswana (World Development Report, 1993).

### **(III) Economic Cost of AIDS: Qualitative and Quantitative.**

#### **(a) Public health costs**

These are the costs of treating HIV+ and AIDS patients, and include costs of hospitalisation, treatment and drugs.

#### **(b) Wasted Expenditure: Loss of skilled human resources**

Depending on what age the person dies, the money invested in educating a person who dies of AIDS is either partially or completely lost. This is an especially pressing problem in Botswana, where there is already a shortage of trained manpower.

#### **(c) Costs of caring for dependants**

If a large proportion of young adults die, they will leave behind a number of orphans. Governments in general will be faced with great social and public cost.

#### **(d) Loss in Worker Productivity**

When AIDS becomes full blown the individual suffering from the disease usually becomes weak and less active. For individuals who are a part of the labour force and become bedridden, the number of work days decreases. This shortens the working life and hence the productivity of the individual.

#### **(e) Government compensation payments**

Government employees with AIDS are eligible for welfare benefits. All government employees are covered by the government medical aid scheme. Government will incur a portion of the financial costs due on hospital bills.

#### **(f) Loss of potential workforce**

Infants and children born with AIDS will not survive to contribute to the economy.

No thorough costing study of AIDS in Botswana has been undertaken as yet. However, the Vice President and Minister of Finance and Development Planning, Mr Festus Mogae, has issued a press statement that a study on the cost implications of the AIDS/HIV epidemic in the medium to long-term period would be undertaken during 1995. In terms of the economic costs, increasing AIDS mortality in Botswana will reduce both the active and potential productivity of the country and the per capita income.

#### **(IV) Costs of AIDS specific to Botswana.**

##### **(a) Hospitalisation costs**

The Government of Botswana recently commissioned a consultancy to investigate the possibility of home-based care for AIDS patients. Figures from the draft report indicate that for a person with AIDS:

Number of lifetime hospital admissions	=	0.7
Length of hospital stay per admission	=	8.2 days
Cost of hospital care per day	=	109.4 Pula

From the above statistics, the cost of hospitalisation for a single person with AIDS is  $(0.7 * 8.2 * 109.4) = P 628$  per day

##### **(b) Lost Expenditure on Education: A Proxy for Lost Productivity**

1989-90 statistics (NDP7, 1991-7) placed the annual cost of education per person as follows:

EDUCATION LEVEL	(1990 Pula)
Primary	274
Secondary	1363
Teacher Education	3202
Non-formal	63
Brigades	1800
Technical	4575
University	12 394

These figures imply that the expenditure lost on a person who dies of AIDS after spending seven years on primary education is:

$$(274 * 7) = P 1918$$

The expenditure lost on a person with primary education and a further five years of secondary school education is:

$$(1918) + (1363 * 5) = P 8733$$

The expenditure lost on a person with primary, secondary and four years of tertiary education is:

$$(8733) + (12 394 * 4) = P 58 309$$

Although other costs have not yet been quantified, Botswana is expected to incur enormous AIDS costs. The cost of caring for dependants, the cost of lost worker productivity, the cost of welfare benefits and the cost of lost potential workforce. Although an economic study of the costs of AIDS is useful, it does not take into account all the costs involved. We cannot, for example, estimate the cost of grief, or the inherent value of a life, though we can

be certain that these costs and values exist. Reducing the spread of HIV will provide major benefits for the country, both social and economic.

## **B. HYPOTHESIS**

1. The knowledge, attitude and behavior that individuals exhibit in respect of condom access, usage, and availability will differ with gender, age, level of education, marital status, and employment.
2. Price is not the only factor considered when obtaining a specific condom brand.
3. Price is not a major determinant in the demand for condoms.
4. Certain brands are synonymous with particular outlet types.

## **C. EMPIRICAL METHODS**

### **(I) Sampling Procedure**

The study was conducted in a number of randomly selected locations throughout the country. These areas were Francistown, Gaborone, Lobatse, Molepolole, Selebi Phikwe and Jwaneng. Within each of these locations simple market interviews were conducted. The reason for randomly selecting a number of locations was to ensure that the results of the study would be as unbiased as possible. If, for example Gaborone, which is the capital city, was selected as the only enumeration area, the study would have been influenced by the views of urban dwellers. It can reasonably be assumed that urban dwellers have more exposure to the media, international radio, etc. Television, for instance, is more accessible in Gaborone than in any other location in the country. As a result the views held by Gaborone residents would certainly not be representative of those held by the average Motswana. It must be clearly understood that the study was not intended to measure variation in behavior of respondents from one location to another.

The nature of this study required that only individuals who actually purchased condoms were interviewed. Hence the term "Consumer Intercept". The selection criteria for carrying out an interview was therefore solely based on whether or not the individual (the would be respondent) had purchased or as in the clinic case, obtained a condom.

### **(II) Data Collection**

The main source of data was primary. This was done by administering a structured questionnaire using the converser method of data collection (i.e. one on one - face to face interviews.) A copy of the questionnaire has been included in the appendix.

Secondary data was used to a lesser extent in order to make relevant comparisons on purchase behavior over time. Secondary data was also used in the formulation of the study. Information used in this report that has been taken from other publications are quoted within the text.

The sample selected for collection of primary data includes the six locations (towns) mentioned above under the sampling procedure. Five different outlet types (sources from

which one can obtain condoms) were selected in each of these locations and are listed in the table 1.1 .

Due to the sensitive nature of the topic being studied, cross gender interviewing were strictly prohibited. In other words, male enumerators were not to interview female respondents or vice versa. As a result, because there were fewer female enumerators each female enumerator was required to carry out 8 interviews at each outlet while each male enumerator was required to carry out 6 interviews at each outlet. This was done so as to arrive at an equal number of male and female interviews. The number of enumerators differed at each location due to the differences in size of these locations. There were four (4) enumerators in Gaborone, two (2) in Lobatse, three (3) in Francistown and one (1) in Selebi Phikwe, Molepolole, and Jwaneng respectively. This was intended to give a total of 410 interviews, however due to difficulties encountered in the field the final number of interviews carried out amounted to 391.

The enumerators were required to introduce themselves to the store owner / assistant and explain that they were conducting a market research. The enumerators then waited in the store (as agreed with store owner) until a condom purchase was made. The enumerator then approached the individual making the purchase, and explained that he would like to interview them with regard to analyzing the demand for condoms in Botswana. The enumerator would then follow special guidelines given to him or her.

### **(III) Sample Selection**

The geographical area covered by this project required a substantial amount of time and resulted in exceptionally high implementation costs. All financial assistance required by this project was provided by a local non-governmental organisation that has a vested interest in the prevention of AIDS and HIV. The opinions expressed herein, however, do not necessarily reflect the views of those who offered financial assistance. Enumerator training, data collection procedures and sampling were implemented under the direction of the researcher with the assistance of the University of Botswana Economics Department.

The final selection of interviews were as follows :

	<b>Male</b>	<b>Female</b>	<b>TOTAL</b>
<b>Francistown</b>	30	67	97
<b>Gaborone</b>	62	80	142
<b>Lobatse</b>	59	0	59
<b>Molepolole</b>	29	0	29
<b>Selebi Phikwe</b>	30	0	30
<b>Jwaneng</b>	0	34	34
<b>TOTAL</b>	210	181	391

The difference in the number of males and females interviewed has been regarded as negligible for two reasons. Firstly, the difference was arrived at purely by chance. Despite the effort made to balance the number of males and females interviewed, the purchasing pattern simply did not allow the numbers to balance. Secondly, the chi-square test of association takes account of this imbalance between the number of males and females interviewed. The test measures variation between variables as explained in the method of analysis below.

#### **(IV) Analysis**

The analysis relies on simple percentages, cross tabulations and analysis of variance. The Chi-square test attempts to prove whether a relationship exists between two variables. In table 2.1 for example, the Chi-square value shows that gender does not vary significantly with the method by which people obtain condoms. In this study the Chi-square test of association will be used to test each hypothesis. The result of the Chi-square test is given as the P-value test of significance (reported in the tables as sig. test).

Generally, large P values indicate no evidence against the null hypothesis. However, in an endeavour to maintain accuracy, the P-value of 0.10 (90%) will be used as the decisive point. This therefore means that for P-values of less than .10, the hypothesis that the variables are independent of each other, (ie. the null hypothesis) will be rejected and a statistical relationship between the variables will be reported. In applied research 0.10 is normally the measure of statistical significance between variables.

With cross tabulations, the results are reported in matrices. Ideally, it is required that all the cells in the matrices contain a minimum value of five. For purposes of applied economic research it is possible to relax this requirement. This study has relaxed this requirement to the following extent. In the event that the cross tabulation resulted in a two by two matrix and 25% (one in four) of the cells in the matrix contained the value of five or more then the calculated P-value was considered reliable. For any bigger matrix, ie. two by three, two by four or three by three matrix, when 30% of the cells contained the value of five or more, the Chi-square test is considered reliable. If these conditions are not met, then the cell presence is said to be low and the P-values are reported as unreliable.

## Appendix B

### REVIEW OF RELEVANT LITERATURE.

Not many studies have been carried out on the demand for condoms. This is perhaps due to the fact that before the HIV out break, condoms were regarded as a sex aid. This implied that condoms merely encouraged sexual activity and immorality.

Today, condoms are viewed from a completely different perspective. There is no doubt that condoms have become synonymous with AIDS prevention and safe sex. This in itself has led to the assumption that nearly everybody who is sexually active has to use a condom in order to maintain good health. The implication here being that good health is the main determinant for condom demand. This is most certainly true except that there are a number of other factors that influence the demand for condoms which are constantly overlooked.

The Health Statistics Report (1990/91) views the condom as a Family Planning device. This report shows that popularity among new users of the condom has increased from 9,048 in 1986 to 20,059 in 1991. The repeat users (those who have used condoms before) also show an increase from 20,387 in 1986 to 69,652 in 1991.

A recent study by the AIDS/STDs Unit shows that in Francistown, Mahalapye and the Southern District of this country, the attitude of males towards obtaining condoms has worsened between 1992 and 1994. (Monitoring Trends in Youth Sexual Behavior, P12.)

A consumer Intercept Study carried out in Nigeria reports that:

" Condom users generally claim to use respective regular brands for their effectiveness, safety, cheapness, reliability, thick texture and availability."

The Nigeria report further states that:

" Price, functionality, and availability were usually the main motivation in the choice of condom brands."

The Nigerian study also gives reasons why consumers did not buy their regular brand at the last time of purchase. The reasons given were as listed below:

- \* Non availability
- \* Cost
- \* The desire to try a new brand
- \* The condoms tend to tear easily.

Another interesting result from this study was that of strong brand loyalty. Virtually 78% of the condom users claimed brand loyalty to their first regular brand. (Brand loyalty is a marketing term which refers to continuous use and purchase of a brand).

A similar study carried out in March 1994, in Zambia, reports that , 34% of the respondents obtained free condoms after purchasing the *Maximum* brand. All the other respondents (66%) did not obtain free condoms after having bought *Maximum*. (P 15. Draft report)

The study confirms previous works that *Maximum* is the primary condom brand purchased in Zambia and lists the following reasons why other condom brands were purchased:

* Maximum not available	(52%)
* Wanted to try another brand	(14%)
* No particular reason	(6%)
* Other brand was recommended	(5%)

The unaided benefits reported of using *Maximum* (which is the most popular condom brand in Zambia) were given as:

* Prevention against STDs	(41%)
* AIDS prevention	(30%)
* Family Planning	(18%)
* Reliability	(5%)
* Strength	(4%)
* High Quality	(1%)
* Sensitivity	(<1%)

The nature and impact of price on this commodity showed that if the price was increased from K20 to K100, 54% of the respondents would alter their monthly consumption, while the remaining 46% of the respondents would not alter their purchase quantities.

Another study under review is that of Population Services International Botswana carried out in late 1993. This study found that:

" Sixty three percent of the people interviewed usually buy condoms rather than obtain them free. "

Other demand factors worth noting from the study are that :-

\* Consumers purchase "*Lovers Plus*" condoms in outlets because they are near and in locations in their neighbourhood that are considered convenient.

\* If all condoms were the same price, 45% state they would buy "Durex", while 32% would buy "*Lovers Plus*."

\* Of all condom buyers, 53% stated pharmacies as an outlet where they currently bought condoms, 19% stated general dealers, 10% bars or bottle stores and 2% supermarkets.

\* The most frequently named outlet where people would like to buy condoms (where they can not buy them now), was reported to be nightclubs.

\* The main problem mentioned in obtaining condoms was that of immorality intimidation. Other mentioned problems were expense, inconvenient selling hours and that outlets were out of reach.

Of all the studies reviewed, only the Nigeria study shows that price was significant in terms of the demand for condoms.

Other studies reviewed did not directly analyze the demand for condoms but instead elaborated on the need for preventative measures and why governments and individuals should act now. In this regard, the Government of Botswana has covered 60% of the AIDS/STD Unit budget over the last three years. In addition the Botswana Government has stressed the need for multi-sectoral involvement of all government agencies, Non Government Organizations (NGO), donor organizations and the private sector for the control and prevention of the AIDS virus. In an attempt to achieve its multi-sectoral involvement goal, government has established a number of organizations at various levels. The Medium Term Plan For The Prevention And Control of HIV/AIDS explains that the National AIDS Committee has been established at the central level to advise and formulate policies for the programme. While at the district level, District AIDS Committees have been formed to plan and programme district activities. In addition to these, there is also mention of village and health committees that are in place. (MTP 1983 to 1993, Page 6.)

M. Ross Seligon and Karen E. Peterson in their book "Aids Prevention and Treatment : Hope, Humor, and Healing," highlighted that the number of AIDS cases among heterosexuals was doubling every 6 months. According to Peterson condoms have a two to thirty percent failure rate because of incorrect usage arising from failure to look at the expiration date, exposure of condoms to heat or excessive light, failure to squeeze air bubbles out of the tip and not being careful with finger nails.

Paterson continues to show why safe sex is better sex by saying:

"Intercourse (oral, vaginal, or anal) is very risky, even with condoms. Without condoms, intercourse of any kind is known as suicidal sex." (Page 250).

Valdiserri (1989) writes:

In 1940, Dr Woodbridge Morris, then general director of the Birth Control Federation of America, criticised the American Social Hygiene Association for excluding condoms as a means of preventing sexually acquired infections.

His main criticism of the organisation was the extent to which it minimized the importance of the condoms in preventing venereal diseases because condoms "happen to be a method of contraception."

Valdiserri demonstrates also that at the time of World War Two, the United States Army recognized the condom as, "the only practical mechanical protection against venereal infection." (Coates et al. 1960:197). The Army further required post exchanges to stock condoms of approved quality.

On the adolescent reproductive front, Valdiserri highlights results from a focus group discussion carried out by BEBASHI which showed that many people needed to learn the "skill" of bringing up the subject of condoms with a new sexual partner.

Valdiserri continues to indicate that:

" A subsequent study of heterosexuals with multiple or high risk partners revealed that less than one third of the sample felt personally threatened by AIDS and that the epidemic has had little impact on the frequency of unprotected vaginal intercourse (Research and Decisions Corporation 1986:2). "(Pages 142-143.)

Valdiserri firmly states that when providing education to the general heterosexual population, emphasis has to be placed on communication with potential partners, and unprotected sex with recent acquaintances or strangers had to be discouraged. A combination of the above tips he says, would" have a greater yield " than any campaign that advocates celibacy prior to marriage.

In a study carried out in San Francisco over one year, (prior to the Valdiserri study) on adolescents, respondents had the knowledge that condoms could prevent AIDS. However this did not reflect increase of use of condoms.

Roberta Weiner in her book, "AIDS: Impact on the Schools", says that AIDS education must be brought into the schools " because they are in the best position to present information that may prevent unsafe sexual behavior. "

Weiner continues to state that "we can no longer attribute AIDS in schools to contaminated blood transfusion, in fact blood banks are being cleaned up and infection via blood transfusion is expected to be completely eliminated."

Weiner continues to cite Levi who says it is unlikely that schools would ever get explicit:

" I know there's no way they're going to do it. The problem school administrators face, if you talk about how to have safe sex, you are teaching about how to perform sex, and you are accused of condoning it, but they have to do a cost - benefit analysis. If they want to risk the lives of thousands of teenagers just because they're uncomfortable with talking explicitly about sex, that's the decision they are going to have to make. "

On the other hand, the U.S. Center for Disease Control figures show that seventeen percent of school age children acquired the disease via sexual transmission.

Figures below show methods of infection for a sample of 59 children aged six to eighteen years.

Sexual Transmission	10 (17%)
IV Drug Use	3 ( 5%)
Haemophilia	25 (42%)
Transfusion	5 ( 9%)
Pre-natal	10 (17%)
Unknown	6 (10%)
<b>TOTAL</b>	<b>59 (100%)</b>

A seminar presentation by Happy Fidzani (April 1994), looks at Sub-Saharan Africa and specifically, Fidzani states :

“It is projected that by the year 2000 about 60% of the world’s HIV cases will be from this region. Whereas the current HIV related deaths in developed countries are 0.7 people per 1000, for this region it is 5 per 1000. This gross disparity has been explained in terms of lack of access to health facilities in the region, lack of education which has limited access to information about the dangers of AIDS. Structural Adjustment Programs (SAPS) have also been blamed for reducing government spending. Decreased government spending has not only led to increased poverty but also resulted in increased migration, the main means by which HIV spreads”.

With regard to the economic implications of HIV, Fidzani says “ evidence from the region indicates that at least during the early stages of HIV infection the skilled and the educated are most affected ”(p.2). The examples cited include evidence from Zaire, Rwanda and Zambia. In all these countries, HIV infection in the early stages was highest among individuals with higher levels of education. Fidzani points out that the high infection rate among the educated claim adverse effects on the formal sector because it is the formal sector which mainly employ the educated.

Fidzani explains that as migrants infected with the HIV virus return to the rural areas for home based care, a major source of income is lost to the informal sector. This loss to the informal sector is two fold. Firstly, the remittance previously received from the infected migrant to the informal sector comes to an end once his employment is given up in the formal sector. Secondly, the agricultural output in the informal sector drops as attention is diverted to caring for the infected migrant that has returned.

At the macroeconomic level, Fidzani says that, “the diversion of national resources from productive activities into health expenditure targeted for the reduction of HIV infection reduces the nation’s productivity is obvious as most countries face serious shortages of investment capital ” (p.3). Other macroeconomic implications mentioned include the diversions of private sector funds from investment projects into medical bills and the reduction in national human-capital in the long term.

# Appendix C

## Regression Results

Listwise Deletion of Missing Data

Equation Number 1      Dependent Variable..      MJUSTBUT      How many have you  
just bought ?

Block Number 1.      Method:      Enter      AGE      Price (HMUPFABR)

Variable(s) Entered on Step Number

.      HMUPFABR      How much do you pay for your favourite brand ?  
.      AGE

Multiple R                      .22504  
R Square                         .05064  
Adjusted R Square               .04575  
Standard Error                 3.15111

Analysis of Variance

DF	Sum of Squares	Mean Square	
Regression	2	205.51714	102.75857
Residual	388	3852.63631	9.92948

F =            10.34884            Signif F =    .0000

----- Variables in the Equation -----

Variable	B	SE B	Beta	T	Sig T
HMUPFABR	.002359	5.8297E-04	.200269	4.047	.0001
AGE	.055738	.028335	.097338	1.967	.0499
(Constant)	1.649184	.735093		2.244	.0254

End Block Number 1      All requested variables entered.

## Appendix D

### CODE BOOK

Consumer Intercept Study  
University of Botswana, December 1994.

<u>Number</u>	<u>Question</u>	<u>Variable Name</u>	<u>Width</u>
A.	Questionnaire 1 000	QuestNum	4
B.	Enum. CODE 01 Oboile Lemogang 02 Thatayamodimo Rankoto 03 Sephala Gaogopolwe 04 Mapega Motlhabane 05 Tumelo Molelekwa 06 Alex Phera 07 Kopano Kopano 08 Puleng Morake 09 Tshole Monowe 10 Tshepo Khowe 11 Mooketsi Pule 12 Bagaisi Phaphe	Enumcode	2
C.	Location 1 Gaborone 2 Selibe Phikwe 3 Jwaneng 4 Francistown 5 Lobatse 6 Molepolole	Loccode	1
D.	Date	Dateintr	8
E.	Time Start Time End	InterTime	5
i)	Gender 1 Male 2 Female	Gender	1
ii)	Age of Respondent	Age	2
iii)	Area in which interview conducted 1 2 4 5	AREAINTR	1

iv)	Type of outlet at which interview is being conducted 1 general dealer 2 bar 3 clinic 4 spaza 5 chemist 6 bottle store 7 shebeen 8 liquor restaurant 9 10 11 12	Tyoutint	2
v)	Name of outlet 1 2 3 4 5	Nameout	2
vi)	Where have you spent most of time in the last six months  1 urban 2 rural	Spentime	1
vii)	Are you currently employed  1 yes 2 no 3 schooling 4 TSP	Curmploy	1
viii)	What was the last level of education you obtained  1 non formal education 2 no education 3 primary education 4 junior education 5 senior education 6 post secondary 7 8 9 10	Lasleved	1
ix	What is your marital status 1 single 2 married 3 cohabitating 4 divorced 5 widowed	Maristat	1
x	Please estimate as accurately	HOUSEINC	1

as possible the total monthly  
income of your household

- 1 less than 500
- 2 P500 - P1000
- 3 P1000- P1500
- 4 P1500 and above

- |    |   |          |   |
|----|---|----------|---|
| 1) | How do you normally obtain<br>condoms                   | HOWOBCOM | 1 |
|    | 1 buy   |          |   |
|    | 2 Free  |          |   |
| a) | Is this the first time you<br>buy condoms?              | ISFIRBUY | 1 |
|    | 1 yes   |          |   |
|    | 2 no  |          |   |
| b) | when was the first time<br>bought condoms               | Wenfishy | 1 |
|    | 1 3 months ago  |          |   |
|    | 2 4 to 8 months ago                                     |          |   |
|    | 3 9 to 15 months ago                                    |          |   |
|    | 4 16 to 20 months ago                                   |          |   |
|    | 5 21 and over   |          |   |
| c) | Have you been buying condoms<br>continuously since then | Contibuy | 1 |
|    | 1 yes   |          |   |
|    | 2 no  |          |   |
| 2) | How many do you usually buy<br>on average in a month    | HMAUSBU  | 1 |
|    | 1 three to six  |          |   |
|    | 2 seven to nine   |          |   |
|    | 3 ten to twelve   |          |   |
|    | 4 thirteen to fifteen                                   |          |   |
|    | 5 sixteen to eighteen                                   |          |   |
|    | 6 nineteen to twenty                                    |          |   |
|    | 7 twenty one to twenty four                             |          |   |
|    | 8 twenty five and above                                 |          |   |
| 3) | How many have you just bought                           | MJUSTBUT | 1 |
|    | 1 three to six  |          |   |
|    | 2 seven to nine   |          |   |
|    | 3 ten to twelve   |          |   |
|    | 4 thirteen to fifteen                                   |          |   |
|    | 5 sixteen to eighteen                                   |          |   |
|    | 6 nineteen to twenty                                    |          |   |
|    | 7 twenty one to twenty four                             |          |   |
|    | 8 twenty five and above                                 |          |   |

3a	What brand have you just bought	WBJUSTBO	2
	1 lovers plus		
	2 kama sutra		
	3 durex		
	4 rough rider		
	5 sultan		
	6 bare back		
	7 Gossamer		
	8		
	9		
	10		
4)	Who usually buys them.	WOUSBUYS	1
	1 myself		
	2 my partner		
	3 Both Partner and I		
	4		
	5		
	6		
	7		
4a)	Do you sometimes get condoms free	DOSOGEFR	1
	1 yes		
	2 no		
5)	Why do you normally get condoms for free	WHNOGEFR	1
	1 I normally do not have cash to buy condoms		
	2		
	3		
	4		
	5		
	6		
5a)	When was the first time you obtained condoms	WHFSOBCO	1
	1 3 months ago		
	2 4 to 8 months ago		
	3 9 to 15 months ago		
	4 16 to 20 months ago		
	5 21 and over		
6)	Have you been obtaining condoms continuously since then	HBEOBCOC	1
	1 yes		
	2 no		
7)	How many do you usually obtain on average in a month	HMONTOB	1
	1 three to six		
	2 six to nine		
	3 nine to twelve		
	4 twelve to fifteen		

- 5 fifteen to eighteen
- 6 eighteen to twenty
- 7 twenty to twenty-four
- 8 twenty-four and above
- 9 don't know / partner gets them

- 8) How many have you just obtained HCOMAJUOB 2
- 1 three to six
  - 2 six to nine
  - 3 nine to twelve
  - 4 twelve to fifteen
  - 5 fifteen to eighteen
  - 6 eighteen to twenty
  - 7 twenty to twenty-four
  - 8 twenty-four and above
  - 9 don't know / partner gets them
- 8a) What brand have you just obtained WBRJUOB 2
- 1 lovers plus
  - 2 Kama sutra
  - 3 Durex
  - 4 Rough Rider
  - 5 Sultan
  - 6 Bare back
  - 7 Gossamer
- 9) Who usually obtains them HUSOBTAN 1
- 1 Myself
  - 2 My partner
  - 3 Both Partner and I
  - 4
  - 5
  - 6
  - 7
- 10) Have you ever used a condom HAEVUSCO 1
- 1 yes
  - 2 no
- 11) Is this the first time you are going to use a Condom FITIMEUS 1
- 1 yes
  - 2 no
- 11a) How many times have you attempted to use a condom HMATUSCO 1
- 1
  - 2

- 11bi) Why have you not been able to use the condoms you obtained previously WYNABUCO 1
- 1 Partner refused
  - 2 It reduces pleasure
  - 3 It reduces excitement
  - 4
  - 5
  - 6
  - 7
- 11bii) What were the reasons for your previously obtaining /Purchasing condoms WHPURCON 1
- 1 to protect myself against aids with casual partner
  - 2 to protect myself against std's with casual partner
  - 3 to prevent pregnancy
  - 4 to prevent myself against aids with regular partner
  - 5 to prevent myself from std's with regular partner
- 12) How often do you/intend to use condoms HOINUSE 1
- 1 Always
  - 2 Sometimes
  - 3
  - 4
- 13) Do you intend to use the condoms you have just bought yourself DIUSCJBU 1
- 1 yes
  - 2 no, will give to a friend
  - 3 no-----
  - 4 no-----
  - 5 no-----
  - 6 no-----
- 14) Whom do you use/intend to use with. WHUSCOWH 1
- 1 Casual Partner
  - 2 Commercial sex Partners
  - 3 Regular partner
  - 4 Every partner
  - 5
  - 6
  - 7
- 15) Why do you use condoms WYUSCOND 1
- 1 Prevention of AIDS
  - 2 Prevention of AIDS
  - 3 Contraception
  - 4 STD's and AIDS

5  
6  
7

- 15ai) Rank the first most important reasons RAWYUSC1 1  
1 Prevention of AIDS  
2 Prevention of AIDS  
3 Contraception  
4 STD's and AIDS  
5  
6  
7
- 15aii) Rank the second most important reasons RAWYUSC2 1  
1 Prevention of AIDS  
2 Prevention of AIDS  
3 Contraception  
4 STD's and AIDS  
5  
6  
7
- 16) What brands do you know WHBRAKNO 2  
1 lovers plus  
2 Kama sutra  
3 durex  
4 rough rider  
5 sultan  
6 bare back  
7 gossamer  
8 stellar  
9 kiss of mint  
10 power play  
11
- 17) Please tell me your three most frequently used brands THMFRUSD 1  
1 lovers plus  
2 Kama sutra  
3 durex  
4 rough rider  
5 sultan  
6 bare back  
7 gossamer  
8 stellar
- 17ai Please name the brands you buy. HOBBUYCO 1  
1 lovers plus  
2 Kama sutra  
3 durex  
4 rough rider  
5 sultan  
6 bare back  
7 gossamer  
8 stellar  
9 kiss of mint

- 17aii Please name the brands you obtain from the clinic. HOBFCCLIC 1
- 1 lovers plus
  - 2 kama sutra
  - 3 durex
  - 4 rough rider
  - 5 sultan
  - 6 bare back
  - 7 gossamer
  - 8 stellar
  - 9 kiss of mint
- 17aiii Please name the brands you obtain from friends. HODFFRND 1
- 1 lovers plus
  - 2 kama sutra
  - 3 durex
  - 4 rough rider
  - 5 sultan
  - 6 bare back
  - 7 gossamer
  - 8 stellar
  - 9 kiss of mint
- 18) If all condoms were the same price which brand would you buy IFSPWHBY1
- 1 lovers plus
  - 2 kama sutra
  - 3 durex
  - 4 rough rider
  - 5 sultan
  - 6 bare back
  - 7 gossamer
  - 8 stellar
  - 9 kiss of mint
- 18a) Why WYBUSAPR 1
- 1 I like its packaging
  - 2 smells good
  - 3 sensitive
  - 4 accessible
  - 5 strong
  - 6
  - 7
- 19) Where can condoms be obtained WHCACOOM 1
- 1 clinics
  - 2 general dealers
  - 3 bars
  - 4 bottle store
  - 5 Pharmacy/ chemists
  - 6 Friends
  - 7 do not know
  - 8 spaza shops
  - 9 hotels

- 20) Have you ever met any problems when obtaining condoms  
 1 Yes  
 2 no  
 HAEVMEPR 1
- 20a) What are the problems that you are faced with when obtaining condoms  
 1 Expensive  
 2 queues at shops  
 3 sold by opposite sex  
 4 sold by same sex  
 5 inconvenient selling hours  
 6 Intimidation at the shops  
 7 outlets out of reach  
 8 condom out of stock at shop  
 9 queues at clinic  
 10 given by opposite sex  
 11 given by same sex  
 12 Intimidation at clinic  
 13 clinic to far  
 14 clinic out of stock  
 15 clinic issues at inconvenient time  
 16  
 17  
 18  
 WPRFOBCO 2
- 20bi) Rank the first most important problem faced with when obtaining condoms  
 1 Expensive  
 2 queues at shops  
 3 sold by opposite sex  
 4 sold by same sex  
 5 inconvenient selling hours  
 6 Intimidation at the shops  
 7 outlets out of reach  
 8 condom out of stock at shop  
 9 queues at clinic  
 10 given by opposite sex  
 11 given by same sex  
 12 Intimidation at clinic  
 13 clinic to far  
 14 clinic out of stock  
 15 clinic issues at inconvenient time  
 16  
 17  
 18  
 RPF0BC01 2
- 20bii) Rank the second most important problem faced with when obtaining condoms  
 1 Expensive  
 2 queues at shops  
 3 sold by opposite sex  
 4 sold by same sex  
 5 inconvenient selling hours  
 6 Intimidation at the shops  
 7 outlets out of reach  
 8 condom out of stock at shop  
 RPF0BC02 2

- 9 queues at clinic
- 10 given by opposite sex
- 11 given by same sex
- 12 Intimidation at clinic
- 13 clinic to far
- 14 clinic out of stock
- 15 clinic issues at inconvenient time
- 16
- 17
- 18

- 20biii) Rank the third most important problems faced with when obtaining condoms RPF0BC03 2
- 1 Expensive
  - 2 queues at shops
  - 3 sold by opposite sex
  - 4 sold by same sex
  - 5 inconvenient selling hours
  - 6 Intimidation at the shops
  - 7 outlets out of reach
  - 8 condom out of stock at shop
  - 9 queues at clinic
  - 10 given by opposite sex
  - 11 given by same sex
  - 12 Intimidation at clinic
  - 13 clinic to far
  - 14 clinic out of stock
  - 15 clinic issues at inconvenient time
  - 16
  - 17
  - 18
- 20c) Were you able to obtain condoms irrespective of the problems mentioned above WBOBIRPR 1
- 1 yes
  - 2 no
- 21) Do you have a favourite brand DHFAVBRA 1
- 1 lovers plus
  - 2 kama sutra
  - 3 durex
  - 4 rough rider
  - 5 sultan
  - 6 bare back
  - 7 gossamer
- 22) How does it differ from the other brands HDIOTBRA 2
- 1 cheap
  - 2 accessible
  - 3 sensitive
  - 4 attractive
  - 5 flavored
  - 6 ribbed
  - 7 studded
  - 8 free
  - 9 expensive
  - 10 no smell

- 11 not oily
- 12 colored
- 13
- 14
- 15

22ai) Rank first most important responses HDOTBRA1 2

- 1 cheap
- 2 accessible
- 3 sensitive
- 4 attractive
- 5 flavored
- 6 ribbed
- 7 studded
- 8 free
- 9 expensive
- 10 no smell
- 11 not oily
- 12 colored
- 13
- 14
- 15

22aii) Rank second most important responses HDOTBRA2 2

- 1 cheap
- 2 accessible
- 3 sensitive
- 4 attractive
- 5 flavored
- 6 ribbed
- 7 studded
- 8 free
- 9 expensive
- 10 no smell
- 11 not oily
- 12 colored
- 13
- 14
- 15

22aiii) Rank third most important responses HDOTBRA3 2

- 1 cheap
- 2 accessible
- 3 sensitive
- 4 attractive
- 5 flavored
- 6 ribbed
- 7 studded
- 8 free
- 9 expensive
- 10 no smell
- 11 not oily
- 12 colored
- 13
- 14
- 15

23)	When your favourite brand is not available which brand do you choose	WFANOWCH	2
	1 lovers plus		
	2 kama sutra		
	3 durex		
	4 rough rider		
	5 sultan		
	6 bare back		
	7 gossamer		
23a)	Rank Why 1	WFANOCH1	2
	1 cheap		
	2 accessible		
	3 sensitive		
	4 attractive		
	5 flavored		
	6 ribbed		
	7 studded		
	8 free		
	9 expensive		
	10 no smell		
	11 not oily		
	12 colored		
	13		
	14		
	15		
23a)	Rank Why 2	WFANOCH2	2
	1 cheap		
	2 accessible		
	3 sensitive		
	4 attractive		
	5 flavored		
	6 ribbed		
	7 studded		
	8 free		
	9 expensive		
	10 no smell		
	11 not oily		
	12 colored		
	13		
	14		
	15		
23a)	Rank Why 3	WFANOCH3	2
	1 cheap		
	2 accessible		
	3 sensitive		
	4 attractive		
	5 flavored		
	6 ribbed		
	7 studded		
	8 free		
	9 expensive		
	10 no smell		
	11 not oily		
	12 colored		

13  
14  
15

- 24) How much do you pay for your favourite brand HMUPFABR 1  
1 lovers plus P---for----  
2 kama sutra P---for----  
3 durex p---for----  
4 rough rider p---for----  
5 sultan p---for----  
6 bare back p---for----  
7 gossamer p---for----
- 25) How much do you pay for other brands HMUPTHBR 1  
1 lovers plus P---for----  
2 kama sutra P---for----  
3 durex p---for----  
4 rough rider p---for----  
5 sultan p---for----  
6 bare back p---for----  
7 gossamer p---for----
- 26) Has the price of your favourite brand changed recently HPRFACHN 1  
1 yes  
2 no
- 26a) Was it an increase or decrease in price DECRINCR 1  
1 increase  
2 decrease
- 26b) How did you alter your consumption as a result of price change HLTCOSRE 1  
1 started buying in bulk to store  
2 bought more at a time  
3 reduced the rate of buying  
4 stopped buying  
5  
6
- 26c) How would you react to a similar price increase in the future HOREIFIN 1  
1 will stop/not continue buying  
2 will reduce rate of buying by half  
3  
4  
5  
6  
7  
8
- 27) Where do you usually buy condoms WDUSBUCO 1  
1 clinics  
2 general dealers/super market.

- 3 bars
- 4 bottle store
- 5 Pharmacy/ chemists
- 6 Friends
- 7 do not know
- 8 spaza shops

- 27a) Why WYBUTHRE 1
- 1 it is near
  - 2 cheaper
  - 3 sold by somebody of the same sex
  - 4 less intimidating
  - 5 sold by somebody of age group
  - 6 there is a variety of condoms to choose from.
  - 7 no queues
- 27b Rank first most important reasons RWYBTHE1 1
- 1 it is near
  - 2 cheaper
  - 3 sold by somebody of the same sex
  - 4 less intimidating
  - 5 sold by somebody of age group
  - 6 no queues
- 27b Rank second most important reasons RWYBTHE2 1
- 1 it is near
  - 2 cheaper
  - 3 sold by somebody of the same sex
  - 4 less intimidating
  - 5 sold by somebody of age group
  - 6 no queues
- 27b Rank third most important reasons RWYBTHE3 1
- 1 it is near
  - 2 cheaper
  - 3 sold by somebody of the same sex
  - 4 less intimidating
  - 5 sold by somebody of age group
- 28) where do you buy your favourite brand WBUFAVBR 1
- 1 clinics
  - 2 general dealers/super market
  - 3 bars
  - 4 bottle store
  - 5 Pharmacies/chemists
  - 6 Friends
  - 7 night clubs

- 8 vending machines
- 9 spaza shops
- 10 library
- 11 workplace
- 12 No other place/Current out OK
- 13
- 14
- 15

- 29) Where would you like to buy your favourite brand where you can not buy it now WVLIBFAV 2
- 1 clinics
  - 2 general dealers/super market
  - 3 bars
  - 4 bottle store
  - 5 Pharmacies/chemists
  - 6 Friends
  - 7 night clubs
  - 8 vending machines
  - 9 spaza shops
  - 10 library
  - 11 workplace
  - 12 No other place/Current out OK
  - 13 magistrates court
- 30) What can you say about the price of your favourite brand WHSAABPR 1
- 1 too high
  - 2 too low
  - 3 just okay
- 31) Is there a place in your neighbourhood where you can always buy condoms/where condoms are usually sold IANEBYCO 1
- 1 yes
  - 2 no
- 32) Is there a place in your neighbourhood where you can always buy your favourite brand/where your favourite brand is usually sold IANEBYFA 1
- 1 yes
  - 2 no
- 33) Where would you like to buy condoms where you can not now WLIBYCON 1
- 1 clinics
  - 2 general dealers/super market
  - 3 bars
  - 4 bottle store
  - 5 Pharmacies/chemists
  - 6 Friends
  - 7 night clubs
  - 8 vending machines
  - 9 spaza shops
  - 10 library

- 11 workplace
- 12 No other place/Current  
out OK

33a) Rank where you would like to buy      WLIBYCO1      2  
condoms where you can not now

- 1 clinics
- 2 general dealers/super market
- 3 bars
- 4 bottle store
- 5 Pharmacies/chemists
- 6 Friends
- 7 night clubs
- 8 vending machines
- 9 spaza shops
- 10 library
- 11 workplace
- 12 No other place/Current  
out OK
- 13 Magistrate/Kgotla
- 14 Bus rank

33b) Rank where you would like to buy      WLIBYCO2      2  
condoms where you can not now

- 1 clinics
- 2 general dealers/super market
- 3 bars
- 4 bottle store
- 5 Pharmacies/chemists
- 6 Friends
- 7 night clubs
- 8 vending machines
- 9 spaza shops
- 10 library
- 11 workplace
- 12 No other place/Current  
out OK
- 13 Magistrate/Kgotla
- 14 Bus rank

- 33c) Rank where you would like to buy condoms where you can not now      WLIBYCO3      2
- 1 clinics
  - 2 general dealers/super market
  - 3 bars
  - 4 bottle store
  - 5 Pharmacies/chemists
  - 6 Friends
  - 7 night clubs
  - 8 vending machines
  - 9 spaza shops
  - 10 library
  - 11 workplace
  - 12 No other place/Current out OK
- 34) Where did you first learn/hear about your favourite brand      WFILABFA      1
- 1 radio
  - 2 Kutlwano
  - 3 motswana woman
  - 4 school magazine
  - 5 news paper boys
  - 6 police magazine
  - 7 Television
  - 8 Friends
  - 9 news papers
  - 10 other
  - 11
  - 12
- 34a) Name of Radio station you got the message      NARADIO      1
- 1 radio Botswana
  - 2 radio Mmabatho
  - 3
  - 4
  - 5
- 34b) What was your first impression of the product      FIMOFPRO      1
- 1 I developed a positive attitude toward the condom
  - 2 Resented it at first
  - 3 Wanted to test it
  - 4 My partner liked it and wanted to use it
  - 5 Liked the packaging
  - 6 Protection from AIDS and STDs
  - 7 Sensitive
  - 8 Cheap
  - 9 Shy
  - 10 Prevention of pregnancy
- 34c) What in the message made you favour this brand      WIMEMFAV      1
- 1 that the condom could protect/prevent Aids virus/STD's

- 2 cheap
- 3 mainly for Batswana
- 4 strong/does not break easily.
- 5 sensitive
- 6 super safe
- 7 like the brand and has been using  
it for a long time
- 8 prevents pregnancy
- 9 not sure
- 10 right size
- 11 label and picture

35	level of cooperation	LEVCOOPE	1
	1 high		
	2 medium		
	3 low		

# **Appendix E**

## **Questionnaire**

# AN ANALYSIS OF THE DEMAND FOR CONDOMS: A Consumer Intercept Study

Prepared & Administered  
for PSI Botswana

Questionnaire Number: \_\_\_\_\_ Enumerator Number: \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_ Time Start: \_\_\_\_\_

Enumerator self-check: \_\_\_\_\_ Time End : \_\_\_\_\_

Enumerator Assistant check: \_\_\_\_\_ Duration : \_\_\_\_\_

Field Supervisor check : \_\_\_\_\_

Research co-ordinator check : \_\_\_\_\_

*[ Enumerator, introduce the study as a market survey with particular emphasis on condom consumption. Inform the respondent that some of the information requested will be quite personal and will be treated confidentially. Assure the respondent that we are not recording any names and that the information can therefore not be linked to anyone. They should therefore feel free to answer honestly. You are to listen carefully to what the respondent says and record the required results in the space provided below. Do not at any point disagree with the respondents view or make any gesture of disapproval.]*

## Demographic Details

i) Gender ?  _____ -1 Male _____ -2 Female	
ii) Age ?	
iii) Area in which the interview is being conducted ?  _____	

iv) Type of outlet at which the interview is being conducted ?

- \_\_\_\_\_ -1 General Dealer
- \_\_\_\_\_ -2 Bar
- \_\_\_\_\_ -3 Clinic
- \_\_\_\_\_ -4 Spaza Shop
- \_\_\_\_\_ -5 Chemist
- \_\_\_\_\_ -6 Bottle store
- \_\_\_\_\_ -7 Shebeen
- \_\_\_\_\_ -8 Liquor Restaurant
- \_\_\_\_\_ -# Other

v) Name of the outlet ?

\_\_\_\_\_

vi) Where have you spent most of your time in the last six months ?

Give name of village or town.

\_\_\_\_\_  
\_\_\_\_\_

vii) Are you currently employed ?

A o a bereka mo bo gompionong?

- \_\_\_\_\_ -1 Yes
- \_\_\_\_\_ -2 No
- \_\_\_\_\_ -3 Schooling
- \_\_\_\_\_ -4 TSP

viii) What was the last level of education you obtained ?

O badile bokae kwa sekolong?

- \_\_\_\_\_ -1 Non Formal education
- \_\_\_\_\_ -2 No education
- \_\_\_\_\_ -3 Primary Education
- \_\_\_\_\_ -4 Junior education
- \_\_\_\_\_ -5 Senior Education
- \_\_\_\_\_ -6 Post Secondary
- \_\_\_\_\_ -# Other

ix) What is your marital status ?  
A o tserwe/tsere?

- \_\_\_\_\_ -1 single
- \_\_\_\_\_ -2 married
- \_\_\_\_\_ -3 cohabitating / living in communion
- \_\_\_\_\_ -4 divorced
- \_\_\_\_\_ -5 widowed

x) Please estimate as accurately as possible the total monthly income of your household ?  
Fa o akanyetsa madi a lo itshetsang ka one kgwedi le kgwedi mo lapeng e ka nna bokae?

- \_\_\_\_\_ -1 less than P500
- \_\_\_\_\_ -2 P500 - P1000
- \_\_\_\_\_ -3 P1000 - P1500
- \_\_\_\_\_ -4 P1500 and above

*[ We are now going to deal with condoms and their usage please make sure that the respondent understands that the information given will be computed statistically and reported in aggregate terms. Please remember to read the instructions carefully and or probe diligently where necessary. ]*

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### CONDOM ACCESS

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1) How do you normally obtain condoms ?  
Ka tlwaelo o bona dikausu jang ?

- \_\_\_\_\_ -1 Buy [Skip to 1b]
- \_\_\_\_\_ -2 Get Free [If the interview is at the clinic then goto 5]

a) Is this the first time you buy condoms?  
A ke lantlha o reka dikausu ?

- \_\_\_\_\_ -1 Yes [goto 3]
- \_\_\_\_\_ -2 No

b) When was the first time you bought condoms ?

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c) Have you been Buying condoms continuously since then ?

2) How many do you usually buy on average in a month ?

O reka dikausu di ka nna  
kae mo kgweding?

- \_\_\_\_\_ -1 three to six
- \_\_\_\_\_ -2 six to nine
- \_\_\_\_\_ -3 nine to twelve
- \_\_\_\_\_ -4 twelve to fifteen
- \_\_\_\_\_ -5 fifteen to eighteen
- \_\_\_\_\_ -6 eighteen to twenty
- \_\_\_\_\_ -7 twenty to twenty-four
- \_\_\_\_\_ -8 twenty-four and above

3) How many have you just bought ?  
O satswa go reka tse kae ?

- \_\_\_\_\_ -1 three to six
- \_\_\_\_\_ -2 six to nine
- \_\_\_\_\_ -3 nine to twelve
- \_\_\_\_\_ -4 twelve to fifteen
- \_\_\_\_\_ -5 fifteen to eighteen
- \_\_\_\_\_ -6 eighteen to twenty
- \_\_\_\_\_ -7 twenty to twenty-four
- \_\_\_\_\_ -8 twenty-four and above

3a) What brand have you just bought ?  
[Ask to see the package]  
Ke mofuta ofe o o sa tswang go o reka ?

- \_\_\_\_\_ -1 Lovers Plus
- \_\_\_\_\_ -2 Kama Sutra
- \_\_\_\_\_ -3 Durex
- \_\_\_\_\_ -4 Rough Rider
- \_\_\_\_\_ -5 Sultan
- \_\_\_\_\_ -6 Bare back
- \_\_\_\_\_ -7 Gossamer
- \_\_\_\_\_ -# other

4) Who usually buys them ?  
Gale le gale di rekwa ke mang ?

- \_\_\_\_\_ -1 Myself
- \_\_\_\_\_ -2 My partner
- \_\_\_\_\_ -3 Both Partner and I
- \_\_\_\_\_ -# Other

4a) Do you sometimes get condoms free ?

\_\_\_\_\_ -1 Yes

\_\_\_\_\_ -2 No [Skip to 10]

5) Why do you normally get them free ?

\_\_\_\_\_

\_\_\_\_\_

5a) When was the first time you obtained condoms ?

\_\_\_\_\_

\_\_\_\_\_

6) Have you been obtaining condoms continuously since then ?

\_\_\_\_\_

\_\_\_\_\_

7) How many do you usually obtain on average in a month ?

\_\_\_\_\_ -1 three to six

\_\_\_\_\_ -2 six to nine

\_\_\_\_\_ -3 nine to twelve

\_\_\_\_\_ -4 twelve to fifteen

\_\_\_\_\_ -5 fifteen to eighteen

\_\_\_\_\_ -6 eighteen to twenty

\_\_\_\_\_ -7 twenty to twenty-four

\_\_\_\_\_ -8 twenty-four and above

8) How many have you obtained ?

\_\_\_\_\_ -1 three to six

\_\_\_\_\_ -2 six to nine

\_\_\_\_\_ -3 nine to twelve

\_\_\_\_\_ -4 twelve to fifteen

\_\_\_\_\_ -5 fifteen to eighteen

\_\_\_\_\_ -6 eighteen to twenty

\_\_\_\_\_ -7 twenty to twenty-four

\_\_\_\_\_ -8 twenty-four and above

8a) What brand have you just obtained ?  
[Ask to see the package]

- \_\_\_\_\_ -1 Lovers Plus
- \_\_\_\_\_ -2 Kama Sutra
- \_\_\_\_\_ -3 Durex
- \_\_\_\_\_ -4 Rough Rider
- \_\_\_\_\_ -5 Sultan
- \_\_\_\_\_ -6 Bare back
- \_\_\_\_\_ -7 Gossamer
- \_\_\_\_\_ -# other

9) Who usually obtains them ?

- \_\_\_\_\_ -1 Myself
- \_\_\_\_\_ -2 My partner
- \_\_\_\_\_ -3 Both Partner and I
- \_\_\_\_\_ -# Other

CONDOM USAGE  
TIRISO YA SEKAUSU

10) Have you ever used a condom ?  
A o kile wa dirisa sekausu ?

- \_\_\_\_\_ -1 Yes [goto 12]
- \_\_\_\_\_ -2 No

11) Is this the first time you intend to  
use a condom ?  
A ke santlha o ikaelela go dirisa sekausu ?

- \_\_\_\_\_ -1 Yes [goto 12]
- \_\_\_\_\_ -2 No

11a) How many times have you attempted to use condoms ?  
O lekile ga kae go dirisa sekausu ?

- \_\_\_\_\_ -1
- \_\_\_\_\_ -2

11bi) [If the respondent has obtained condoms  
before and has never used any then ask]

Why have you not been able to use the condoms you  
obtained previously ?

Ke eng o ne o sa kgone go dirisa dikausu tse o  
neng o ntse o di reka nako e e fetileng ?

- \_\_\_\_\_ -1 Partner refused
- \_\_\_\_\_ -2 It reduces pleasure

- \_\_\_\_\_ -3 It reduces excitement leading up  
to intercourse  
\_\_\_\_\_ -# Other

11bii) What were the reasons for your previously  
obtaining / purchasing condoms ?  
Mabaka a gago mogo rekeng dikausu ke afe mo  
lebakeng le le fetileng ?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12) How often do you / intend to use condoms ?  
O dirisa dikausu ga kae / ikaelela go di dirisa  
ga kae ? \_\_\_\_\_

- \_\_\_\_\_ -1 Always  
\_\_\_\_\_ -2 Sometimes

13) Do you intend to use the condoms you have  
just bought yourself ?  
O ikaelela go dirisa dikausu tse o sa tswang  
go direka ?

- \_\_\_\_\_ - Yes  
\_\_\_\_\_ - No, will give to a friend.  
\_\_\_\_\_ - No, [Specify]

\_\_\_\_\_  
\_\_\_\_\_

14) Whom do you use / intend to use them with ?  
O di dirisa le mang / o ikaelela go di dirisa  
le mang ?

- \_\_\_\_\_ -1 Casual partner  
\_\_\_\_\_ -2 Commercial Sex partners  
\_\_\_\_\_ -3 Regular partner [Get respondents opinion of regular]  
\_\_\_\_\_ -4 Every partner (Both regular and casual)  
\_\_\_\_\_ -# Other

Regular: \_\_\_\_\_  
\_\_\_\_\_

15) Why do you use condoms ?  
Ke eng o dirisa dikausu?

- \_\_\_\_\_ -1 Prevention of AIDS
- \_\_\_\_\_ -2 Prevention of STDs
- \_\_\_\_\_ -3 Contraception
- \_\_\_\_\_ -4 STD's and AIDS
- \_\_\_\_\_ -# Other

15a) Rank two most important reasons ?  
 Bolela mabaka a le mabedi a botlhokwa ?

- \_\_\_\_\_ -1 Prevention of AIDS 1
- \_\_\_\_\_ -2 Prevention of STDs 2
- \_\_\_\_\_ -3 Contraception
- \_\_\_\_\_ -4 STD's and AIDS
- \_\_\_\_\_ -# Other

Brand Awareness

16) What brands do you know ? [Tick all responses]  
 O itse mefuta efe ya dikausu?

- \_\_\_\_\_ -1 Lovers Plus
- \_\_\_\_\_ -2 Kama Sutra
- \_\_\_\_\_ -3 Durex
- \_\_\_\_\_ -4 Rough Rider
- \_\_\_\_\_ -5 Sultan
- \_\_\_\_\_ -6 Bare back
- \_\_\_\_\_ -7 Gossamer
- \_\_\_\_\_ -# other

17) Please tell me your three most frequently used brands ?  
 [Rank top 3 responses, with 1 as most used and 3 as least used.]

Ke efe mefuta e o e dirisang thata ?

- |                      |          |
|----------------------|----------|
| _____ -1 Lovers Plus | <u>1</u> |
| _____ -2 Kama Sutra  | <u>2</u> |
| _____ -3 Durex       | <u>3</u> |
| _____ -4 Rough Rider |          |
| _____ -5 Sultan      |          |
| _____ -6 Bare back   |          |
| _____ -7 Gossamer    |          |
| _____ -# other       |          |

17a) How do you obtain the brands you use ?  
 O bona jang mefuta e o e dirisang ?

Source

Brand	(A) Buy	(B) Free	Specify free
-01 Lovers Plus			
-02 Kama Sutra			
-03 Durex			
-04 Rough Rider			
-05 Sultan			
-06 Bare Back			
-07 Gossamer			
-## Other(specify)			

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

18) If all condoms were the same price which brand  
 would you buy ? [Tick one only] \_\_\_\_\_  
 Fa dikausu di ne di lekana ka ditlhwatlwa, o ne o ka reka  
 mofuta ofe? \_\_\_\_\_

- \_\_\_\_\_ -1 Lovers Plus
- \_\_\_\_\_ -2 Kama Sutra
- \_\_\_\_\_ -3 Durex
- \_\_\_\_\_ -4 Rough Rider
- \_\_\_\_\_ -5 Sultan
- \_\_\_\_\_ -6 Bare back
- \_\_\_\_\_ -7 Gossamer
- \_\_\_\_\_ -# other

\_\_\_\_\_

18a) Why ?  
 Ka go reng ?

\_\_\_\_\_  
 \_\_\_\_\_

AVAILABILITY OF CONDOMS

19) Where can condoms be obtained from ?  
 [Testing knowledge only]  
 Dikausu di ka bonwa kae ?

- \_\_\_\_\_ -1 Clinics
- \_\_\_\_\_ -2 General Dealers
- \_\_\_\_\_ -3 Bars
- \_\_\_\_\_ -4 Bottle Stores
- \_\_\_\_\_ -5 Pharmacy/Chemists
- \_\_\_\_\_ -6 Friends
- \_\_\_\_\_ -7 Do not know
- \_\_\_\_\_ -8 Spaza shops
- \_\_\_\_\_ -# Other

20) Have you met any problems when obtaining condoms?  
 A o kile wa kopana le mathata mangwe fa o tsaya dikausu ?

- \_\_\_\_\_ -1 Yes
- \_\_\_\_\_ -2 No [Skip to 21]

20a) What are the problems that you are faced with when  
 obtaining condoms?  
 Ke afe mathata ao kopanang le one fa tsaya dikausu?

- \_\_\_\_\_ -1 Expensive
- \_\_\_\_\_ -2 Queues at shops
- \_\_\_\_\_ -3 Sold by opposite sex
- \_\_\_\_\_ -4 Sold by same sex
- \_\_\_\_\_ -5 Inconvenient selling hours
- \_\_\_\_\_ -6 Intimidation at the shop
- \_\_\_\_\_ -7 Outlets out of reach
- \_\_\_\_\_ -8 Shop Out of stock
- \_\_\_\_\_ -9 Queues at clinic
- \_\_\_\_\_ -10 Given by opposite sex
- \_\_\_\_\_ -11 Given by same sex
- \_\_\_\_\_ -12 Intermidation at clinic
- \_\_\_\_\_ -13 Clinic to far
- \_\_\_\_\_ -14 Clinic out for stock
- \_\_\_\_\_ -15 Clinic closes at certain times
- \_\_\_\_\_ -# Other

20b) Rank the three most important problems faced with when  
 obtaining condoms ?  
 Bolela mathata a gago a botihokwa ka go latelelana fa o  
 tsaya dikausu ?

- \_\_\_\_\_ -1 Expensive



\_\_\_\_\_-## other

22a) Rank three most important responses, [1 Most - 3 Least]  
O farologana jang le e mengwe?

_____-01 cheap		
_____-02 accessible		
_____-03 sensitive	1	
_____-04 attractive packaging		
_____-05 flavored	2	
_____-06 ribbed		
_____-07 studded	3	
_____-08 free		
_____-09 expensive		
_____-10 No smell		
_____-11 Not oily		
_____-12 Colored		
_____-## other		

23) When your favourite brand is not available, which brand do you choose ? [Tick one]  
Fa ene ele gore mofuta o one o o batla ga o yo, o ne o ka tsaya ofe ?

_____-1 Lovers Plus	
_____-2 Kama Sutra	
_____-3 Durex	
_____-4 Rough Rider	
_____-5 Sultan	
_____-6 Bare back	
_____-7 Gossamer	
_____-# other	

23a) Why? [Rank three most important reasons]

	1	
Ka gore eng ?	2	
_____-01 cheap	3	
_____-02 accessible		
_____-03 sensitive		
_____-04 attractive packaging		
_____-05 Pleasant smell		
_____-06 ribbed		
_____-07 studded		
_____-08 free		
_____-09 expensive		
_____-10 No smell		
_____-11 Not oily		
_____-12 Colored		
_____-## other		

24) How much do you pay for your favorite brand ?  
(Indicate price next to brand name.)

O duelela mofuta o o ratang thata bokae ?

- 1 Lovers Plus P \_\_\_\_\_ for \_\_\_\_\_
- 2 Kama Sutra P \_\_\_\_\_ for \_\_\_\_\_
- 3 Durex P \_\_\_\_\_ for \_\_\_\_\_
- 4 Rough Rider P \_\_\_\_\_ for \_\_\_\_\_
- 5 Sultan P \_\_\_\_\_ for \_\_\_\_\_
- 6 Bare Back P \_\_\_\_\_ for \_\_\_\_\_
- 7 Gossamer P \_\_\_\_\_ for \_\_\_\_\_
- # \_\_\_\_\_ P \_\_\_\_\_ for \_\_\_\_\_ (specify)

25) How much do you pay for other brands? [Probe for quantity eg. P 0.50 for 3]

O reka mofuta e mengwe bokae ?

- 1 Lovers Plus P \_\_\_\_\_ for \_\_\_\_\_
- 2 Kama Sutra P \_\_\_\_\_ for \_\_\_\_\_
- 3 Durex P \_\_\_\_\_ for \_\_\_\_\_
- 4 Rough Rider P \_\_\_\_\_ for \_\_\_\_\_
- 5 Sultan P \_\_\_\_\_ for \_\_\_\_\_
- 6 Bare Back P \_\_\_\_\_ for \_\_\_\_\_
- 7 Gossamer P \_\_\_\_\_ for \_\_\_\_\_
- # \_\_\_\_\_ P \_\_\_\_\_ for \_\_\_\_\_ (specify)

26) Has the price of your favorite brand changed recently? [Less than a year ago]

- \_\_\_\_\_ -1 Yes
- \_\_\_\_\_ -2 No [Skip to 27]

26a) Was it an increase or decrease in price ?

- \_\_\_\_\_ -1 Increase
- \_\_\_\_\_ -2 Decrease

26b) As a result of the price change how did you alter your consumption? (The amount you usually buy.)

[Get as much detail as possible on quantity changes] \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

26c) Suppose a similar price increase in the future as before. How would you react ? [How would you alter your consumption]

A re re tlhwatlhwa e e tshwanang e a oketsega mo nakong e e latelang jaaka pele, o ka dira

jang ? [0 ka fetola theko ya gago jang]

27) Where do you usually buy condoms ? [Tick only one]  
Mo nakong ya gompiono oreka kae dikausu ?  
[Finding Practice]

- \_\_\_\_\_ -1 Clinic
- \_\_\_\_\_ -2 General Dealer / Supermarket
- \_\_\_\_\_ -3 Bar
- \_\_\_\_\_ -4 Bottle Store
- \_\_\_\_\_ -5 Pharmacy / Chemist
- \_\_\_\_\_ -6 Friends
- \_\_\_\_\_ -7 Spaza Shop
- \_\_\_\_\_ -# Other (Specify)

27a) Why ?  
Ka go reng ? [Probe for more than 1 response]

- \_\_\_\_\_ -1 It is near
- \_\_\_\_\_ -2 Cheaper
- \_\_\_\_\_ -3 Sold by somebody of the same sex
- \_\_\_\_\_ -4 Less intimidating
- \_\_\_\_\_ -5 Sold by somebody of my age
- \_\_\_\_\_ -6 No queues
- \_\_\_\_\_ -# Other

27b) Rank three most important reasons from 27a.

- \_\_\_\_\_ -1 It is near
- \_\_\_\_\_ -2 Cheaper
- \_\_\_\_\_ -3 Sold by somebody of the same sex
- \_\_\_\_\_ -4 Less intimidating
- \_\_\_\_\_ -5 Sold by somebody of my age
- \_\_\_\_\_ -6 No queues
- \_\_\_\_\_ -# Other

28) Where do you buy your favorite brand ?  
O reka kae mofuta o o ratang thata ?

- \_\_\_\_\_ -1 Clinic
- \_\_\_\_\_ -2 General Dealer
- \_\_\_\_\_ -3 Bar
- \_\_\_\_\_ -4 Bottle Store
- \_\_\_\_\_ -5 Pharmacies
- \_\_\_\_\_ -6 Friends
- \_\_\_\_\_ -7 Night Clubs
- \_\_\_\_\_ -8 Vending Machines
- \_\_\_\_\_ -9 Spaza shops

- \_\_\_\_\_ -10 Library
- \_\_\_\_\_ -11 Workplace
- \_\_\_\_\_ -12 No other place (Current outlet okay)
- \_\_\_\_\_ -## Other

29) Where would you like to buy your favorite brand where you can not now ? [Rank]  
 O batla go reka kae mofuta o o ratang thata kwa o ka se kgoneng go o reka gompiono ?

- \_\_\_\_\_ -1 Clinic
- \_\_\_\_\_ -2 General Dealer
- \_\_\_\_\_ -3 Bar
- \_\_\_\_\_ -4 Bottle Store
- \_\_\_\_\_ -5 Pharmacies
- \_\_\_\_\_ -6 Friends
- \_\_\_\_\_ -7 Night Clubs
- \_\_\_\_\_ -8 Vending Machines
- \_\_\_\_\_ -9 Spaza shops
- \_\_\_\_\_ -10 Library
- \_\_\_\_\_ -11 Workplace
- \_\_\_\_\_ -12 No other place (Current outlet okay)
- \_\_\_\_\_ -## Other

1	_____
2	_____
3	_____

30) What can you say about the price of your favorite brand ?

O ka reng ka tihwatlhwa ya mofuta o o ratang thata ?

- \_\_\_\_\_ -1 Too High
- \_\_\_\_\_ -2 Too Low
- \_\_\_\_\_ -3 Just okay

31) Is there a place in your neighbourhood where you can always buy condoms / where condoms can usually be bought?

A gona le lefelo lengwe mo tikologong ya gago fa oka kgonang go reka dikausu nako nngwe le nngwe teng?

- \_\_\_\_\_ -1 Yes
- \_\_\_\_\_ -2 No

32) Is there a place in your neighbourhood where you can always buy your favorite brand / where your favorite brand can usually be bought?  
 A gona le lefelo lengwe mo tikologong ya gago fa oka kgonang go reka mofuta o o ratang thata nako nngwe le nngwe ?

- \_\_\_\_\_ -1 Yes
- \_\_\_\_\_ -2 No

33) Where would you like to buy condoms where you can not now ? [RANK]  
 O eletsa go reka dikausu kae kwa o sa kgoneng go di reka teng gompiono ?

- \_\_\_\_\_ -1 Clinic
- \_\_\_\_\_ -2 General Dealer
- \_\_\_\_\_ -3 Bar
- \_\_\_\_\_ -4 Bottle Store
- \_\_\_\_\_ -5 Pharmacies
- \_\_\_\_\_ -6 Friends
- \_\_\_\_\_ -7 Night Clubs
- \_\_\_\_\_ -8 Vending Machines
- \_\_\_\_\_ -9 Spaza shops
- \_\_\_\_\_ -10 Library
- \_\_\_\_\_ -11 Workplace
- \_\_\_\_\_ -12 No other place (Current outlet okay)
- \_\_\_\_\_ -## Other

1	
2	
3	

34) Where did you first learn / hear about your favorite brand ? [Get only one response.]  
 O ithutile kae kgotsa o utlwile kae lantlha ka mofuta o o ratang thata ?

- \_\_\_\_\_ -1 Radio [Ask 34a]
- \_\_\_\_\_ -2 Kutlwano
- \_\_\_\_\_ -3 Motswana Woman
- \_\_\_\_\_ -4 School Magazine (Probe for School)
- \_\_\_\_\_ -5 Newspaperboys
- \_\_\_\_\_ -6 Police Magazine
- \_\_\_\_\_ -7 Television
- \_\_\_\_\_ -8 Friends
- \_\_\_\_\_ -9 Newspapers
- \_\_\_\_\_ -10 Other

34a) Which radio station did you hear the message from ?

\_\_\_\_\_

\_\_\_\_\_

34b) What was your first impression of the product ?

O ne wa ikutlwa jang lantlha fa o utlwa ka mofuta o ?

\_\_\_\_\_

