

**AN ANALYSIS OF BRAND POSITIONING OF MALE
CONDOMS AMONG STUDENTS OF THE UNIVERSITY
OF KWAZULU-NATAL**

EMILE SAKER NKWEI

Supervisor: Prof. Donal McCracken

**Submitted in fulfillment for Master of Arts degree
Culture, Communication and Media Studies
University of KwaZulu-Natal, Durban**

South Africa

July 2013

DECLARATION

I EMILE SAKER NKWEI, DECLARE THAT “AN ANALYSIS OF BRAND POSITIONING OF MALE CONDOMS AMONG STUDENTS OF THE UNIVERSITY OF KWAZULU-NATAL” IS MY ORIGINAL WORK. I HAVE GIVEN FULL ACKNOWLEDGEMENT FOR THE RESOURCES REFERRED TO IN THIS TEXT.

THIS WORK HAS NOT BEEN SUBMITTED BEFORE, FOR ANY DEGREE AND EXAMINATION IN ANY UNIVERSITY

.....
SIGNATURE (E.S. NKWEI)

.....
DATE

DEDICATION

THIS WORK IS DEDICATED TO MY LORD AND SAVIOUR JESUS-CHRIST WHO DIED ON THE CROSS FOR ME SO THAT I MAY BE SAVED. TO HIM BE THE GLORY AND PRAISE FOR THIS ACHIEVEMENT.

AKNOWLEDGEMENTS

This research was made possible with funding provided by SAHS- College of Humanities- UKZN.

I wish to acknowledge the following people who made this dissertation possible.

My supervisor, Professor Donal McCracken for his remarkable supervision and outstanding mentorship.

Professor Keyan Tomaselli for orienting my topic and laying the foundation of this work.

Professor Ronnie Perumal for welcoming me in the School of Management.

The staff of DramAidE, in particular Thenjiwe Manana and Zama, for providing me enough information about *Scrutinize* campaigns and condom use among students.

My beloved Dad Silas Songo Bayii, for his wisdom, cares and sacrifices, paving the way for my privileged education all these years.

My precious Mum Elizabeth Songo Bayii, for her love, encouragement and prayers all these years.

My sweet and beautiful fiancé Keketso Palesa Ngwedzeni for her warmed love and moral support.

Margaret Bass for her remarkable assistance during editing.

Ausie Luthuli for welcoming me in the school and for her assistance.

My sisters Evelyne Ngo Nounga and Mme Baba Jacqueline for their moral support.

To my best friends Jarod Yonga and Jessica Magne for their encouragements.

My colleagues and friends, Prestage Murima and Temitela, Verona, Keith Chikamai and Musa; I am forever indebted to them for editing my work.

My brothers Paul Issock and Patrick Tchepmo for their support, our stimulating discussions, ongoing motivation and valuable advice during the process of writing.

To my sister and friend Dineo Lerato Ndlovu for her prayers and blessings.

To Dr Kwawou Leandre and his wife for always providing a home for me.

To all the CMFI- Durban members for their prayers and support.

To SCF Howard College for being such great source of inspiration to me.

To Simona Medici my “Italian friend”, I will never forget our wanderings in Durban streets looking for some information on HIV and AIDS.

And finally, to Jesus Christ for renewed strength and intelligent to complete the tasks set before me each day.

Contents

DECLARATION	II
DEDICATION	III
AKNOWLEDGEMENTS	IV
Abstract	V
CHAPTER ONE: BRIEF OVERVIEW OF THE RESEARCH PROJECT	
Introduction	1
Background of the study	1
Preliminary literature review and need for the study	2
Questions to be answered in the research	6
Research approach/ methods: Main theory upon which the research project will be constructed	7
Research design	8
Research method	8
Target population	8
Data collection method	8
The size of the sample	9
Sampling Method	9
Processing and data analysis	
Validity, Reliability and Rigour	10
Structure of Dissertation	11
CHAPTER TWO: LITERATURE REVIEW	
Introduction	13
Historical perspective of condom	13
Male condom as a prevention method	14
Male condom and HIV/ AIDS	14
The Male condom and the ABC Message	16
The effect of condom use on the HIV/AIDS pandemic	18
Consistent condom Use and HIV and AIDS in South Africa	20
Male condom use and pregnancy prevention	21
Challenges of consistent male condom use	24
Condom negotiation	25
Criticisms	32
Male condom use and religion	32
Male condom use and Social marketing	34
Male condom branding and condom use	37
Conclusion	41

CHAPTER THREE: THEORETICAL FRAMEWORK

Introduction	42
Social marketing	42
Definitions of social marketing	42
Social marketing sells behaviour change	43
The behavioural change is voluntary	43
The use of marketing principles and techniques	43
A target audience is selected and influenced	44
The beneficiary is the society	44
Social marketing planning process	44
Social Marketing Outline Plan	45
SWOT analysis	46
Marketing strategy	47
The Product	47
The Price	48
The Place	48
The Promotion	48
The communication theory of diffusion	49
The five steps in the decision innovation process	51
Brand concepts	52
Brand identity	53
Brand identity illustrations	54
Brand loyalty	55
Brand Equity	56
Brand knowledge	57
Brand awareness	58
Brand image	59
Brand positioning	61
Importance of positioning	61
Positioning process	62
Perceptual map	65
Methods for evaluating brand positioning	66
Conclusion	68

CHAPTER FOUR: RESEARCH METHODOLOGY

Introduction	69
Nature of the study and research objectives	69
Nature of the study	69
The objectives of the study	70
Research design	71
The research method	71
The exploratory research	71
Descriptive research	72

Population	73
Sampling method	73
Sample size	74
Data collection method	75
Questionnaire design	75
Research validity	78
Research reliability	79
Ethics in Research	80
Data analysis	80
Conclusion	84
CHAPTER FIVE: PRESENTATION OF THE RESULTS	
Introduction	85
Descriptive statistics on the respondent profile	85
Gender distribution	86
Distribution among campuses	87
Race distribution	89
Age distribution	90
Distribution of sexual status	90
Male condom usage and religion among UKZN students	91
The brand top of mind	95
Brand recall number 2	97
The favourite male condom brands	99
The second favourite male condom brand	103
The male condom brands most used by UKZN students	105
Male condom brand loyalty among UKZN students	107
UKZN students and the Government brands	109
Conclusion	115
CHAPTER SIX: DISCUSSION OF RESULTS	
Introduction	116
Research objectives	116
Research objective 1: Identification of factors that affect the positioning of male condom brands among UKZN students	116
Relationship between the variables <i>race/favourite brand</i>	116
Relationship between <i>race</i> and <i>brand most used</i>	119
Relationship between <i>favourite brand</i> and <i>brand most used</i>	121
Condom usage and religion	123
Objective 2: To describe and analyse the current positioning of male condom brands among UKZN students	126
Interpretation of the <i>Perceptual map</i> of condom brands among UKZN students	135
Objective 3: Proposal of a repositioning strategy for a government condom brand	139
The strengths of government condom brands	139
The weaknesses of government brands	140
Threats	147
Opportunity	148
Conclusion	151
CHAPTER SEVEN: CONCLUSION	
Recap of the research problem	153

Previous findings on male condoms	154
Finding of the thesis	157
Recommendations	161
Summary and limitations	162
Bibliography	164

Appendices

Appendix 1 –Interview guide for peer-educators and students

Appendix 2 – Interview guide for DramAidE

Appendix 3 - Informed Consent

Appendix 4 – Questionnaire

LIST OF TABLES AND FIGURES

TABLES

Table 1: Negotiation and avoidance condom strategies
Table 2: Test statistic of the gender Chi-Square for goodness of fit, source SPSS
Table 3: Campus Chi-square goodness for fit test, source SPSS
Table 4: Race Chi-square test for goodness for fit test, source SPSS
Table 5: Frequencies for the question <i>do you or your partner use male condoms</i>
Table 6: Frequencies for the statement: my religion does not agree with condom use
Table 7: Frequencies for the statement “my religious leaders relate condom usage to sexual immorality”
Table 8: Frequencies on the statement “My religious leaders’ opinion about condom affects my perception of condom usage
Table 9: top of mind distribution
Table 10: Frequencies brand recall 2
Table 11: frequencies of the 17 favourite brands
Table 12: Frequencies of the second favourite condom brands
Table 13: Frequencies of the condom brands most used
Table 14: Measure of central tendency of brand loyalty among UKZN students
Table 15: Frequencies of student’s opinion
Table 16: Frequencies on the statement comparing government brands versus commercial brands
Table 17: Frequencies of the statement on the association of government brands with the government reputation
Table 18: Frequencies of the statement on the influence of media
Table 19: Chi-square test for independence (<i>race x Favourite brand</i>)
Table 20: Symmetric measures for <i>race x favourite brand</i>
Table 21: Chi-Square Tests (<i>race x brand most used</i>)
Table 22: Symmetric Measures (<i>race x brand most used</i>)
Table 23: Chi-Square Tests favourite brand x brand most used
Table 24: Symmetric measures of association (<i>favourite brand x brand most used</i>)
Table 25: ANOVA (<i>race x frequency of condom use</i>)
Table 26: ANOVA (<i>religion x my religion does not agree the use of condom</i>)
Table 27: Post Hoc test (religion x my religion does not agree with use of condoms)
Table 28: Chi-square test (religion x favourite brand)
Table 29: Symmetric measures of association (religion x favourite brand)
Table 30: KMO and Bartlett’s test

Table 31: Table of communalities of the ten (10) condom attributes
 Table 32: total variance explained for ten attributes.
 Table 33: explained variance of a model with 8 condom attributes
 Table 34: Unrotated component matrix (8 factors extracted)
 Table 35: Component matrix rotated
 Table 36: component matrix after rotation
 Table 37: Brand coordinates
 Table 38: Descriptive statistic of Choice evaluation
 Table 39: frequencies of student's complains
 Table 40: ANOVA test (race x importance of flavour/scented)
 Table 41: Post Hoc test
 Table 42: ANOVA Importance name x race
 Table 43: Post Hoc test (race x importance of brand name)
 Table 44: Frequencies for the statement "students perceive ...of poor quality because they are..."
 Table 45: frequencies of question 23
 Table 46: frequencies of brand recognition among students
 Table 47: Frequencies of the factor experience with the brand
 Table 48: frequencies of the statement "students like the brand...newspaper, etc."

FIGURES

Figure 1: Theoretical/conceptual model for condom social marketing
 Figure 2: Model denoting powerful effect of mass media
 Figure 3: Two step flow model of communication effects
 Figure 4: Five stages in the decision innovation process
 Figure 5: sample of condom without name available in UKZN
 Figure 6: Sample of government brands available among UKZN students
 Figure 7: Sample of *Durex* (the most popular commercial condom brand)
 Figure 8: dimensions of brand image
 Figure 9: the positioning process
 Figure 10: Gender distribution of the sample
 Figure 11: Distribution among campuses
 Figure 12: Race distribution, source SPSS
 Figure 13: Age distribution
 Figure 14: Student's sexual status
 Figure 15: Religion distribution
 Figure 16: Top of mind frequencies of the big 8
 Figure 17: Frequencies of the big 8 in term of second brand most recall
 Figure 18: Frequencies of the first eight favourite brands.
 Figure 19: Pie chart of brand recognition among students
 Figure 20: Distribution of factors of recognition
 Figure 21: Second favourite brand distributions
 Figure 22: Frequencies of the nine brands most used by UKZN students
 Figure 23: Pie chart of students who have ever used Choice
 Figure 24: Pie chart of students who have ever used Love
 Figure 25: Perceptual map of condom brands among UKZN Students

ABBREVIATIONS

- AIDS: Acquired immune deficiency syndrome
- ANOVA: Analysis of Variance
- DramAidE: Drama Aids Education
- IMB: Information-Motivation-Behavioural
- HESA: Higher Education South Africa
- HEIs: Higher Education Institutions
- HIV: Human Immunodeficiency Virus
- SWOT: Strength, Weakness, Opportunities and Threats
- NGOs: Non-government organisation
- NMCS: Nelson Mandela Children's Fund
- KMO: Keiser-Meyer –Olkin
- KZN: KwaZulu-Natal
- PEPFAR: American President' Emergency Fund for AIDS Relief
- WHO: World Health Organisation
- SPSS: Statistical Package for Social Science
- STIs: Sexually Transmitted Infections

Abstract

HIV/AIDS is a global pandemic; and for South African Authorities it is still a huge concern. 17 per cent of the population aged 15 to 49 live with the HIV virus and KwaZulu-Natal remains the area most affected by the pandemic. In order to prevent the disease's expansion among university students, the health authorities have made available across all campuses and for free *Choice* and *Love* condoms. This study explores the perception of the positioning of these government brands compared to the other commercial condoms available among students at the University of KwaZulu-Natal. The study is in part a survey, using research questionnaire administered to more than 200 students at the Westville and Howard College and Nelson Mandela Medical School campuses to determine their perceptions of the competing condom brands. The study primarily makes use of the marketing theory of brand positioning to address the issue; a perceptual map is designed indicating the respective positions of the competing brands. The survey revealed that the *Love* brand is not very well known by students, and confirmed that the *Choice* brand is perceived as poor. One reason provided is the negative association of the South African government with the brand. Many students complained of experiencing a bad smell after using *Choice*. That led to the variant of scent being used in the study as an essential component for condom preference.

CHAPTER: ONE

BRIEF OVERVIEW OF THE STUDY

Introduction

HIV/AIDS is a serious problem in South Africa. Seventeen per cent of the population aged 15 to 49 live with the HIV virus and KwaZulu-Natal remains the area most affected by the pandemic (Statistic South Africa, 2010). Aware of this fact, the University of KwaZulu-Natal (UKZN) has introduced a prevention programme that aims to encourage a consistent use of condoms among its population. Some years ago, findings revealed that condom use was considered as the most suitable means of HIV prevention in the university milieu (Mulwo, 2009). In an effort to reduce unprotected sex among university students, the government and various non-governmental organisations (NGOs) embarked on the free distribution of condoms. However, private enterprises are also engaged in the distribution of commercialised brands, which are *de facto* rivals to the establishment initiative. This new context has led to a serious ‘war of brands’ on campus, pitting government brands, which are free but perceived as of poor quality, against commercial brands, which tend to be preferred by students (Mulwo, 2009). This study aims to:

- Investigate on the perception of the condom brand positioning among students
- Develop a marketing repositioning strategy, which will assist government brands to improve their position against commercial brands.

This chapter will present an overview of the topic and provide the background of the study.

Background of the study

In November 2009, a nationwide study initiated by Higher Education South Africa (HESA) indicated a 6.1% HIV/AIDS prevalence rate among the students of the KwaZulu-Natal region (HEAIDS, 2010)¹. Since then, efforts in the prevention of the disease have been intensified within Higher Education Institutions (HEIs). UKZN, for its part, stresses the need for the proper and consistent condom usage. According to Abraham Mulwo (2009), condoms appear to be more realistic and adapted to the university context. He found that 89% of UKZN students welcomed the strategy on the use of condom over other options, such as abstinence and faithfulness (Mulwo, 2009). The preference for this option was in part due to the fact that many male students are both uncircumcised and have more than one sexual partner (Halperin & Epstein, 2007; Soul City, 2007). It is for this reason that the South African government has freely distributed condoms in universities through a national distribution network, which brings together public and private stakeholders (SANAC, 2010). This gave an opportunity for the private sector to introduce its brands, thereby jeopardizing the free condom offer as a way of prevention. This is problematic since students do not like the free government brands; they are tempted to be involved in unprotected sexual intercourse when they are unable to access their favourite commercial condom brands; so the issue is no longer condom usage, but condom brand usage (Mulwo, 2009).

The power of branding was evidenced at the awareness campaign on condom use carried out by DramAidE and Matchboxology in 2008 and 2009 at Howard College at UKZN. During that campaign, the government condom brand *Choice* was re-packaged under the name *Scrutinize*. As a result, students showed their enthusiasm for the *Scrutinize* condom. However, students were disappointed on discovering that it was merely *Choice* under another name (Interview with

¹HEAIDS report 2010

DramAidE HP project coordinator, May 2012)². This study, therefore, aims to identify the weaknesses of the government brands *Choice* and *Love* brands and explore ways in which to improve their competitive position among students.

Preliminary literature review and need for the study

Although some qualitative research has been carried out regarding students' perception of competing condom tenders in KwaZulu-Natal province, none has hitherto tackled the subject from a social marketing approach (Moodley, 2007; Mulwo, 2009; Kunda, 2008). The importance of this study stems from the fact that it sheds more light on the market shares of various brands: their strengths and weaknesses, as well as investigating which specific areas of government brands need improvement. Such a study will help the government to evaluate and improve its condom tenders.

The literature review is introduced through a historical overview of the origin of the condom. It is interesting, for instance, to know that a certain type of condom called *Sheaths* was in existence during the time of the ancient Egyptian civilisation. It was used to protect the male genital organ of soldiers during battles against insect bites, tropical diseases or evil spirits (Himes, 1963). The researcher has also explored the different stages of condom evolution with regard to the names and the roles it has played over the years up to its current use as a means of preventing sexually transmitted diseases (STDs) and unwanted pregnancies (Riley, 1989).

In discussing prevention methods, a section in the literature review explores previous research on condom use in preventing HIV/STDs and pregnancy. In a 2011 government report, the South African president noted that the rate of HIV prevalence had become stable³. This was the result of the significant increase in

² Interview with Thenjiwe Manana at Howard College, 14 July.

³Jacob Zuma 2011 report on eNews TV- Channel

condom usage among the sexually active population. However, two mathematical models were constructed to make an estimate of the effect of condom usage on HIV incidence within the South African population aged between 15 and 49. These are the STI- HIV Interaction model and the ASSA2003 AIDS and demographic model. With the help of these models, researchers affirm that “the percentage reduction in incidence owing to increase in condom use was 37% in the first model and 23% in the second model from 2000 to 2008” (Johnson et al., 2012:4). Had it been that condom was consistently used, these results would have been better. So any measure that would help to reinforce the consistent use of condom would be a contribution in the fight against HIV and unwanted pregnancy.

Mulwo (2009) argues that challenges to consistent condom use in the university are due to factors such as:

- The issue of authority and condom negotiation in couples
- Culture
- Condom brand perception
- Religious influence

According to some sources, the Catholic Church considers abstinence and faithfulness as the appropriate means of disease and pregnancy prevention (Stulholfer *et al.*, 2010; Meier, 2003). Catholic leaders such as retired Pope Benedict XVI, view condom use as an undesirable commercial opportunity and an indirect way of promoting extramarital sex. To an extent this position discourages Catholic young adults from the use of condom (Zaleski & Schiaffino, 2000).

Certain publications stipulate that there is a close link between the promotion of condom and social marketing (Department of Education, 2001). Actually, Stetson

and David (1999) argue that the goal of social marketing in condom usage is to make the brands affordable, available and attractive. This appears to be true from the stand point of this study, the reason being that the analysis of brand positioning will help to assess and improve these brands' negative perception. Social marketing is by definition the usage of marketing tools (theory, concept, models and techniques) to enhance a social good (Kotler *et al.*, 2002; French *et al.*, 2005). To better contextualise the study, the researcher has reviewed literature that presents social marketing, its theories, its role, its approaches and limitations.

Considering that this dissertation aims at evaluating the performance of condom brands among students, a discussion of the concept of brand is provided. The definition of the brand concept has evolved with time. Initially it was a package of: a name, a term, a symbol or design (Perreault & McCarthy, 1996). Later on, Knapp (2000:8) defined it as “the internalized sum of all impressions received by customers and consumers resulting in a distinctive position in their “mind’s eye” based on perceived emotional and functional”. Hence, this assesses as many definitions as possible so as to adopt that which is most appropriate. However, notions such as brand loyalty and brand equity are also explained in this study (Kotler, 2002; McCant *et al.*, 2010; Venter & Rensburg, 2009).

The core of this piece of work will lie on three theories which are social marketing theory, the communication theory of diffusion and the brand positioning theory. The brand positioning theory is a quantitative approach of the study of the consumer's perception of competing brands (McCant *et al.*, 2010). Generally, brand positioning studies lead to the elaboration of a perceptual map that enables the researcher to visualise the position, strength and weaknesses of each competing brands in order to readjust the strategy of a given brand (McCant *et al.*, 2010).

Social marketing theory is a broad concept which claims that marketing techniques have the power to produce behavioural change on social issues. The researcher found this theory appropriate considering the research topic.

The communication theory of diffusion explains how a message, designed by experts, flows from them (top) to a community (down). In the literature, this theory is generally opposed to the participatory theory. In this case, the receiver (community), rather than be passive, interacts and participates with the expert in designing the message. Understanding the communication theory of diffusion is essential, because it is the communication approach mainly used by social marketing practitioners to promote behavioural change (cited in Moodley, 2007).

Questions to be answered in the research

From the hypothesis that government condom brands suffer a poor positioning in the student's mind (Moodley, 2007; Mulwo, 2009; Kunda, 2008), the main research question is as follows:

- What repositioning strategy could improve the perception of government condom brands (*Choice* and *Love*) among students?

To better tackle this question, the following sub questions will be answered:

- What is the current positioning of condom brands among students?

An answer to this question will be at the centre of this work. First it will require the identification of positioning criteria for a condom brand and the evaluation of the level of importance of each criterion. Then the performances of the competing condom brands shall be evaluated with regard to the relevant criteria set to determine the current position.

- What is the influence level of the various factors that contribute to the positioning of a male condom brand among students?

Brand positioning is influenced by factors that vary according to the nature of the target and the type of product (McCant & Heerden, 2010). The weighing of the level of these factors will be done through constant-sum scale and with the five Liker scales (Cooper & Schindler, 2006). This question is important because it will enable the study to identify pertinent areas that need to be examined.

- What strategy might be employed to improve the current brand positioning of government condoms (*Choice* and *Love*)?

An answer to this question attempts to bring a solution to the problem. The brand repositioning strategy designed by the study is conceived on the basis of the data analysis.

Research approach/ methods: Main theory upon which the research project will be constructed.

As stated, the brand positioning concept is the main theoretical framework of this dissertation. This theory of positioning was first established as far back as 1969 by Jack Trout when he referred to the phenomenon of “advertisement congestion in the minds of consumers” (Trout, 1969). Twelve years later, Hill (1981) popularised the theory and defines it as an organised system for finding a window in the consumers mind. Today, the concept has evolved to become brand positioning, product positioning or organisation positioning. Arnott (1993:109) defines *brand positioning* as “a deliberate, proactive, iterative process of defining, measuring, modifying and monitoring consumers perception of the remarkable brands”. The study takes into account the seven stages of the positioning process (McCant et al, 2006) and is facilitated by two types of tools:

- The survey and statistical models such as multidimensional scaling, factor analysis and Variance analysis (McCant *et al.*, 2010:107)
- The perceptual mapping: It is a multidimensional graphic of consumer perceptions. This map helped the researcher in developing a better social marketing approach for government condom brands (*ibid*).

This theoretical framework has been chosen because it is the best way to investigate in order to improve a particular brand (government condom brand) so that it may become “both different from and better than the competitive brands’ (Temporal, 2010).

Research design

This case study opts for a deductive approach because it evaluates a phenomenon according to an existing theoretical framework (Cooper & Schindler, 2006). The quantitative approach of the study is due to the nature of brand positioning studies, which in marketing are done through sampling survey (Arnott, 1993).

Research method

Target population

Random selections of both male and female students from UKZN who use male condoms during sexual intercourse were the target of this study. UKZN has an enrolment of about 45,000 students in 2013 and the exploratory phase helped the researcher to discover that young women play an important role in the choice of condom brands to be used by their male partners. It is for this reason that they are part of the studied population.

Data collection method

The data collection instrument was a questionnaire, which is a suitable tool for quantitative studies (Cooper and Schindler, 2006). The attached questionnaire was tested during a pilot study on ten students in each of the three campuses so as to be sure that it is devoid of ambiguity and misunderstanding (Cooper & Schindler, 2006). After the pilot phase, the revised and final questionnaire was self-administered to the sample population. The questionnaires were given to students in their residences, library or elsewhere within the campuses.

The size of the sample

The campuses included in the survey are Howard College, Westville and Nelson Mandela Medical School. According to Cooper and Schindler (2006:550) “when sample size approach 120, the sample standard deviation become a very good estimate of the population standard deviation; beyond 120 the t (the normal distribution with more tail area than in a z normal distribution) and z (the normal distribution of measurements assumed for comparison) distributions are virtually identical”. This study sampled two hundred and thirty (230) students. Due to the use of factor analysis, the expectations were seventy five (75) for Howard College campus, seventy five (75) for Westville campus and fifty (50) for Nelson Mandela Medical School campus. These allocations try to take into account the comparative sizes of the three campuses.

Sampling Method

The sampling representativeness of the population could not be guaranteed by this study because of the following constraints,

- the non-existence of a database of all the students of the UKZN who are using condom
- the unavailability of many students

- The reluctance of some students to divulge, even anonymously, such personal details of their sexual life.

These three reasons led the researcher to opt for the non-probabilistic method of convenient sampling with racial and gender quota:

- Female: 54%
- Male: 46%
- African: 46%
- Indian: 28%
- White: 23%
- Coloured: 3% (HEAIDS, 2008:24)⁴

This racial representativeness was taken into consideration in the sampling construction of the study. However, the representativeness of gender was considered inversely because men are the sole users; meaning that instead of 46% males and 54% females we had 54% males and 46% females.

Processing and data analysis

Data processing was implemented to ensure that the questionnaires are properly completed and that all respondents form part of our target audience. Data was captured and analysed using the Statistical Package for Social Science (SPSS.19). SPSS is a powerful statistical software, appropriate for research in the social sciences. In this study, SPSS was useful to run statistical tests such as sample frequencies, correlation tests, partial correlations, factor analyses, ANOVA one - way, chi-square goodness of fit and chi-square independence tests.

⁴ South African HEAIDS, 2008 report

Validity, Reliability and Rigour

The main limitation of this study is convenient sampling whereby, there is no guarantee “to ensure the precision” about the representativeness of the population (Cooper and Schindler, 2006:456). Despite this inconveniency, this researcher checked the validity and reliability of the scale used. The reliability of the data was verified through the calculation of the Cronbach’s Alpha (Cooper and Schlinder, 2006).

Structure of Dissertation

Chapter One: An overview of the Topic

This chapter provides a general picture of the research project; an overview of the title and a short background as well as the key research questions. A preliminary literature review and some important methodological aspects used by the researcher to design his proposal are also introduced.

Chapter Two: Literature Review

The researcher explores previous studies made in and out of South Africa on condom use and condom brands. The chapter starts with the history of condom; followed by condom use as a prevention method, some challenges to consistent condom usage. The two last sections of the chapter are on the relationship between social marketing and condom use in one side and branding and condom use to another side.

Chapter three: Theoretical Framework

This chapter presents social marketing as a field of study to provide a theoretical context to the study. The theory of brand positioning is explained and some other important notions of such as branding and brand equity.

Chapter Four: Research Methodology

This chapter will explain in details the methodological aspects of this study. The research design and the research method are presented. The different sections of the data collection tool and some statistical tests are also presented.

Chapter Five: Presentation of the results

This chapter mainly describe the sample. It displays graphs and frequencies of the variables used in the questionnaire.

Chapter Six: Discussion of the results

Data are analysed to meet the research objectives of the study; statistical tests and findings are illustrated and explained step by step in this chapter. Some suggestions based on the results are made to improve the perception of the government brand.

Chapter seven: Conclusion

This chapter summarises the study and while reminding of the main problems of government brands and the main aspect of the strategy to improve their brand positioning among students.

CHAPTER TWO: LITERATURE REVIEW

Introduction

This chapter explores previous literature on condom brand and use. Though the idea of such analysis is not new, the review was hampered by a scarcity of published resources on this topic. Despite this challenge, the researcher tried as much as possible to remain within the ambit his topic by concentrating on the perspective of consistent condom use. Furthermore, since the study aims to contribute to the encouragement of condom use among UKZN students, this chapter explores findings on male condom as a preventative method, the question of condom negotiation, the influence of religion, the role of social marketing and branding. Though female condoms do exist as well, the word condom in this dissertation will be in reference to the male condom.

The historical perspective of condom

Sexually Transmitted Infections (STIs) have over the last few years brought the subject of condoms to the fore, not just as a contraceptive but also as a preventive measure against infections. Contrary to popular belief, the condom has been around for many centuries. Its history can be traced as far back as 1000BC. According to Youssef (1993), in that era the condom was made from silk, linen, gold, papyrus and banana leaves. Modern academics refer to them as earlier or ancient condoms (ibid). At that time, the function of the condom was ambiguous and there is no clear evidence to indicate its precise use.

The 18th century ushered condom as we know it today. For the first time, in 1861, the male condom was advertised in the American press as contraception and a means to protect against STIs syphilis and gonorrhoea. A generation later, after the First World War, there was a syphilis and gonorrhoea epidemic in America that

prompted the mass manufacturing and distribution of condoms. Treichler (2011)⁵ when presenting her next book (on the *History of condom* at the humanity's festival) said that the 18th century brought America from darkness into the light, broke the silence on sex, changed the courtship norms and premarital sex, reinforced the idea of birth control, and made a climate favourable for business. Following the baby boom after the Second World War, in 1957, *Durex* introduced the very first lubricated condom. The popularity of the condom waned because of the introduction of the contraceptive pill. It was only in the late 1980s, with the discovery of HIV and AIDS, that the condom was once again sought as a widely used preventative measure.

Male condom as a prevention method

Arguably, the male condom is the only contraceptive and prevention method that is without side effects. Accordingly, it has played an important role in recent years in preventing HIV and AIDS, STI's and unwanted pregnancies. This section will explore the findings on male condom usage as a prevention method.

Male condom and HIV/ AIDS

The Family Planning Handbook (2011) revised defines the male condom as a sheath, a "raincoat", an umbrella, or covering that fits over a man's erect penis. It is made of thin latex rubber, providing a barrier that keeps sperm out of the vagina and avoids any direct contact during sexual intercourse. According to World Health Organisation (WHO), male condom prevents 80% to 95% of HIV transmission that would have occurred otherwise, when it is used consistently and correctly. Furthermore, Steiner *et al.* (1999: 459) consider it as "the most effective

⁵ Video record of the Chicago Humanities Festival, 2011.

method to reduce the risk of STI's and HIV transmission during sexual intercourse” when used correctly and consistently.

It is clear that the performance of the male condom as a means of HIV prevention depends on consistent use as well as correct use. Though this study focuses on one aspect of consistency related to brand preference, it will nevertheless touch on the correct usage of condoms. Below are the five basic steps of a correct condom usage (WHO, 2011:203):

1. Use a new condom for each act of sex (check package, tear open carefully)
2. Place the condom on the tip of erect penis with the rolled side out (before any physical contact)
3. Unroll the condom all the way to the base of the erect penis
4. Hold the rim of the condom after ejaculation and withdraw the penis while it is still erect
5. Wrap the condom in its package and throw it in the rubbish bin or latrine

Missing one of these steps might lead to ineffectiveness of the condom in preventing HIV. Macaluso *et al.* suggest that, “condom breakage and slippage may be one cause of the observed failure of condom to prevent 100% STI's/HIV transmission” (1999; 26:450-458).

According to the UKZN Howard College peer educators⁶, the few cases of condom breakage reported are due to incorrect condom usage. Many students engaging in sex end up not following the five basic steps of correct condom usage.

⁶ Interview with Howard College peer educators, 14 -07- 2012

The Male condom and the ABC Message

Still called the “ABC programme” or “ABC Model”, the HIV ABC message was first applied in Uganda to reduce HIV pandemic (Singh *et al.*, 2003:6). The message promotes a change of behaviour through abstinence (A), being faithful (B) and condom usage(C). According to the American President’s Emergency Fund for Aids Relief (PEPFAR), it is rather:

- **Abstinence** for youth, including the delay of sex, until marriage
- **Being tested** for HIV and being faithful in marriage and monogamous relationship
- **Correct and consistent use** of condoms for those who practice high-risk behaviours.(cf. Kanabus & Noble 2006)

Since the study is about male condom usage, this section will be more concerned with the (C) part of the model. The fact that the ABC model had success in Uganda, and did not so much in some other countries raised two main questions. The first one was concerned the relative contribution of each component to the decrease in HIV transmission. The second question concerned the cause of change in behaviour.

According to E.C Green (2004), the success of the programme in Uganda was due to the fact that the approach was optional. This means that every individual has the option to choose the option that best suits them. In addition, the message was simple, clear and unambiguous. Talking about the relative contribution of each ABC component in Uganda, there is no evidence showing the performances of A

compared to B and C and vice versa. The only findings available are the data indicating a HIV prevalence decline of 67% in 10 years (UNAIDS)⁷.

After its successes in Uganda, many governments thought that the ABC programme was an answer to the global HIV issue. Unfortunately the implementation of ABC message in the other countries such as South Africa has not been as successful as in Uganda. It is possible that the failure of the ABC campaign might partly be due to the controversies surrounding its definitions; for instance. The PEPFAR excludes the promotion of condoms to young people because they assume that they will be able to abstain until marriage and once married they will be faithful. However, Kanabus and Noble (2006) question whether abstinence until marriage can effectively ensure safety when many people are unsure of the status of their partners. Unfortunately, Kanabus and Noble's concept on the use of condom did not take into account the challenge of the negotiation among couples and the complexities of some social norms. Moodley (2007) states that:

Numerous AIDS organisations and experts are concerned that PEPFAR is not doing enough to make young people aware that condoms, if used correctly and consistently, are effective as HIV/AIDS prevention strategies.

Though the ABC message might look “simple, clear and unambiguous” for Green, for some scholars it is still confusing. After conducting a study on young fishermen and truck drivers in Uganda, Zikusooka (2006) found that the ABC message was too “general” and “confusing”. This was also confirmed by Pulerwitz *et.al.* (2006). After conducting a research in Kenya on adults and youths, they discovered that the expression “consistent” might not be understood by everyone. They further go

⁷The ABC's of HIV prevention: <http://www.avert.org/abc-hiv.htm> (accessed in October 2012)

on to identify the factors that prevent consistency of condom use like gender-based power imbalances, threats of violence, the perception that condom is ineffective, the impression that condoms reduce pleasure and the perception that people who use condoms are immoral.

This study focuses on young people because they are at risk by their own behaviour, attitudes, expectations and limitations in the societies (Panos AIDS Briefing July 1996). Nelson Mandela Children's Fund (NMCS, 2004:9)⁸ suggests that understanding the sexual practices of young people is important but the issue can only be addressed when communication strategies and HIV/AIDS prevention messages reflect safer practices. According to previous studies, correct and consistent condom usage remains the suitable option in the ABC message among students, because most of them are sexually active and involved in multiple partnerships (Mulwo *et al.*, 2009). Besides, it would not be correct to deny the contribution of the ABC message to the current level of awareness in universities. Nevertheless, for more effectiveness, Moodley (2007) suggests that the ABC message needs to be adapted to the university context and redesigned by students using a bottom-up approach.

The effect of condom use on the HIV/AIDS pandemic

Though the history of the condom indicates that it has been around since (time immemorial), society tends to believe that condom was produced because of HIV. This perception might result from all the awareness campaigns on condom usage as a means of HIV prevention. The next sections reviews papers confirming that indeed there is a direct relationship between these two variables.

In their paper, Magombedze *et al.* (2009:492) report that “results suggest that high percentage of condom usage is associated with reduced HIV incidence”. The

⁸Nelson Mandela Children's Fund (NMCF) 2004 research journal

interesting aspect of his Sex-Structured HIV/AIDS Model is that he integrates the costs as a relevant factor in the model. By cost he referred to money spent in condom use awareness campaigns, condom television advertisements, education on condom usage and acceptability. The purpose of this model is to evaluate how these costs can affect the control of HIV transmission. After some numerical simulations, he concluded that increases in the cost reduce the percentage of condoms used by the population, which leads to a lesser reduction of AIDS and infectious HIV cases.

Although his model has a certain number of merits, like combining both male and female condoms, it nevertheless presents some shortcomings. The main limitation is that the model suggests a direct effect between the costs and HIV transmission, which is difficult to perceive in the reality. Magombedze *et al.* (ibid) go further by saying that his strategy can ensure 100% consistent condom usage among people with high risk, which is unrealistic and highly difficult to achieve given the complexity of human behaviour. They explain that to reduce the rate of HIV infection, the focus must be on the areas more affected or the areas having a high risk, since trying to reach everybody with an insufficient budget is impossible. He argues that targeting and focusing on more affected areas will be more strategic and economical.

The problem with this method is that it discriminates against people. This is so because interventions are meant to not only change behaviours but also to maintain good behaviours. Having said this, it will be unfair to discriminate against people on the basis of their good behaviour. Lastly, the fact that he does not make reference to any place renders the model too linear and difficult to generalise. It would be interesting for further study to test the Sex-Structured HIV/AIDS Model in South Africa, especially among students.

Consistent condom Use and HIV and AIDS in South Africa

In South Africa two models have been recently developed to assess the extent to which the variation of condom usage can affect the HIV incidence. These are mathematical models called the Sexually Transmitted Infection (STI)–HIV Interaction model and the ASSA2003 AIDS and Demographic model. According to Johnson *et al.*, (2012:1)“both models suggest that from 2000 to 2008 HIV incidence in 15–49 year olds declined by 27% in the STI–HIV model and by 31% in the ASSA2003 model, when expressed as a percentage of incidence rates in 2000” in South Africa. Though these findings are consistent with previous research (Katz& Low-Beer, 2008), both models indicate that “condom usage is significantly over-reported, with the later mean of the condom bias parameter being substantially greater than the prior mean” (Johnson *et al.*, 2012:7). They agreed with previous study that the increase in condom usage is consistent with the timing of the increase in the distribution of male condoms in the South African public health sector (Myer, 2010). The criticism made by the researcher about this coincidence is that the contribution of the commercial condom industry is underestimated. An association was also found between the increase of condom use and behaviour change interventions. For example, school-based HIV and AIDS life skills programs were introduced in South Africa in 1998, and increases in condom use among youth have been found to be associated with exposure to these programs.

Male condom use and pregnancy prevention

Today, condom use is more associated with STI and HIV prevention than any other factor, simply because the awareness campaigns have always presented it that way. However, much research has shown that prevention of diseases is not the lead motive of condom usage among young people. Sometimes practitioners focus too much on disease prevention that they forget to listen to the motives and

expectations of the youths. The literature reviewed in this section helps to explain how people relate condom use to pregnancy prevention. It highlights the fact that although STI's and HIV remain a concern, it is also important to understand condom use in a perspective of pregnancy prevention because factors relevant to prevent STI's/HIV might not be relevant to prevent pregnancy. This section is indispensable in this brand positioning study because it helps to make sure that the studied brands do not contradict with any customer expectations with regard to the condoms as a means of pregnancy prevention.

Previous findings show that only a few people (less than 10%), when directly asked, say that they use condoms solely, or even primarily, for disease prevention (Baffi *et al.*, 1989); this is an interesting finding for researchers frequently forgot to take into account that condom use can also depend on people motivation to prevent pregnancy (Sheeran *et al.*, 1999). Cooper *et al.*(1999) state that the primary motive underlying condom use for most young people is pregnancy, not disease prevention; reasons being that the condom is the more popular birth control method, easy to obtain, cheap, without side effects and a reliable protection against pregnancy (Baffi *et al.*, 1989).

Cooper *et al.* (1999:464) conducted a survey to find out whether the differences in motive for condom use can help to better understand the frequency of use. They found out that factors that are related to condom use to prevent pregnancy might be more relevant to those related to prevent STIs among young people. Therefore, an adequate understanding of condom use behaviour must consider the functions or goals of this behaviour. One interesting aspect in Cooper et al study is that the motivation is studied according to four categories of condom users which are:

- Condom users motivated by the risk of pregnancy
- Condom users motivated by the risk of STIs and HIV

- Condom users motivated both by the risk of pregnancy and STIs/HIV
- And the Nonusers

The results were interesting. For example they discovered that those who used condoms to prevent pregnancy were more likely than other condom users to be in an exclusive relationship. They engaged in the fewest risky behaviours and perceived themselves to be the least vulnerable to diseases, even after controlling for relationship status. In fact, on these lifestyle and behavioural dimensions, those who used condoms to prevent pregnancy more closely resembled nonusers than other subgroups of users. In contrast, those who used condoms for disease prevention were less likely than either the pregnancy prevention group or nonusers to be in an exclusive relationship. Moreover, they exhibited the riskiest behaviours overall, reporting more sex partners, more risky practices, and the highest rates of STIs, even after controlling for relationship status. Despite their high levels of risk taking and relatively accurate perceptions of elevated vulnerability to AIDS they have the lowest level of condom use (Cooper *et al.*, 1999: 471).

It is quite surprising to observe that the higher the perceived risk of disease is, the least the level of condom use is in the group where disease prevention is the lead motive. Concerning the dual motivated group, they noted a high level of condom use though they are least likely to be in an exclusive relationship. So in their study, Cooper *et al.*, (1999) demonstrated that condom users can be differentiated into groups according to their reason of use. Such groups can be exploited to design a new marketing approach of condom branding.

Sheeran *et al.* (1999) confirmed that condom use was strongly associated with pregnancy prevention and that research on condom use as a mean of disease prevention must integrate this element. This is important since the condom has dual functions; studying separately its association with pregnancy prevention on

one side and disease prevention on the other side might not reflect the context usage.

Hoefnagels *et al.* (2006) conducted a study where he compared two intentions to use condoms with a new sex partner, one in a situation where pregnancy risk were not mentioned and the other in a situation where the pregnancy risk was explicitly stated. He also investigated whether intentions to use condoms change when there is no pregnancy risk, so that such changes may be predicted from an STI risk-perception perspective. According to previous research Hoefnagels *et al.* expected that intentions to use condoms would decline in situations when there was no risk of pregnancy (cf. Sheeran *et al.*, 1999) and that this decline would be associated with STI-risk beliefs and perceptions (cf. Cooper *et al.*, 1999). However, it was surprising to find that more than one third of the respondents who stated that they intended to use a condom with a new sexual partner renounced their intentions when there was no risk of pregnancy. These results show that although condom use is to a certain extent motivated by pregnancy prevention rather than STI prevention (cf. Sheeran *et al.*, 1999), the need to prevent pregnancy may either converge or conflict with STI prevention.

Hoefnagels *et al.* simply state that condom use among young people is not determined by their perception of STI risk, but that students do use condom to prevent STIs even though STI prevention may not be their main motive. No matter the interpretations, these findings at least prove that effectively a proportion of health behaviour is motivated and related to health (Becker *et al.*, 1977), and it concurs with previous study that the risk perception plays an important role in the process of health behaviour (Weinstein & Sandman, 2002)

The limitation underlined in this study on Hoefnagels *et al.* work is that once more Africa is 'left behind'. Their study (like many others) is conducted in Europe,

which is a context very different from Africa. This fact can seriously affect the consideration of their results in an African context. The second thing is that the study is only focussed on a situation which is not common among students (a new partner); having said that, it is difficult to extend the findings to the entire student body because most of them are not in a new relationship.

Challenges of consistent male condom use

Inconsistent use of the male condom comes in many forms; the most noted ones by previous research are the non-use of condom throughout the whole sexual intercourse, the challenge of negotiation, the lack of knowledge, and the myths around condom.

Steiner *et al.* (1999; 26:460) found that condom is not used throughout the act of sexual intercourse; meaning that most couples do not use condom for all their sexual acts, they may only use it for the very first act and discontinue afterwards. In their study, Steiner *et al.* (1999) discovered that 10% of their researched population were not protected because they either put on the condom after intercourse or removed it during intercourse.

In addition, previous studies show that the inconsistency of condom use among students is associated with factors like multiple sex partners, serial monogamy; drugs and alcohol consumption (Lewis *et al.*, 2009). Lewis *et al.* (2009) posit that when students have multiple sex partners they risk inconsistent condom use due to the number of partners. The same is said for serial monogamists, who during their short relationships, may also fail to adhere to consistent condom use. Drug use and alcohol consumption affects consistent condom use as the individual is unable to follow the correct procedures for condom use.

Steiner *et al.* (ibid) put forward that of the quantity of condoms available at least 69% are not used at all; it is generally assumed that the quantity of condoms distributed relates to the quantity used.

Condom negotiation

While branding is at the core of this study, it is important to explore how students negotiate condom use and check whether the negotiation has not evolved to become condom brand negotiation. Rhodes *et al.* (2007) acknowledge that latex condoms are very efficient for prevention against STIs, but unfortunately students do not use them consistently. The issue of inconsistent condom use is not only a problem at UKZN but it is a global issue. In America, a study of student condom use found that 50% of participants had not used condom during sexual activity because their partners refused to use condoms (Smith *et al.*, 2003).

Condom negotiation also affects condom use because of the dynamic involvement of two partners in sexual risk; Fisher and Fisher (1992), put forward that the behavioural skill in addressing and negotiating condom use is very important to ensure consistency. Behavioural skill constitutes the third component of Fisher and Fisher (1992) Information–Motivation–Behavioural (IMB) model. The model stipulates that to reduce risky sexual behaviour, the first step is information. Though informing does not have a direct and lasting effect on actual safe sex, it is still important that people should know about the risk, the means of infection and the prevention measures. The second important component of the IMB model is the motivation. For a person to adopt and maintain a given behaviour change, he/she needs to be motivated. The IMB model is more effective when behaviour change campaigns integrate all the elements at the same time.

During the exploratory phase of this study, male students raised the issue of condom brand negotiation, saying that some girls were not willing to have sex when their favourite brand was not used. To facilitate condom negotiation studies,

Noar *et al.*, (2002) developed a scale based on research by De Bro *et al.*, (1994); they designed a concept called the Condom Influence Strategy (CIS), which is composed of six constructs:

- Direct request (DR) is when an individual directly asks a partner to use condoms.
- Withholding sex (WH) is when an individual refuses to have sex without a condom.
- Seduction (SED) is non-verbal, and is when an individual gets a partner sexually aroused, then brings out a condom to use.
- Relationship Conceptualising (RC) is when an individual expresses care and concern for a partner and the relationship as a reason for using condoms.
- Risk information (RINF), is when an individual gives HIV and STI risk information to convince a partner to use a condom.
- Deception (DCP) is when an individual gives deceptive reasons to use condoms, such as pregnancy prevention when the true reason is HIV and STI prevention.

While it is true that men use condoms more than women (Bazargan *et al.*, 2000), it is important to understand that the reason behind this might be because of the popularity and availability of the male condom over the female condom (Lewis *et al.*, 2009). Gender dynamics also play an important role in men using condoms more than women. Where women play subordinate roles to men, they are bound not to be able to negotiate for condom use (Robertson, 2006).

The study will find out if this gender tendency of condom use is the same in the UKZN context. In addition Carter *et al.* (1999) discovered that women played an

active role in condom negotiation, whereas men played a reactive role, which is why the study also investigates women. Further, De Bro et al. (1994) found that women preferred using RINF and WH, and men preferred using SED. Based on previous findings, the research hypothesises that women would report using all verbal strategies more than men (i.e., DR, WH, RC, RINF and DCP), and men would report using SED more than women.

Research also suggests that condom use behaviour may differ between different races. Smith (2003) found that in America white college students used condoms more than African American, and Scott *et al.* (2005) concluded that cultural norms, such as sex as a taboo topic or traditional gender role expectations may play a role in condom communication (negotiation) with a partner. Similarly, this research will explore the factors associated with the race and condom brand use and see if these go further than what has been found for condom use. It will be interesting to investigate if there is a link between brand preference and race or between brand most used and race.

Sometimes the type of relationship also makes it difficult for condom negotiation. Hammer *et al.* (1996) state in monogamous relationships condom negotiation is mostly perceived as questioning the commitment, the trust and integrity of the other partner. However, serial monogamy may increase the likelihood that college students practice unprotected sex with multiple partners (Fisher *et al.*, 1996). This also implies that it is easier to negotiate condom use in casual relationships than in stable relationship.

In addition, power and other social patriarchal norms can affect the negotiation of condom use among couples. Holland and French (2012) found that women with low condom negotiation skills tended to pair up with men with equally low condom negotiation skills. So condom negotiation appears to be especially

important for increasing condom use among women (Holland and French, 2012). Moreover, East *et al.* (2010) assert that condom negotiation is more difficult for women because of social norms and gendered expectations in relationships. Actually, “in sexual relationships, the more power men exert and possess in the context of condom use, the more women’s assertiveness with regard to condom use is hindered “(Wingood & DiClemente 1998, East *et al.* 2007). Furthermore, “the more women perceive their male partners as dominant, the less likely women will be at successful condom negotiation and use” (Buysse & Van Oost, 1997). Unbalanced power is not the only barrier to condom negotiation among women, other factors like the fear to lose the relationship can also negatively influence condom negotiation. Women may place a higher priority on relationship maintenance than on self-protective behaviour, and may not insist on using condoms so as to avoid jeopardising their relationships (Misovich *et al.*, 1997). It was demonstrated that women in stable relationship are perceived to be more emotionally fulfilled than the single ones (Sanford & Donovan, 1984).

Tschann *et al.* (2010) uses a more broad approach to study condom negotiation. He looked at the problem by opposing the negotiation strategies of condom use versus the avoidance strategies of condom use. Table 1 presents the two antagonistic strategies. One limit of the previous concepts is that most of them did not consider a negative feedback in condom negotiation. The dynamic dimension of the communication is missing in the formula offered by De Bro *et al.* (1994), Noar *et al.* (2002).

By also looking at the negative reactions towards condom use, Tschann *et al.* (2010) provide an interesting framework that can help to improve the current condom negotiation strategies.

Strategies to negotiate condom use			
Risk information/request	Direct verbal / nonverbal communication	Insist on condom use	
<ul style="list-style-type: none"> - Said you/partner could get pregnant - Said you didn't want to have a baby - Told partner needed a condom to be safe - Told partner there are a lot of STIs - Said you wouldn't have sex without a condom - Asked partner if had a condom - Told partner to put a condom on / on you 	<ul style="list-style-type: none"> - Just pulled out condom to use - Said would go get a condom - Offered to put condom on - Told partner you had a condom - Handed a condom to partner - Put on a condom without saying anything 	<ul style="list-style-type: none"> - Insisted on using a condom - Asked partner if wanted to use condom 	
Condom avoidance strategies			
Emotional coercion	Ignore condom use	Dislike condoms	Seduction
<ul style="list-style-type: none"> - Got upset with partner for suggesting condom use - Acted insulted when partner suggested condom - Said you wouldn't have sex with a condom 	<ul style="list-style-type: none"> - Just kept having sex - Told partner not to stop 	<ul style="list-style-type: none"> - Said it feels better without condom - Said you would pull out/told partner to pull out - Said you/partner could take the morning after pill - Said condoms are uncomfortable or irritating - Said you/partner could get abortion 	<ul style="list-style-type: none"> - Tried to get partner too turned on to think about condom - Used sweet-talk to avoid condom use

Table: 1 Negotiation and avoidance condom strategies

Source: J.M. Tschann et al. / *Journal of Adolescent Health* 47 (2010) 254–262

Criticisms

Although this chapter provides interesting approaches and paradigms, certain limitations became obvious in the some of the articles reviewed.

- 1) None of these studies reveal what kind of condom was being used; maybe they assume that the word *condom* only refers to the male condom; but that is untrue. Supposing that these findings concerned both male and female, it is hardly impossible to get the same results for both types of condoms at least because one is more popular than the other.
- 2) The condoms are studied as if they are not branded; they are treated as generic products without brands; this is not the case. This study stresses the fact that it is a mistake to study condoms assuming that brands have no effect on condom use; on the contrary, the fact that students have their own favourite condom brand proves that there is a brand issue to consider. If a student has a bad experience with a given brand, no matter how good the strategy is, the condom negotiation is likely to fail.
- 3) None of the reviewed literature had studied the negotiation strategies in an African context. Most research was carried out in Europe, America or Asia; I hope other further research will also tackle the subject in Africa.

Aware of the influence of religion on sexuality in Africa, the next section looks at the position of religion with respect to condom use. This will help to understand the condom perception among students in Kwazulu-Natal

Male condom use and religion

Among the factors associated with condom use, religion is frequently mentioned as having a negative influence. According to statistics, South Africa is a very religious country with a majority of Christians (79.8%), followed by people with no established religion (15%) of the total population. Other religions are Islam (1.5%), Judaism (0.2%), and Hinduism (1.2%)⁹. These indicators show the prominence of religion in the South African context; this fact should not be neglected while conducting this brand positioning analysis.

Previous research has studied the influence of religion on HIV discourse and on condom use in particular. Sarkar (2008:116) puts forward that “religious behaviour is a strong predictor of sexual behaviour”. However, in light of Sarkar’s assertion the question which remains concerns the type of influence that religion has on condom usage. The Catholic Church is précised in its stance towards condom use as contraception. According to the Catholic Church, it is “a transgression of divine law and [is] a sin against nature” (ibid). However, with the widespread nature of HIV, its stance on condom use was shaken as some of followers started using condoms for dual purposes.

This position of the Catholic Church influences its members; Rostosky *et al.* (2004) found that, religion was associated with condom failure among students involved in sexual intercourse; they even noted that those who drank too much and who were Catholic were more likely to engage in unprotected sex than various other groups.

Other Christian confessions like protestant churches do not present condom use as contradicting factor with their faith. Islam on its part is torn between their conception about children (Muslims consider children as a gift of God) and their faith, which states that children have the right to education and future security

⁹<http://www.medioclubsouthafrica.com/landstatic/82-fast%20facts>

which implies that the number of children should be limited; so Muslims are undecided on the matter(ibid).

Consistent condom use has become the focus of many social marketing campaigns around HIV and AIDS, the next section examine the correlation between these two elements

Male condom use and Social marketing

Condom social marketing (CSM) is the use of commercial marketing techniques to promote and encourage condom distribution and usage among a specific target market (Sweat *et al.*, 2012). After performing well in United States and in United Kingdom, CSM has become an important tool for behavioural change programs and theories, especially in the South Africa context where the HIV rate is among the highest in the world. Universities in South Africa are described as a place where risky behaviours are preminent and previous research has shown that condom usage is perceived by the majority of students as the most practical option to prevent HIV in universities (Mulwo, 2009). Those two factors justify the amount of resources invested by the government and NGOs to provide good CSM interventions among students. The following literature review presents previous findings on the influences of social marketing on condom use.

All over the world, academics and practitioners are trying to find the best approach to evaluate with accuracy the effect of social marketing on condom usage. However, most academics agree that there is strong evidences proving that there is a positive effect of CSM on condom usage. Sweat *et al.*, (2012) argue that the moderate effect of CSM on condom use described in previous research is underestimated. They posit that though that effect is more important among sex workers and miners, the slit overall effect concluded by those previous studies might result from the short term evaluation (2 or 3 years) taken into account.

According to them, a longer time could give us best results. They deplore a lack of rigour in the methodology used by these studies to evaluate the effect of CSM on condom use

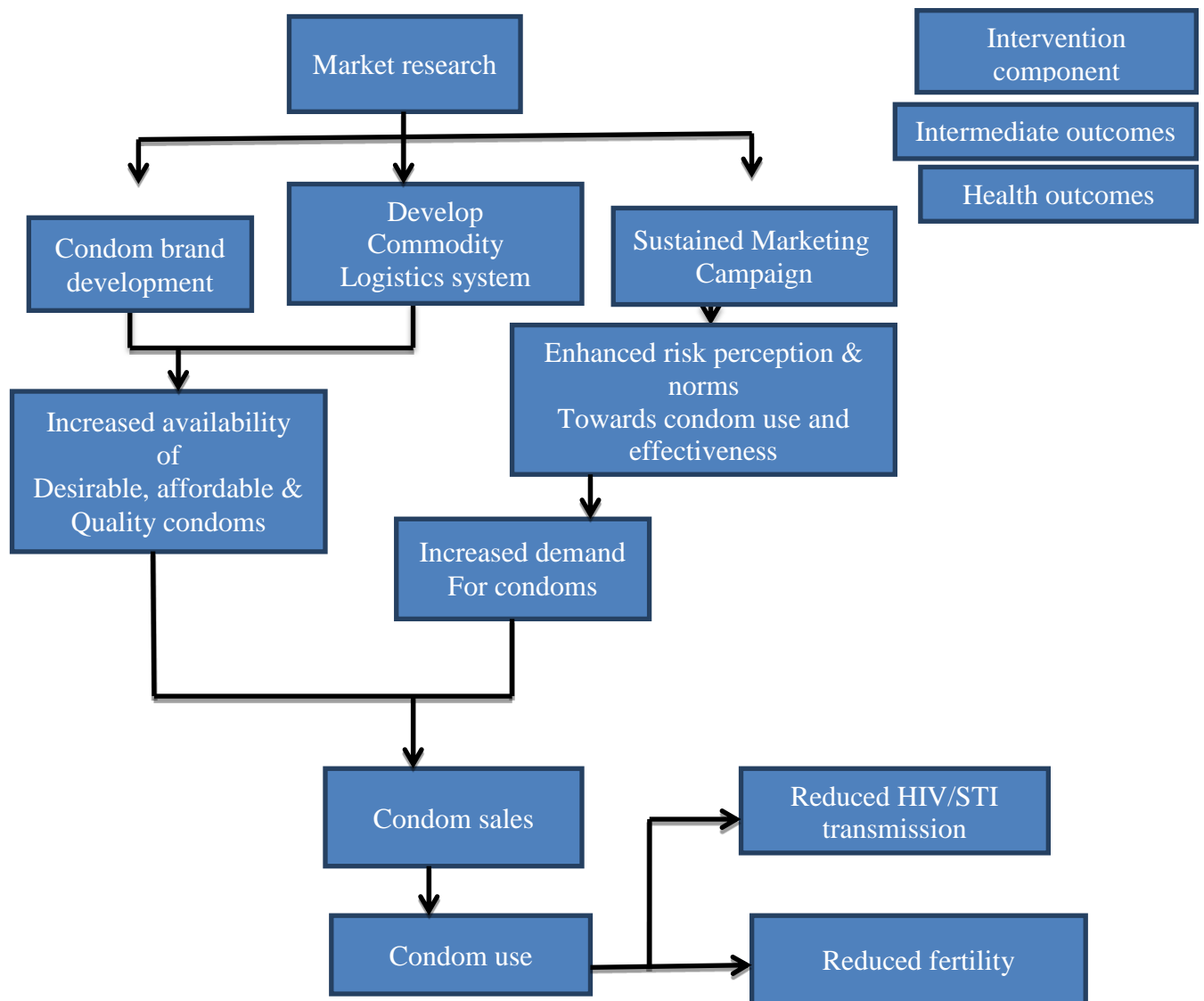


Figure1: Theoretical/conceptual model for condom social marketing

Source: *Bull World Health Organ, Condom social marketing in developing countries* (Sweat et al., 2012)

This model (figure 1) clearly shows how social marketing influences condom use. As usual in marketing, everything starts with market research in the segment that the program wants to influence. For example, if the target market is the UKZN, it would be important to gather relevant information on UKZN students like their gender repartition, the sexually active proportion, their knowledge and perception of condom use, etc., before dealing with the issue of condom use. After the market research, the next three main intervention components of condom social marketing are condom branding, the development of a commodity logistic system and a sustained marketing campaign (Aggleton, 1997). Condom branding consists of making available appealing and affordable brands on the market. Neglecting this aspect can seriously affect the performance of the intervention, especially in South Africa universities where students are exposed to many appealing commercial brands. After testing commercial brands, students might not be comfortable in using unflavoured brands of low quality (even for free) and they end up having unprotected sex. It is therefore important to offer good standard condom brands that people will like and feel comfortable with. From the assumption that the government brand *Choice* is not appealing to the students in KZN (Mulwo, 2009).

Concerning the commodity logistic system, Sweat *et al.* (2012:613) explain that it “is tailored to the local economy, with efforts made to ensure a steady supply of affordable quality condoms at existing sales venues”, and, “to track sales, warehouse supplies and ensure timely delivery of products”. So it is not enough to manufacture an appealing condom brand; according to this model, the intervention must make sure that people easily get access to condoms, which is the purpose of this second component. It is thanks to that function that government condoms are available for free almost everywhere in UKZN (the clinics, student toilets and at HIV/AIDS support).

The role of sustained marketing campaigns is to increase the demand of condom use in the target market, by emphasising on the risks related to unprotected sex, by promoting condom use among the non-users and encouraging the consistent use among users. However, the challenge is that social marketing investment and condom supplied quantity must be balanced for a successful intervention; for instance, if the demand raised by the campaign is too high compared to the quantity of condoms supplied, there will be a problem of unavailability; if the demand raised by the social marketing campaign is too low compared to the quantity of condoms supplied, there will be an extra supply cost (Sweat *et al.*, 2012).

The theoretical/conceptual model for the social marketing of the condom explains how CSM influences condom use; However, Sweat *et al.* (ibid) stress on the local adaptation as an important point without which the intervention is likely to fail. For all the three components previously presented, they advise that the implementation must respect the local values; this is relevant for brand positioning, because if for example, the government wants to run a program at UKZN and they do not take into account the youth's culture (having fun) and other contextual elements, then it will miss the point. The main limitation that can be identified here is that the linearity reflected in the model between CSM and condom use might not be relevant in Africa because the model was developed in developed countries.

Condom branding and condom use

As we saw in the previous sections, the past 20 years were marked with an increase in unwanted pregnancies, STIs, HIV and AIDS; this situation led to the male condom becoming one of the most supplied products in South Africa. The high demand for the condom made the government, NGOs and private stakeholders join

forces to satisfy the need. However, the involvement of private companies is changing the problem facing condoms since the issue is no longer about condom use, but condom brand use (.Mulwo, 2009). Over the last decade, the condom user's expectations have evolved; they do not only want to have safe sex, but they also care about the smell during sex, the level of lubrication, the thickness of the latex, and so forth. Private companies led by the desire to increase their turnover, introduced brands with these additional attributes. Marketing theory posits that purchasing is motivated by the satisfaction experienced during the last consumption which is in turn a function of expectations (Kotler, 2006). If this "ideological conflict" (ibid) was just a brand competition without any repercussions on people health, it would not be a problem, but Mulwo *et al.* (ibid) explained that:

The myth that free condoms are ineffective could also be a result of the competing ideological conflict emerging from condom promotion on one hand, and condom branding on the other hand. Condom promotion seeks to promote condom use generally as the most effective strategy against HIV infection and STI's for sexually active individuals. Condom promotion advertisements are often not associated with particular brands. On the contrary, commercial condom branding seeks to promote a particular brand of condoms as being 'most effective,' thus casting other brands as being less effective (2009:394).

According to their findings, the "ideological conflict" is responsible for the negative perception of the government condom brand (*Choice*). Moreover, they discovered that this negative perception was associated with unprotected sex among students.

Mulwo *et al.* added that in 2007 the government brand *Choice* was recalled by the ministry of health without giving any reason to the public; so students suspected that these condoms were infected. Two other factors contributed to produce this

bad brand reputation; first, the fact that the brand was acquired for free might also be a disadvantage, because most people believe quality is costly; this last point is arguable, because some years ago some well-known commercial brands were distributed to students for free, and no complaint about their quality was noted.

A previous study done in United States of America pointed out that selling condom brands as the means of protection is not enough, the users must be satisfied with the product in terms of the level of lubrication, the smell, colour, etc. They further add that failure to do so explains the current inconsistency in condom usage. They stressed that if social marketing wants to contribute in reducing the inconsistency of condom usage, the condom's strategy and distribution must be customer satisfaction oriented (Garside, 1999; Grady *et al.*, 1993; Gerofi *et al.*, 1995).

During their study on condom acquiring in two clinics in United States of America, Williams *et al.* (2011) found that making many brands available can have a more positive impact on condom use than having only one brand. They argue that the increase in number of brands increases the likeliness of people to acquire and use condoms. While this is true to a certain extent, it can be argued that the availability of multiple brands is the only factor. Take, for example, a case where all the available brands have a bad reputation, this will not improve the level of purchasing. Nevertheless this approach seems to suit the AIDS prevention programme of UKZN, as illustrated by the fact that they launched another brand on campus called Love, probably to increase the level of condom use among students. This new brand is simultaneously distributed with the brand *Choice*. Such an approach demonstrates the importance of giving to people a chance to choose by making available various different brands.

Purdy (2006) wrote an interesting paper where he presents a successful strategy for condom brand promotion among young adults in Indonesia. He emphasises that the

purpose of condom distribution is condom use; so if it requires shifting to promotion of brands, then the NGOs and other non-profit organisations must be able to adjust. According to him, the structures promoting condom use must understand that we live in an age of “brand power”. He does not consider the two tendencies presented by Mulwo (2009) as an ideological conflict, but rather as a lack of adaptation in condom use promotion strategy. As the director of *DKT Indonesia*, he shows some interesting evidences to support his statement; *DKT Indonesia* is a non-profit “social marketing enterprise dedicated to the marketing and distribution of high-quality contraceptives and condoms for family planning and HIV/AIDS prevention” among young people (2006:127). He argues that: “like many places in the developing world..., the values and behaviours of the younger generation are pushing up against the traditional systems and expectations of their parents and elders (2006:127)”, meaning that if we fail to understand the culture and the context of young people, we are likely to fail in our strategy of condom promotion. Therefore, if we want young people to identify themselves with the product (condom) promoted in our campaign, that product needs to carry a set of values that reflect their reality, and branding is the best way to do that. Purdy demonstrated his assertion by launching the condom brand *Fiesta* among young adults in Indonesia. Under the concept “*Safety can be Fun*”; he described his product as followed:

Fiesta condoms were designed with youth in mind. The condoms are colourful and connote the concept of fun and come in a range of flavours, colours and shapes. We consciously chose an international name (the word “fiesta” is commonly known in Indonesia) and used English throughout the packaging (instructions are also in Indonesian) to build an international image. English also helped solidify the product image as being imported, an

important and positive distinction among Indonesian consumers, even those who do not speak English (2006:130).

From the passage above, it can be concluded that when a condom is not designed to appeal to youth it is more likely to fail, because young people are particular in their visions, test and values. This could also be the reason why the government brand *Choice* has a negative positioning among students at UKZN; this brand has not been designed for this specific segment of people, it is the brand of 'everybody'. The fact that *Choice* is distributed in townships might also justify its negative perception among students who consider themselves as being from a social category more emancipated.

Conclusion

This chapter goes beyond merely looking at branding in a South African university context, a theme on which there is a limited cohort of published material. Issues explored include the influence of religion, the complexity of condom negotiation, the role of social marketing and the power of branding in condom used. This study is venturing into relatively new territory, that of brand positioning of condoms among university students in South Africa; hopefully, it will be a contribution towards to increase the knowledge surrounding condom use and condom branding.

CHAPTER THREE: THEORETICAL FRAMEWORK

Introduction

This study is a contribution to social marketing in the fight against STIs, unwanted pregnancies, And HIV and AIDS among students. In that regard, social marketing, the communication theory of diffusion and some relevant brand concepts will frame the study. Brand positioning is a marketing concept used to picture the positions of competing brands of a product category. To facilitate understanding, the chapter will start with the first two underlined theories, and then brand positioning theory will explained in the last part under the section *Brand concepts*.

Social marketing theory

Definitions of social marketing

The term social marketing has being used and defined by various scholars. According to French (2005) it is a systematic application of marketing concepts and techniques to achieve specific behavioural relevant to a special good. For Smith (2006), it is a process for creating, communicating and delivering benefit that a target audience wants in exchange for audience behaviour that benefits society without financial profit to the marketer. Andreasen (1995:7) gives a more elaborate definition; he states that social marketing, “is the application of commercial marketing technologies to the analysis, planning, execution and evaluation of programme design to influence the voluntary behaviour of target audience in order to improve their personal welfare and that of their society”.

Kotler, Roberto, and Lee (2002), whose work is greatly drawn from in this chapter, defined social marketing as:

The use of marketing principles and techniques to influence a target audience to voluntarily accept, reject, modify or abandon behaviour for the benefit of individuals, groups, or society as a whole.

According to these definitions the main aspects that determine *social marketing* are as follows (Kotler et al., 2002:5)

- *Social marketing sells behaviour change.*

In social marketing, the marketer designs or implements a strategy that will make the target audience do one of these four things: “Accept a new behaviour, reject a potential behaviour, modify a current behaviour or abandon an old behaviour”. Drawing on this, this study aims to design a strategy that will improve the uptake and use of government condom brands; that is the behaviour change that the researcher seeks to bring about.

- *The behavioural change is voluntary.*

The social marketing approach must not have any coercive character; people must be willing to perform the behaviour without being threatened or forced. Meaning that, students should feel free to use the brands that meet the most their expectations; while the repositioning strategy via social marketing takes place.

- *The use of marketing principles and techniques.*

As in commercial marketing, the main principle is a customer orientation approach. The process begins with a deep understanding of the target market; the marketer must assess what the target audience knows, believes, does and why is it done that way. In this study, some interviews and a questionnaire were used to gather information on UKZN students (the target market) and condom usage.

- *A target audience is selected and influenced*

Choosing a target market is determinant for the social marketing strategy; in this case, the target market is all students of the UKZN who are sexually active and who are using condoms.

- *The beneficiary is the society.*

“The benefit is what the target market gains in exchange of behaviour change; the benefit can be for an individual or a group of people” (Kotler *et al.*, 2002: 7- 8). In this study, the benefit is safe sex among students through government condoms freely distributed on campus.

All the five aspects mentioned above are found in this study on UKZN and condom branding; this confirms that the study falls within the social marketing field. The next paragraph will present the planning process of social marketing; however, only the elements that are relevant to this study will be explained.

Social marketing planning process

According to Kotler *et al.* the social marketing planning process is made of four main parts illustrated on table below (2002:35).

Social Marketing Outline Plan

Where are we?

(The social marketing environment)

- Step 1: Determine program focus
 - Identify campaign purpose
 - Conduct an analysis of Strengths, Weaknesses, Opportunity, and Threats (SWOT)
 - Review past and similar efforts

Where do we want to go?

(Target audiences, objectives, and goals)

- Step 2: Select target audiences
- Step 3: Set objectives and goals
- Step 4: Analyse target audience and the competition

How will we get there?

(Social marketing strategies)

- Step 5: Product: Design the market offering,
Price: Manage the cost of behaviour change

Place: Make the product available

Promotion: Create messages and Choose media channel

How will we stay on course?

(Social Marketing Program Management)

- Step 6: Develop a plan for evaluation and monitoring
- Step 7: Establish budget and find funding sources
- Step 8: Complete an implementation plan

Table 2 Source: Kotler et al., 2002:35

In **Table 2**, we will only focus on the SWOT analysis and the marketing strategy because they are the points used to conduct this brand positioning analysis.

SWOT analysis

SWOT is an acronym for Strengths, Weaknesses, Opportunities and Threats; it is mostly used in brand positioning analysis to deepen the interpretation of the perceptual map. SWOT is based on the assumption that an effective strategy maximises the strengths and opportunities in a market and minimizes its weaknesses and threats; it aims to identify critical factors that can have a major effect on the objectives of a company or organisation (Cant &Heerden, 2010:45).

Strengths

The strengths are distinctive competencies, skills and resources that give a brand or an organisation a competitive advantage in the market place. In the case of this dissertation, it is the competitive advantage of the government condom brand (*Choice*); which can be *Choice's* distribution channel might give a competitive advantage over other competing brands.

Weaknesses

Weaknesses are areas in which a brand or an organisation needs to improve; it might be access facilities, management capability, marketing skill, brand image or any other deficiency (ibid). For instance, though condom brands like *Contempo* and *Rocky* are well positioned in the market, their small market shares might reveal a deficiency in financial resources, or in the distribution channel.

Opportunities

Opportunities are all the favourable elements in the market environment that could benefit to a brand or an organisation (Ibid). For example if it happens that *Durex* is out of stock, this will constitute an opportunity for the similar brands; an opportunity can also be a special event where UKZN students are hosting students coming all over the country.

Threats

A threat is an external factor that can negatively affect a brand or an organisation; for commercial condoms the threat could be students' income or maybe policy that complicates condom distribution among students.

These four aspects of the SWOT will be examined during the brand positioning analysis of the government brand *Choice*. From the SWOT analysis a marketing mix will be developed in line with the repositioning strategy.

Marketing strategy

Also known as marketing mix, or marketing instrument; for some academics, it is made of four P's which are: the product, the price, the place and the promotion (Kotler *et al.*, 2002). To others marketing strategy is composed of five Ps (they add positioning to the 4Ps (Airhihenbuwa *et al.*, 2000). This study will stick to the concept of four P's, because it is the most accepted among scholars, find below their meaning of social marketing.

The Product

In social marketing there are three levels of products, the core product, the actual product and the augmented product. The core product is the answer to the questions: "What problem will the product solve? So the core product is not the behaviour but the benefits the target market will experience when performing the desired behaviour (Kotler *et al.*, 2002: 195). The actual Product is simply the desired behaviour and the augmented Product is any object made to support and maintain the desired behaviour. In this case, the core product is safe sex among students, the actual product is "consistent use of Government condom brands" and the augmented product is a more appealing government condom brand.

The Price

The price is everything the target market needs to give in other to perform and maintain the desired behaviour; this price can be money, time, effort, energy, psychological risk, losses or any physical discomforts (Kotler *et al.*, 2002). Concerning the government's choice condom brand, the only price that students should pay is to go and collect it at the clinic or at any other place where it is available; for commercial brands, students need to spend an amount of money.

The Place

The Place: "is where and when the target market will perform the desired behaviour, or acquire any related tangible object" (ibid). To this study, the place is everywhere a student can get a condom (shops, clinics, toilets, etc.).

The Promotion

The Promotion: Kotler *et al.*, argue that it is "a persuasive communication and a tool that ensures that the target audience knows about the offer, believes it will experience the stated benefits, and is inspired to act" (2002:281); in this context it refers to any advert or message address to promote a condom brand.

This section presented social marketing; among the components of social marketing process, two elements were used in the study namely the SWOT analysis and marketing strategy. Promotion which is the last element of the four Ps' strategy, get its roots in the persuasive communication. In order to deep the understanding of the issue, the researcher also explores the theory of diffusion in the next section.

Communication theory of diffusion

The diffusion is implemented in social marketing through the use of established advertising on television, radio, billboard, newspaper or any other mass media (Morris, 2003). The diffusion theory is part of the theoretical framework of the study.

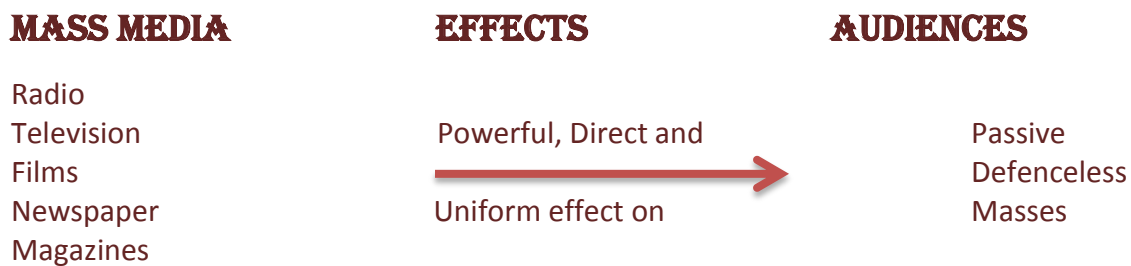
Literature usually opposes the diffusion model with the participatory model. Diffusion communication is top down oriented; meaning that the message is designed by experts and disseminated to a community, there is no feedback as the communication is one way. The participatory communication on the other hand is bottom top oriented; meaning the message is designed and conceived by the community, there is feedback as the community members interact with the message. The study will draw on the diffusion model for it is mostly used in social marketing.

The diffusion model was first known as “the diffusion of innovation”. The theory derives from the modernization paradigm of the 1950s and 1960s (Schramm, 1964). Rogers (1962) states that, diffusion is a process through which an innovation is communicated over time via a certain channel among the members of a social system.

The participatory health researchers consider the participatory approach as a model resulting from the limitations of the diffusion model. They claim that the participatory model is more efficient than the diffusion to change the behaviour. According to them, participatory is the best option because it lies in working with citizens to determine their needs and to design and implement programs to address these needs (Morris, 2003). Despite this criticism, social marketing still uses mass media as a vehicle of diffusion, because it still believes in its power to impact many. Early models tried to explain the effect of media and underestimated the

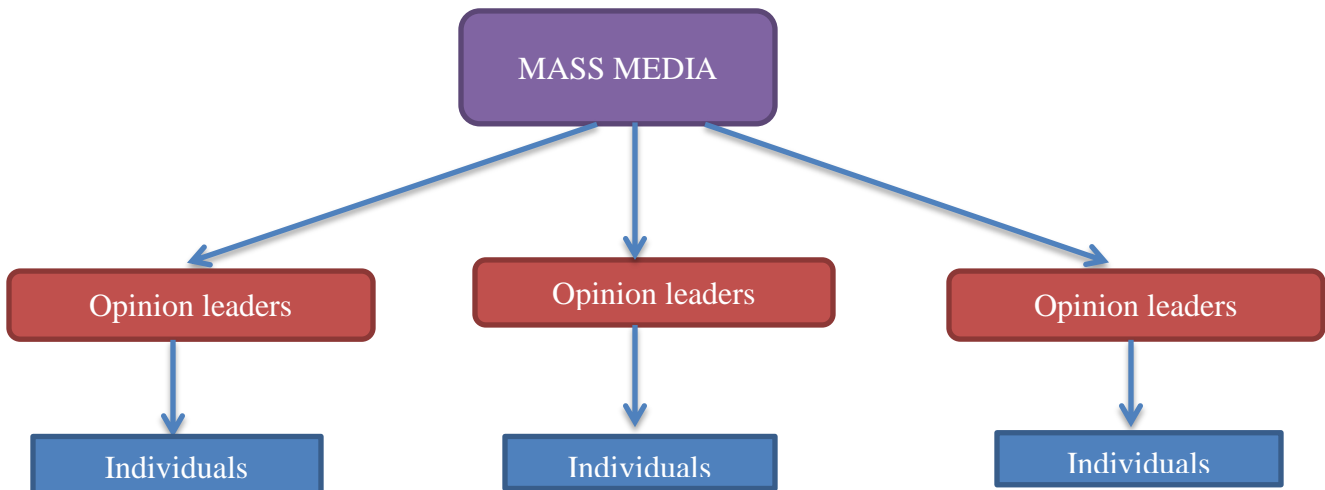
role of the receiver (audience); for instance Melkote and Steve (2001) illustrated it well in the figure below (figure 2).

Figure 2: Model denoting powerful effect of mass media



Such models are not realistic for it presents a passive and defenceless audience. Moreover, some people are more exposed to the media than others therefore they are more likely to be influenced than others. This led scholars to develop models like the two steps flow (figure 3) presented below.

Figure 3: Two step flow model of communication effects



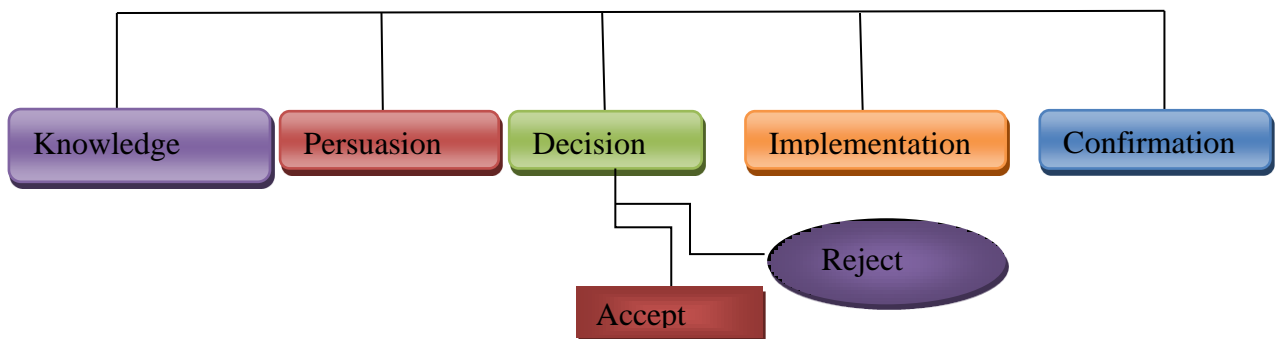
Before designing the message diffused on the mass media, the marketer segments the target population so to identify and select the opinion leaders. The role of these opinion leaders is to spread the message and influence their fellow (individuals). The model claims that the mass media have the power to impact the individuals through the intermediation of some influential agent. The recent *Durex* TV advert illustrates the idea of the two steps model. This advert presents young people having fun in a night club, and then at the end a woman prescribes a *Durex*

condom to a man. In this context women can be considered as the opinion leaders since they influence men to use Durex condom. Young people as well who like having fun can be considered as opinion leaders since they can influence their generation to use *Durex*.

The five steps in the diffusion innovation process

As said previously, condom social marketing adverts are diffused on TV (or any other mass media) with the aim to influence condom use or condom brand use among a target audience. However, the diffusion theory, considers behaviour change as a process. Accordingly, Rogers (1962) developed the five stages in the decision innovation process. Initially the five stages were called Awareness, Interest, evaluation, trials and adoption. Later on, following the critiques of Abrahamson (1991) the model was reformulated as below.

Figure4: Five stages in the decision innovation process



To illustrate the five stages decision process, an example will be taken from the diffusion of a condom brand advert on television. Let us suppose that a television advert aims to promote a new government brand among young people. The advertisement hours must be carefully selected, ensuring that at these periods many young people are watching their favourite programmes. At the knowledge stage young people (via the advert) are aware of the new condom brand but have not yet got interest in it. At the persuasion stage they try to find some interest and see if

this new brand will meet their expectations; once the brand evaluation done, they take the decision either to adopt the brand (accept) or reject the offer. Any decision taken is implemented by taking a position with respect to the brand; confirmation refers their permanent attitude toward the condom brand.

Social marketing consider that branding is better expressed through mass media (diffusion); this explains why social marketing and diffusion are generally combined during interventions. Now that the diffusion theory is understood let us move to the brand concepts.

Brand concepts

Though the concept of brand has a modern meaning today, it dates from centuries ago and was used to differentiate one producer from another. The word comes from the Old Norse word *brandr* which means to “burn”, since owners used to recognise their animals by putting a burning mark on them. Since then, the concept of *brand* has evolved and become very meaningful to the consumers; this is because consumers can easily identify the brand that satisfies them the most among the competing brands (Wiley, 1992). That is why Kotler (1991: 442) defined it as “a name, term, sign and symbol, or design, or combination of them which is intended to identify the good of one seller or a group of sellers and to differentiate them from those of the competitors”. Since the study is about brand positioning, the examples and explanations will refer to condom brands. We will be mentioning the brands known by UKZN students. These include commercial brands such as *Durex*, *Rough Rider*, *Lovers plus*, *Casanova*, *Crown*, *Dr Long*, and so forth. The government brands, we have the brands *Choice* and *Love*, which are distributed free of charge in UKZN campuses.

The concept of brand gave birth to other concepts such as the concepts of brand identity, brand loyalty, brand equity, brand knowledge, brand awareness and brand image. The next section will introduce each of these concepts, explaining how they relate to the issue of condom brand positioning; various competing condom brands will be used to illustrate the explanations.

Brand identity

Brand identity is a set of visual elements that reflect the uniqueness of the brand. According to Aaker (1996), brand identity is made up of: the name, the logo, the logotype, the colour and the style. Most of these elements are on the product package and help the consumers to identify a brand among its competitors. For example, these elements help students to easily differentiate *Durex* from *Lovers Plus* in a shop. A brand name is a word used to call a brand, Kotler (1991) defines it as the “part of the brand which can be vocalised. For example, the name of the brand *Rocky* is Rocky and the name of the government brand *Love is Love*. Two brands cannot share the same name for the same product category; otherwise, consumers might be confused. However, some condoms in the market do not carry names such as the one shown in figure 5

Figure 5: sample of condom without name available in UKZN

Source: Emile Saker Nkwei, 24 December 2012



During the study, it was noticed that the logo (creative design that comes to reinforce the visual identity of the brand) (Venter and Van Rensburg, 2009:216) is not used that much in condom branding, while the logotype (letter form used by the owner to express the name of its brand) and the colour are mostly utilised. The style “refers to the way the name and all the other elements of brand identity are put together to make a brand to be unique”.

Brand identity illustrations

Figure 6: Sample of government brands available among UKZN students

Source: Emile Saker Nkwei, 24 December 2012



Figure 6 presents the two government brands studied in this research

Figure 7: Sample of *Durex*

Source: Emile Saker Nkwei, 24 December 2012



Figure 7 shows a sample of Durex condom, the most popular brand among young adults

Brand loyalty

Brand loyalty describes the extent to which customers repeat purchases of a specific brand; for example, *Choice* brand loyalty is the frequency of usage of the brand *Choice*. In our questionnaire, brand loyalty was assessed by asking students which brand they use the most and at what frequency they use the brand. It would be interesting to check which condom brand has the highest brand loyalty. Brand loyalty is affected by factors like brand performance and brand judgement. Brand performance describes how well “the product meets customers’ functional needs; often the strongest brand positioning relies on performance advantages” (Keller, 2008:65). This performance is assessed based on the attributes and benefits gained while using a brand; in this study the brand performances of the competing brands will be evaluated on ten attributes which are: the thickness of the latex, colour of the latex, smell after and during sex, lubricant, flavour/scented, Latex resistance, brand’s name, brand design package, brand reputation and brand reliability. Keller (ibid) goes further by explaining that “performance may also depend on sensory aspect like how a product looks and feels, and perhaps even what it sounds or smells like” that is why you find smell and flavour in the list of attributes.

Brand judgements are customers’ personal opinion after evaluating some competing brand performances; brand judgement is composed of brand quality, brand credibility, brand consideration and brand superiority (Keller, 2008).

Brand quality is a favourable attitude resulting from a perceived customers’ satisfaction of the brand; it is this perception that allows the students to consider government condom brands as being of poor quality compared to commercial

brands (Mulwo, 2009). In the questionnaire brand quality was assessed with a liker scale at five levels (from *very poor* to *very good*).

Brand credibility describes the extent to which costumers see the brand as credible in terms of perceived expertise, trustworthiness and likability (Keller, 2008). In this study, credibility refers to the reliability criteria mentioned in the questionnaire.

Brand consideration is largely influenced by the associations resulting from brand image; it assesses how relevant costumers find the brand in terms of purchase and use. In this study, brand consideration refers to the set of condom brands students might consider to use; it is assumed, for example, that all students have a good brand consideration for their favourite brand and for any condom they use.

Brand superiority measures the extent to which costumers view the brand as unique and better compared to other brands (ibid). In the questionnaire, it refers to the favourite brand of the respondent.

There defined the four concepts of brand judgement; understanding them will help to appreciate the link with brand loyalty. The next paragraph will present another important notion, which is brand equity concept.

Brand Equity

Keller (2008:37) explained that “fundamentally, branding is all about endowing products and services with the power of brand equity”; so the notion of brand is anyway linked to the notion of brand equity. Therefore, understanding both notions will help in determining a maximum of factors that could make the positioning analysis more accurate. The concept of brand equity was first introduced in the 1980s, and is defined as “the marketing effect uniquely attributable to a brand” (ibid). So it is the direct association of a product with the perception and reputation

of the brand; for example if a *Contempo* condom is branded under the name *Durex*, students will be likely to transfer all the *Durex* associations to *Contempo* condom because of the brand name. This aspect is important because brand equity has a share in the final perceptual value in the brand. The whole concept is not studied in this dissertation, only some items like brand knowledge, brand awareness and a bite of brand image will be examined for they have a direct effect on brand positioning.

Brand knowledge

Brand knowledge is a component of customer-based brand equity; according to Keller (1993:3) it is conceptualised as “consisting of a brand node in memory to which a variety of associations are linked”. Brand knowledge is assessed through brand awareness and brand image. This aspect is relevant to this study because we can study brand positioning of the unknown condom brands; everything starts with the knowledge of the brand; it was previously mentioned that some unbranded condoms were distributed as well among students. I was impossible for the researcher to integrate them in this study because they are not known as condom brands. The two main aspects of brand knowledge are presented below.

Brand awareness

Brand awareness is the first dimension of brand knowledge and it “reflects the consumer’s ability to identify the brand in different conditions” (ibid). Brand awareness consists of brand recognition and brand recall. Brand recall is defined by Keller (2008:54) as “consumers’ ability to retrieve the brand from memory when given the product category, the needs fulfilled by the product category ... or a usage situation as a cue”. In this study brand recall was assessed in question 8 in the questionnaire formulated as follow: “please name below the male brand(s) of condom you know” in this case, the researcher used the product category as a cue.

In the context of this study, brand recall helps to identify all the condom brands present in students' mind.

Brand recognition is when a consumer “discriminate a brand as having been seen or heard previously” (ibid); this study did not use cue as usual, respondent were asked (question 23&24) if they would be able to recognise their favourite brand, if the answer was *yes*, they were asked to specify the element(s) that would help them to identify their favourite brand. The researcher thinks that this approach of testing assesses closer to brand familiarity than brand recognition

Keller (1993) explained that brand awareness is important for three reasons: the first reason is that consumers cannot purchase a brand that they do not know; the second is that brand awareness may affect decisions about brands in the consideration set, and finally brand awareness influences the formation and the strength of brand association in brand image. This just confirms that such positioning study needed to explore these aspects to see the incidence that they can have on brand positions.

Brand image

The dimensions of brand image are illustrated on the figure below; the researcher will try to explain figure 8 using the issue of condom branding.

Figure 8: dimensions of brand image

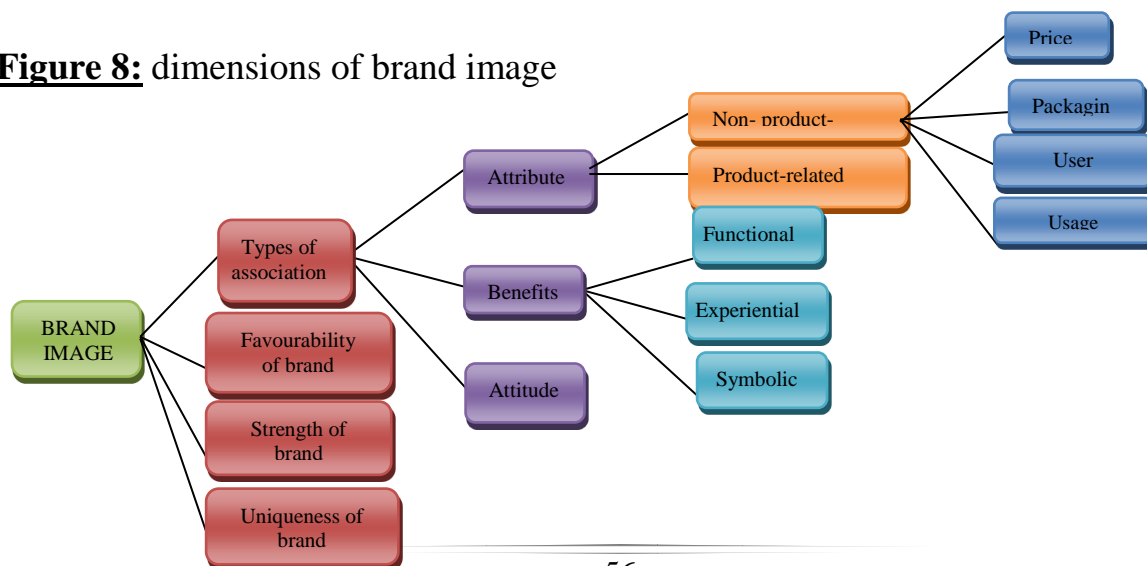


Figure 8 shows that brand image is made of four components which are: types of brand association, the favourability of brand associations, strength of brand associations, and uniqueness of brand associations (Keller, 1993).

Favourability of brand associations refers to “consumers’ beliefs that the brand has attributes and benefits that satisfy their needs and wants such that a positive overall brand attitude is formed for instance, students who are loyal to the condom *Rough Rider* believe that its studs on the latex will increase the sexual pleasure of their female partner.

Strength of brand associations refers to the quality of the processing of the brand information and how much a person thinks about the information; this can be illustrated by the easiest way in which someone used to *Durex* adverts can process in his mind the whole scenario just by hearing the music of the advert.

Uniqueness of brand associations is the aspect that differentiates the brand in consumers’ mind; there is an evident link between this element and brand positioning in a sense that “the essence of brand positioning is that the brand has a sustainable competitive advantage or “unique selling proposition” that gives consumers a compelling reason for buying (using) that particular brand” (Ries and Trout, 1979;). For example, the condom brand *Rough Rider* might have a unique association with its studs on the latex for it is the only condom brand structured with studs.

Concerning the types of brand association, they can be divided into three dimensions: attributes benefits and attitudes. The attribute associations can be product or non-product-related; the product-related attributes are the ingredients necessary for performing the product functions sought by consumers. The non-

product-related attributes are the external aspects of a product such as: price, packaging, user imagery (what type of person uses the product) and usage imagery (in which context the product is used). From this list, the study explored only those aspects that directly affect consumers' perception like the product-related attributes. Functional and experiential benefits are very similar to product-related-attributes (Keller, 1993:4; 2008).

The section on brand concepts presented the notion of brand and other relevant brand concepts used to carry out this positioning study. This part in the chapter was important because we cannot conduct a brand positioning analysis if these concepts of brand are not understood; now that it is done; let us get to the point of this piece of work.

Brand Positioning

Brand positioning is an important aspect of marketing strategy; Kotler et al. (2006) defined it as an “act of designing the company's offer and image so that it occupies a distinct and valued place in the customer's mind”. In other words, it is getting into the consumer's mind and identifying the position of the various competing brands with regard to a set of attributes and benefits. This research project will basically try to answer the questions: what are the competing condom brands? Which brand is leading the market? What are the relative positions of these competing brands? Many aspects of the concept will be explored; we will first present the positioning process, the method to design a perceptual map will be explained as well and finally the choice of factor analysis will be justified in the last part.

Importance of positioning

Brand positioning is the third aspect of marketing strategy; before positioning his product, the marketer should first segment and chose a target. Brand positioning is important because it provides the following things (Aaker, 1996):

- It associates the product to a specific target market; when it is well done consumers see the product as the best solution to satisfy their needs. Many campaigns on social issues failed because they were not addressing a specific target. *Durex* in its adverts addresses young people who love to have sex and fun; unfortunately, the government brand *Choice* seems to be designed for everybody, for it is distributed in universities and in townships. This might also explain why the brand *Choice* is perceived as a poor brand, for students might associate the brand with the poor township lifestyle.
- It expresses the difference and the competitive advantage of the brand; without this aspect the market would be confused and consumers would not know which brand is more appropriate to their needs. Positioning is therefore not only important in differentiating the competing brands, but it also values that difference before the target market. For example, *Rough Rider* differentiates itself by offering condoms with studs to increase sexual pleasure. This attribute is valued in a segment of the target market.
- Lastly, positioning is important because it allows an organisation or a company to communicate and demonstrate the brand difference to the target market; this is done through adverts or campaigns.

Positioning is therefore very important in managing a brand; unfortunately, experts took long to understand its importance in social issues. A positioning process is presented below to assist the marketer in designing a good brand positioning.

Positioning process

The positioning process is made of seven steps, which are illustrated in Figure 9 below, and explained in the context of condom brands in the next paragraph.



Figure 9: the positioning process Source: taken from Cant at al., 2006, marketing Management. 5th ed. Capetown: Juta, p. 140

Identification of relevant set of competing brand: Positioning is all about demonstrating the uniqueness of a given brand among the competing brands; without knowing which brands are competing, it will be difficult to design a brand positioning (Cant and Heerden, 2010). This should therefore be the starting point: identifying the competitors of the government condom brands among students.

Identification of determinant variables: Cant (2010:106) explains that “the essence of product positioning has to do with competitive differentiation and effective

communication of it to customers”; meaning that the researcher must find out the condom attributes that will help to evaluate the differences among the competing brands.

Determine consumers’ perception: During this phase, the researcher establishes how the consumers perceive the competing brands; this perception is evaluated according to the determinant variables selected in the previous step. For example the perception of all condom brands will be evaluated on the same attributes; that is the reason why the price was not included because it is not an attribute shared by all the competing condom brands.

Analysis of the intensity of a brand’s current position: It is assessed through brand awareness; the intensity of a brand’s position refers to the number of brands known compared to the number of brands that exist for a category of product. For example to determine the intensity of condom brand’s current position among students, the researcher will need to compare the number of brands available in the market with the number of brands the students know; if the difference is big then the conclusion reached will be “low intensity”, else it will be the opposite.

Analysis of the brand’s current position: According Cant to (2010), the best way to do it is through a positioning map, also called perceptual map. This aspect will be discussed in detail in the next section.

Customers’ most preferred combination of attributes

This aspect aims to determine the level of importance of the various attributes, and then define the combination of attributes that will maximise the appeal of the product. With regards to condom brands, the researcher should identify the most important attribute among those selected, and find the right combination that will make the new brand more competitive; factor analysis will help to do that.

Select a (re)positioning strategy

In this case, it would be more appropriate to use the word *repositioning strategy* because the study intends to improve the perception of existing brands (*Choice and Love*). Basically, Cant (2010:110) presents the four following repositioning strategies:

Gradual repositioning involves a planned and continuous adaptation to the changing market environment.

Radical repositioning is utilised when there is an ever increasing gap between what the brand offers and what the market wants, and entails that managers think about a major strategic change in the positioning

Innovative repositioning is where the planner finds a new strategic position that offers market opportunities not previously exploited.

Zero repositioning is where the organisation (or the brand) maintains its current positioning and therefore presents an unchanged face to the market over a long period of time

Perceptual map

The perceptual map is designed to visualise the positions of competing brands; in this context it helps to visualise the positions of the competing condom brands among students. Lewison (1993) defines it as “a multidimensional graphic image of consumer perceptions”; these maps are developed as follows (Cant *et al.*, 2010:103)

- 1- Determine the actual and potential customers’ perceptions of current brands in a particular category
- 2- Determine the attributes that are of greatest importance to the customers, though many other factors might affect the customer perception
- 3- The perceptions of customers are plotted on a positioning map, which allows the marketer to graphically compare market perceptions more easily and locate possible gaps in the market

Though many approaches might be used to interpret a positioning map, the gaps between the brands on the map are always meaningful; generally the brands that are close are similar to the consumers (intensive competition) while a significant distance between brands means that the concerned brands are perceived as being very different. In most cases, a big gap between brands indicates a competitive gap (ideal marketing opportunity)

Methods for evaluating brand positioning

Keon (1983) describes four methods often used to evaluate a *brand positioning*; these methods are Multidimensional scaling, factor analysis, discriminant analysis and multi-attributes compositional models.

Multidimensional scaling

It is the oldest method in the list; it deals more with brand similarities or preferences. The advantage of this method is that the results do not depend on the attributes sought but rather on the consumer's judgement; another advantage is that this technique allows the marketer to detect the ideal point in the perceptual map. This technique is more appropriate to establish categories with numerous brands for a given set. The dissertation did not use this method to conduct the positioning analysis because dimensions are difficult to interpret and a repositioning hard to evaluate; for the technique only consider existing dimensions from the existing brands.

Discriminant analysis

It is a method that evaluates the competing brands based on the attributes; it is more appropriate when the researcher wants to determine the linear combination that best discriminates among the brands. The reason why this method is not used

in this study, the dimensions are based on the attributes that are different across the brands regardless of the relevance to preference or choice.

Multi-attribute compositional models

This method is helpful in determining consumer preference among attributes and brands; it also provides a simulation for determining the optimal combination of attributes for segment of consumers. Unfortunately it was not practical for our study as it requires other analyses to show brand positioning in relation to competitors and segments.

Factor analysis (principal components)

Factor analysis (principal component) is more appropriate to this study because it determines key dimensions based on the explanation of the total variance of the attributes. The main advantage of this method is that the product dimensions are easily determined from the factor loadings, and it simplifies the analysis by reducing many attributes into two dimensions. The main challenge with this method is to find an approach that integrates the importance that consumers give to each attributes. The researcher also found it useful to define some technical terms of factor analysis, such as Kaiser-Meyer-Olin (KMO), the Bartlett's test, explained variance, eigenvalue, factor loadings, communality, and rotation.

The KMO is a measure of sampling adequacy; it is calculated from the sum of the correlation coefficient and partial correlation coefficient. A KMO value above 0.6 is acceptable (Pallant, 2010).

Bartlett's test of sphericity "tests the hypothesis that the correlation matrix is an identity matrix, with no correlation between variables; the test is significant for $p < 0.05$ (Colman and Pulford, 2008:150).

Explained variance is the amount of variance explained by set of factors, it is advised to stop the extraction when the percentage of explained variance reaches 60% (Pallant, 2010).

Eigenvalue is defined as “the proportion of total variance in all variables that are accounted for by a factor”; it is usually a pertinent indicator of the number of factors to extract (Cooper and Schindler, 2006).

Factor loading is the correlation coefficient that estimates the strength of the variables composing the factor (ibid). Communality is the “proportion of the variance in each variable which the factors explain; the higher it is, the more the factors explain the variable’s variance” (Foster, 2002:232).

Rotation is a “technique used to provide a more simple and interpretable picture of the relationships between factors and variables” (ibid); the most popular rotations are Oblic and varimax.

Conclusion

This chapter presented the theoretical guide of the dissertation; the first section engaged contextualising the study in the social marketing field. As earlier stated, it is imperative to explain some brand concepts and to say a word about the diffusion theory; which is aimed at facilitating the comprehension of the whole study. The last section explained the method and resources needed to conduct a brand positioning study.

CHAPTER FOUR: RESEARCH METHODOLOGY

Introduction

This chapter gives details on the method used to conduct the study. It is important to remember that the purpose of the study is to design a strategy that will give government brands the same chances to be used as commercial condom brands. The challenge of the study was the scarcity of literature referring to brand positioning of condoms; as a matter of fact, the research method required an explorative research before getting into the main research. Marketing tools were used, as well as statistics. The chapter starts by recapping on the research objectives and the nature of the study. Secondly, it describes the small exploratory phase, and then presents the research design of the descriptive part which is our main research. Lastly, the chapter explains how the data was analysed.

Nature of the study and research objectives

- **Nature of the study**

This is a descriptive research project as it aims at describing and representing student perceptions of competing condom brands. The perception here is based on the evaluation of the competing brands on ten ‘attributes’. These ten attributes were obtained from a small qualitative study conducted during the exploratory phase. According to Sekaran and Bougie (2010), a descriptive study is a study that ascertains and describes the characteristics of a variable of interest in a given situation. They go further in arguing that the goal of a descriptive study is to “...offer to the researcher a profile or describe relevant aspects of the phenomena of interest for an individual, organisational, industrial oriented or other perspectives” (*ibid*, 2010: 122). The goal of this study is to produce a ‘perceptual

map' that will illustrate the strengths and weaknesses of the competing brands so that suitable measures might be taken to improve the position of government brands in the mind of UKZN students. Hopefully, such a contribution will increase the usage of government brands among students. This has the potential to reduce the risk of infections among students who participate in unprotected sex when they cannot afford commercial brands.

- **The objectives of the study**

Mulwo (2009) discovered that although government condom brand (*Choice*) was available for free, students who could not afford commercial condom brands preferred to engage in unprotected sex, instead of experiencing the “discomfort” of *Choice*. Such a finding calls for the need to improve the quality of the government brands, so that the risk of unprotected sex among students should decrease. In the context of this study, answers will be sought for the research questions posed in Chapter One.

The main objective of the study is formulated as follows:

- To develop a repositioning strategy resulting from a perceptual map of condom brands among UKZN students.

The three sub objectives are:

- Identification of the factors that affect the positioning of the male condom brands among UKZN students
- Describe and analyse the current positioning of the competing condom brands among UKZN students
- Develop a strategy that will improve the perception of government brands among UKZN students

Research design

This section will explain the research method that was used in conducting the study. It presents the methods, then speculates on some important aspects of the main research; like the population, the sampling method, the sample size, the data collection method and the tools for data analysis.

- **The research method**

This study used two kinds of research approaches: localised sample exploratory research and descriptive research. The exploratory research was on *condom use* and *condom brands*; while the descriptive research aimed at describing the student's perception of the competing condom brands on campus.

The exploratory research

Also called *exploratory survey*, this phase enables the researcher to better understand the issue of condom brands and condom use in the UKZN university context. It helped to define the problems and set the main orientations for the descriptive phase of the study. During the exploratory research a qualitative method of interviews was used (conducted with students as well as with two NGO's experts).

The most critical aspect was to identify the attributes that can best evaluate the competing condom brands among students; for no framework was found about that in the literature; all reviewed papers focused on condom brand and condom use; nothing on condom brand positioning. The solution to this problem was to initiate an additional research tool; semi structured interviews with several students and with experts from a University's AIDS programme known as (DramAidE). This was in order to identify the attributes that are relevant to students.

Two semi-structured interviews were conducted; one with the Health Promoter project coordinator of DramAidE, and the other one with the Health Promoter of

Howard College campus. Both interviews aimed at discussing the issue of inconsistent condom use and the role that branding can play. Other issues, such as the influence of the student's background, culture and alcohol and university freedom, were also identified as affecting the consistency of condom use among students.

Ten semi-structured interviews were also conducted with students. The main purpose was to identify the attributes that would be used to assess the performances of condoms in the best way. Among the ten students, four were peer educators (student supervisors working with the UKZN AIDS programme) and the rest were not. Ten attributes resulted from these ten interviews with students, and these are those found in the questionnaire.

Though the exploratory phase was short, it still plays a very important role in setting the right foundation for the rest of the study. The second kind of research used was the descriptive research.

Descriptive research

In brand positioning studies, descriptive research is very helpful because it allows the researcher to get a picture of the market. Cooper and Schindler (2006:434) also present it as the method that “discovers answer to the question who, what, when, or how much”. The qualitative approach used during the exploratory phase was only helpful in orienting the descriptive study. The descriptive research was essentially quantitative and the details of the survey method are presented in this section.

Population

Cooper and Schindler (2006:434) defined it as, “all the elements about which we wish to make some inferences”. In the context of this research, the studied population is UKZN students who are using male condoms with their partners during sexual intercourse. Although three campuses were selected for the study, the researcher intends to generalise the findings to all the five campuses namely:

Westville, Howard College, Pietermaritzburg, Nelson Mandela Medical School and Edgewood campus. The UKZN student population has been chosen for the following reasons:

- UKZN is located in the province most affected and infected by HIV and AIDS in South Africa
- UKZN is located in the province which has one of the highest pregnancy rates in the country
- The easy access to students
- Previous findings reveal that there is a high risk of HIV and AIDS and STIs among students (cited in Mulwo, 2009)

These are the main points that motivated the choice of the research topic, given that it will benefit not only the institution but the whole province.

Sampling method

According to Cooper and Schindler (2006:440) there are two sampling methods, the *probability sampling* and the *non-probability sampling*. The *probability sampling* is described as “a controlled, randomised procedure that ensures each population element is given a known non-zero chance of selection”; a *non-probability sampling* is an arbitrary and subjective sampling procedure where each population element does not have a known non-zero chance of being included. The non-probability sampling offers two main techniques: the *convenient sampling* and purpose sampling; the probability sampling gives two options: the *sample random* and the *complex random*. This study uses a *non-probability*, more specifically a *convenient sampling*. In the beginning, the researcher wanted to combine the *convenient sampling* with quota. Unfortunately, the level of responses did not allow it. The study selected some UKZN students willing to participate in the survey. The investigation was taking place anywhere in the three campuses where

the respondents were comfortable to fill the questionnaires. However, the main places where many students were recruited were the student's residences and the libraries. The aim was to get a sample of 200 students with following:

- 54% Males
- 46% Females
- 46% Africans
- 28% Indians
- 23% Whites
- 3% Coloured (HEAIDS, 2008:24).

In the next chapter some *Chi- square goodness of fit* will be carried out to check if the obtained distributions are significantly different from the expected percentage.

Sample size

This is the number of people selected to represent a designated section of population. According to the UKZN web site, the student population was about 44000 in 2012. From this number, the researcher could not find a data base referring to students who are using condoms. The researcher chose to investigate 203 UKZN students because he was planning to use factor analysis, which requires a minimum sample size of 150 (Pallant, 2010). In addition, Cooper and Schindler (2006:550) state that, “when sample size approach 120, the sample standard deviation become a very good estimate of the population standard deviation; beyond 120 the ‘t’ (*the normal distribution with more tail area than in a z normal distribution*) and *z* (*the normal distribution of measurements assumed for comparison*) distributions are virtually identical”. From the sample, the researcher was expecting seventy five (75) for Howard College campus, seventy five (75) for Westville campus and fifty (50) for Nelson Mandela Medical School campus.

These allocations tried to take into account the comparative sizes of the three campuses. The next chapter will give more details on the other sample distributions.

Data collection method

The study used a quantitative method of data collection. Cooper and Schindler (2006:216) argue that the quantitative methodology “usually measure consumer behaviour, knowledge, opinion or attitude...often used for theory testing”. To measure the student’s perception of condom brands, a survey was conducted through a questionnaire.

Questionnaire design

A questionnaire is the most common data collection instrument in marketing research. It is a set of questions that aim to answer the research questions. The questionnaire of this research begins with a brief introduction that explained the purpose of the study to the respondents. The twenty five questions of the questionnaire are organised as follows:

- The first five questions: respondent profile

The questions of this section were closed except the fourth question where the respondent was requested to specify his religion. Three questions were *multiple choices*, and one dichotomous (gender). The purpose of these questions was to gather information that describes the campus, the gender, the race, the religion and the age of the respondent.

- Screen questions

Cooper and Schindler (2006) define it as questions that qualify the respondent to be part of the target market. In this case, students who were qualified to participate to the survey were those who are sexually active and use condoms. Questions 6 and 7 were addressing these issues; both questions were dichotomous.

- Condom brand awareness

The purpose of these questions was to assess the *Top of mind, favourite condom brand* and *brand loyalty*. Questions designed to meet these objectives were question 8 to question 10. All these questions were open ended; meaning that the respondent was free to write down his answer without any constraint.

- Evaluation of the attribute importance

This section was made of questions that assess the level of importance of the attributes when it comes to condom brands. The exploratory research helped the researcher to identify ten attributes that students find relevant to evaluate the performance of a condom. These ten attributes were: *the thickness of the latex, the colour of the latex, the smell during and after sex, the lubricant, flavour / scented, latex resistance, the name of the brand, design of condom package, the reputation and the reliability of the brand*. Question 12 was evaluating the importance of each attribute on a five level liker scale (*not important; less important; neither important nor unimportant; important and very important*). Question 13 was useful to get the weight that the respondent gives to the three categories of attributes.

- Condom brand loyalty

Here the questions aimed to identify the condom brand most used by students and the level of loyalty to that brand. Question 10 and question 11 were designed to provide this information.

- Favourite brand perception

Question 9, question 14 and question 15 evaluated the two favourite brands of the respondent. Each of the ten attributes was evaluated for the favourite brand, and then for the second favourite brand of the respondent with a five level liker scales (*Very poor, Poor, Average, Good, Very good*). This information was useful to know which brand is leading in the market, and to determine the relative distances between the competitive brands in term of performance. Thus this data was used to calculate the coordinates of each brand in the perceptual map.

- Government brand perception

Since the aim of the study is to reposition the government brands, it was necessary to assess first its current position on the ten attributes. So the first two questions in this section (question 16 and question 17) were inquiring if the respondent has ever used at least one of the government brands. After answering these questions, the respondent proceeded to the evaluation of the government brands he used. The restriction was that the respondent could only evaluate the government brands that he used because the study wanted objective answers. The researcher put this restriction because in Mulwo's (2009) study, many students were complaining about the brand *Choice* when they have never used it; their evaluation was according in accordance what they hear from their peers.

- Strategic questions

Question 20 was designed to identify in order the main factors that significantly affect the positioning of a condom brand among students. This information was useful to orient the repositioning strategy of the next government brand. Question 21 and question 22 aimed at censuring the main complaints of the brand *Choice* and *Love* users. Since the government cannot deploy itself on all the weaknesses of the government brands, these questions helped to identify the weakness more serious.

Question 23 and question 24 explored a new approach of brand recognition checking. It would be interesting to see if this new approach fits with the common marketing concept of *brand recognition* or it is more close to *brand familiarity*.

Question 25 was a set of seven sub-questions; the first three were assessing the influence of religion on condom use among students. The next three were assessing the general perception of government brand versus commercial brands. The last sub-question aims to find out whether advertisement of condom brands has a favourable effect student's perception.

Research validity

There are generally three main forms of research validity: *content validity*, *criterion-related validity* and *construct validity* (Cooper and Schindler, 2006:349). One or all of them can be verified depending on the nature of the study. The *content validity* is “the extent to which measurement scales provide adequate coverage of the investigative questions”. *The criterion related validity* is “the success of a measurement scale for prediction”; and *the construct validity* is “a measurement scale that demonstrates both *convergent validity* and *discriminant*

validity". Considering that no previous study on *condom brand positioning* was found, the researcher found useful to only check the *content validity* through a *pilot study*. A pilot study aims to address questions such as: does the question measure what it intends to measure? Are the words and instructions clear to the respondents? Creswell (2003: 158) goes further in explaining that a *pilot study* is a good method to establish *content validity*. Thus the research used a pilot study to make sure that the questionnaire is understandable to the target market and appropriate to meet the research objectives. About 30 questionnaires were tested among students of all the races and both gender; after pretesting the questionnaire, question 7, question 11, question 13 and question 20 were revised. Despite the revision, a few students were still confused about the meaning of question 20; so the researcher had to explain that question when giving the questionnaire to the respondents. Convenient sampling was used for the *pilot study* based on the availability and enthusiasm of students.

Research reliability

Cooper and Schindler (2006:352) explain that "reliability is concerned with estimates of the degree to which a measurement is free of random or unstable error". There are three kinds of reliability estimates: the *test- retest*, the *parallel form* and the *Cronbach's alpha (ibid)*. This study is not concerned about the first two categories, only the *Cronbach's alpha* will be examined to assess the reliability of the study. The Cronbach's alpha is a coefficient that measures the internal consistency of a scale; a study is reliable when the Cronbach's alpha is equal or above 0.7 (Pallant, 2010). However, it happens that the researcher got less than 0.7 because of the number of items in the scale or high standard deviations. The *Cronbach's alphas* generated by SPSS for this study were all above 0.8, except the one assessing the consistency of the level of importance of the condom attributes which was 0.680.

After making a point on the validity and the reliability of the study, let us examine the issue of research ethics.

Ethics in Research

Peil (1995:17) states that before conducting any research, it is crucial to get official permission from the competent authority. The investigation started in June 2012 after the approval of the research protocol from the UKZN School of Applied Human Sciences. All the respondents to the questionnaire were reminded of their right to withhold their consent; what was expected of them; and any risks were clearly explained in an inform consent letter attached to the questionnaire. Students were also assured about the confidentiality of their responses, and that all data will be used exclusively for research purposes. No name was required from the respondents, only their signatures were used as element of identification in the questionnaire.

Data analysis

This section will present the method used by the researcher to analyse his data; details about the techniques, the software and the processes will be given.

Data preparation

Two hundred and ten questionnaires were collected out of 230 questionnaires distributed in the three campuses. A check was made after collection to ensure that the questionnaires were correctly completed and that the respondents were actually part of our target market. This checking resulted in the selection of 203 valid questionnaires. The two hundred and three questionnaires were codified; the researcher opted for numerical codification for both closed and open ended questions. A codebook was constructed to present the various variables and their codes.

Softwares

- A Statistical Package for the Social Sciences (SPSS.19) masque (template designed to allow data capturing) was designed by a statistician. SPSS.19 was useful to the following things:
 - *Data capturing* of the 203 questionnaires: “It is a process of converting information gathered by secondary or primary method to a medium for viewing and manipulation” (Cooper and Schindler, 2006:504). In this study’s case the information was gathered from the 203 questionnaires for the purpose of analysis.
 - Generate the *frequencies* of the various variables: SPSS.19 helped the researcher to know the percentages of the different categories in a variable; this option was useful to describe the variables in Chapter five.
 - Explore the various *distributions* in the sample: SPSS.19 also generated the measures of central tendency such as the *mean*, the *mode* and the *median* which were very helpful for analysis in Chapter five
 - To run *Chi-square independence test*: The *Chi-square* aims to test the association between two categorical variables. It was mainly used to assess the relationship the biographical variables and the nominal branding variables (Pallant, 2010).
 - To run the *Chi-square goodness of fit test*: this test was helpful to check if the expected proportions were significantly different from the observed proportions among the sample. For example when distributing the questionnaires, the researcher expected to get a specific percentages of males and females; but after collecting back the questionnaires, he got different percentages because everybody did not fill the questionnaire. This test was used to see whether this difference is statistically significant.

- To run the *ANOVA- one way* test: in this study, this test is demonstrated in Chapter six to test the effect of categorical variables on continuous variables. For example the effect of *race* on *the frequency of condom use*
 - To run the *reliability* test: SPSS was used to calculate the *Cronbach's alpha* of the various scales in the questionnaire.
 - To run the *factor analysis*: Factor analysis was the main tool used in this brand positioning analysis; it helped to identify the relevant attributes to the study, and it made the analysis easier in reducing the eight relevant attributes into two principal components.
- Excel: Microsoft Excel was used to design the histograms and pie charts presented in chapter five. Microsoft Excel was also used to generate the coordinates of the ten brands selected for the *perceptual map*. The coordinates of each brand were calculated as follows:
 - The factor analysis grouped the eight relevant variables in two components, which were renamed under the labels *Cool and flavoured* and *Reliability*; so the coordinates of each brand were expressed in these two dimensions. The first dimension *Cool and flavoured* was composed of *latex colour, flavour, smell after and during sex, brand name and the design of the package*. This dimension was represented in the horizontal axis of the orthogonal reference of the *perceptual map*.
The second dimension was *Reliability*; this dimension was made of *latex resistance, brand reputation and brand reliability*. It was represented in the vertical axis of the orthogonal reference of the *perceptual map*.
 - Considering that
 m_{i1} = mean of *latex colour* of brand A
 m_{i2} = mean of *flavour/scented* of brand A

m_{i3} = mean of *smell after and during sex* of brand A

m_{i4} =mean of *brand name* of brand A

m_{i5} = mean of *the design of the package* of brand A

29% is the average weight that students gave to the *component Cool and flavoured*; this was to reflect the level of importance they gave to this category of attributes.

To obtain the coordinate of a given brand A in term of *Cool and flavoured* (X_A), the researcher applied the following formula:

$$X_A = [(m_{i1} + m_{i2} + m_{i3} + m_{i4} + m_{i5}) / 5] * 0.29$$

The coordinate of the brand A in term of *Reliability* (Y_A) was calculated with the same principle, with a component average weight of 56%.

This results to:

$$Y_A = [(m_{j1} + m_{j2} + m_{j3}) / 3] * 0.56$$

Example: Love

$$X_{Love} = [(3.08 + 2.86 + 2.69 + 3.43 + 3.37) / 5] * 0.29 \rightarrow X_{Love} = 0.89494$$

$$Y_{Love} = [(3.12 + 3.8 + 3.27) / 3] * 0.56 \rightarrow Y_{Love} = 1.76773333$$

- *Matlab*: It is mathematical programming software; it was used to design the *perceptual map* of the nine condom brands most used by UKZN students. The researcher chose *Matlab* because of its high drawing accuracy.

Conclusion

This chapter presented the details on the method used to conduct the research. Though the main research was descriptive, the researcher started with a small exploratory research in order to provide some important guidelines. The

descriptive research was quantitative while the exploratory research was qualitative; the exploratory research was very helpful in compensating for the insufficient information provided by the literature review. Many inferential tests were conducted with SPSS.19, and a *perceptual map* was drawn with *Matlab*. Microsoft excel was used for drawing the graphs and calculating the coordinates of the nine brands most used by students. *Factor analysis* was the technique used to conduct this brand positioning analysis.

Chapter five: Presentation of results

Introduction

This chapter displays some descriptive statistics in students sampled in Westville campus, Howard College campus and Nelson Mandela Medical School (NMRS). As mentioned in chapter one, about 230 questionnaires were distributed to students. Only 203 were valid, representing a return rate of 92.27%. As discussed in the methodology chapter, the questionnaire was divided in eight parts:

- Respondent profile
- Screen questions
- Condom brand awareness
- Evaluation of the importance of condom attributes
- Condom brand loyalty, favourite brand perception
- Government brand perception
- Strategic questions

The data was analysed by the researcher with Statistical Package for the Social Sciences (SPSS.19) and the graphs were made with Microsoft Excel.

Descriptive statistics on the respondent profile

This section of the questionnaire contained questions on the campus of the respondent, his gender, race, religion, age group, whether he or she is sexually active; whether the respondent or his partner is using condoms. All these questions aimed to make sure that the researcher is investigating respondents suitable to the study; people who were not sexually active or who were sexually active but not using condoms were not part of the target market. It is necessary now to survey these statistics to get a better description of the sample.

Gender distribution

The study refers to 2008 UKZN demographical distribution to guide the work in terms of the expected quota of male and female; it was the latest source available.

According to this document, the 2008 demographical gender distribution comprised of 46% of males and 54% of females, but since men are the condom users the researcher found it more appropriate to permute these percentages. Unfortunately these expectations were not met because all the questionnaires were not returned, some students not being willing to participate to the survey. However, a *Chi-square test for good fit* was undertaken to check if the observed proportions of the gender are significantly different compared to the expected proportions. The figure below illustrates the distribution of males and females in the sample

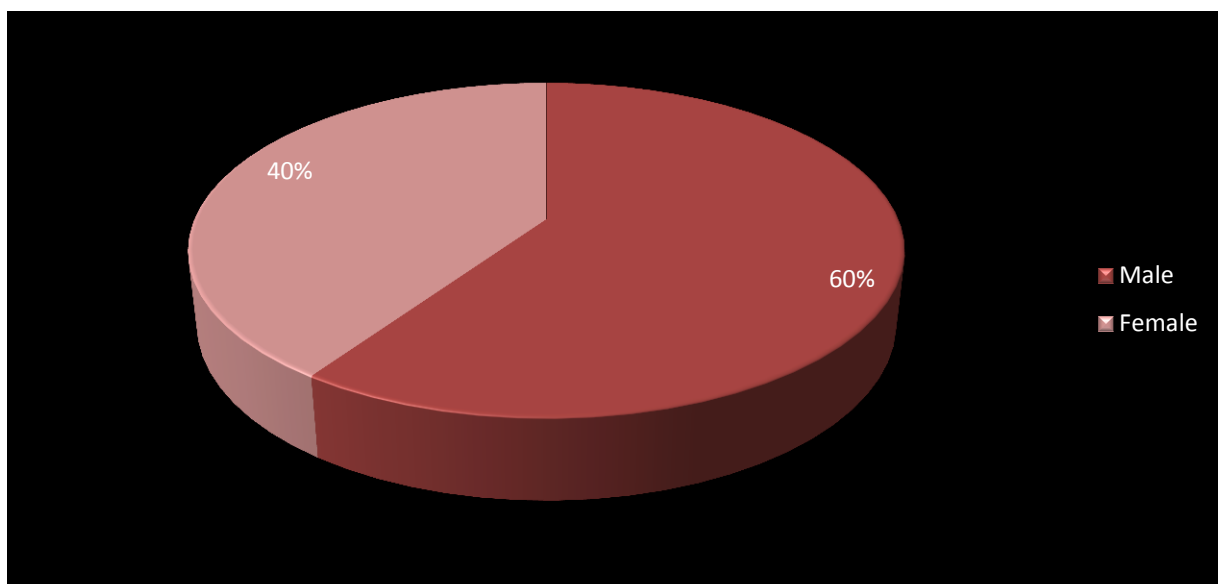


Figure 10: Gender distribution of the sample

According to **Figure 10**, the studied sample is composed more of men (60%) than women 40%; this is good because men are the condom users. Having women in the sample was also important because they frequently influence the brand purchase decision. The question on gender was useful to assess brand perception in both perspectives.

- Gender Chi-square test for goodness of fit

		Gender
Chi-Square		2.568 ^a
Df		1
Asymp. Sig.		.109
a. 0 cells (.0%) have expected frequencies less than 5. The minimum expected cell frequency is 93.4.		

Table 2: Test statistic of the gender Chi-Square for goodness of fit, source SPSS

The Chi-square goodness of fit test presented in the table 2 indicates that there is no significant difference in the proportion of males (60%) and females (40%) identified in the current sample as compared with the expected 54% of males and 46% of females; the test is not significant because the *Chi-square* (1, $n = 203$) is equal to 2.568, and we have a $p = .109 > .05$

Distribution among campuses

The survey was conducted in three campuses of UKZN and the distribution per campus is presented in figure 11. The expected sample size was 37.5% of students from Howard College, 37.5% from Westville and 25% from (NRMS). A *Chi-square goodness of fit test* will be run later to check if this difference in proportion is significant.

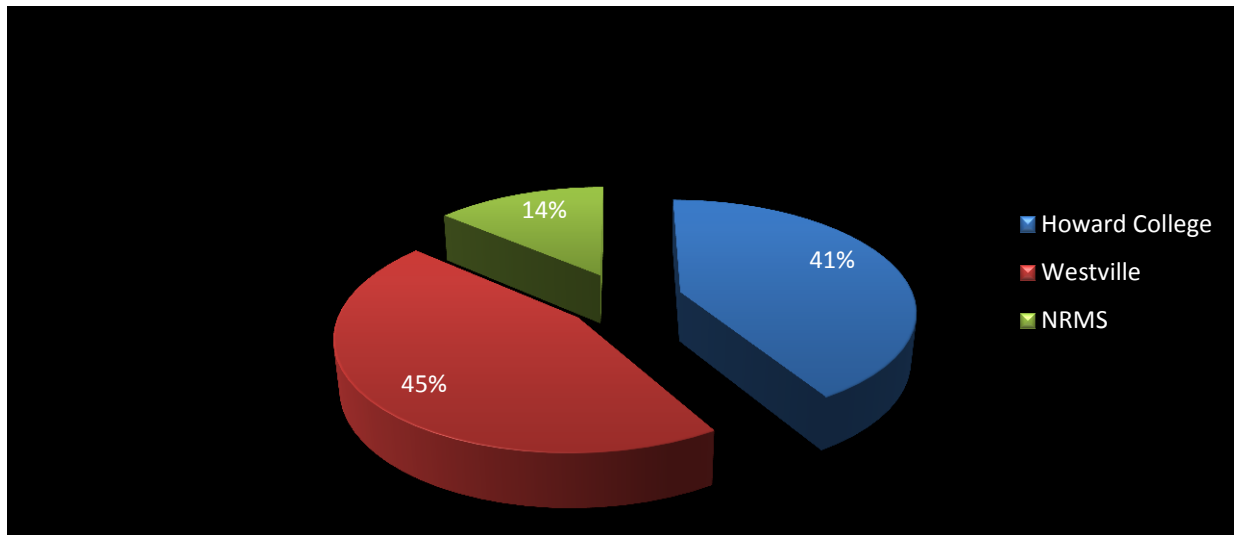


Figure 11: Distribution among campuses

The studied sample is made of 41% of Howard College students, 45% from Westville and 14% from NRMS. *Chi-square goodness for fit* is tested to compare these observed proportions with the expectations presented in the methodology Chapter.

- Campus Chi-square test for goodness of fit

		campus
Chi-Square		13.920 ^a
Df		2
Asymp. Sig.		.001

Table 3: Campus Chi-square goodness for fit test, source SPSS

The *Chi-square goodness of fit* test presented in **Table 3** indicates that there is a significant difference in the proportion of students among the three campuses in the current sample as compared to the predictions of the proposal; because Chi-square (2, n = 203) is equal to 13.920, with $p = .001 < 0.05$. This is due to the low participation rate in NRMS, and a high response from the other two campuses.

Race distribution

Find below the distribution of the races in the sample.

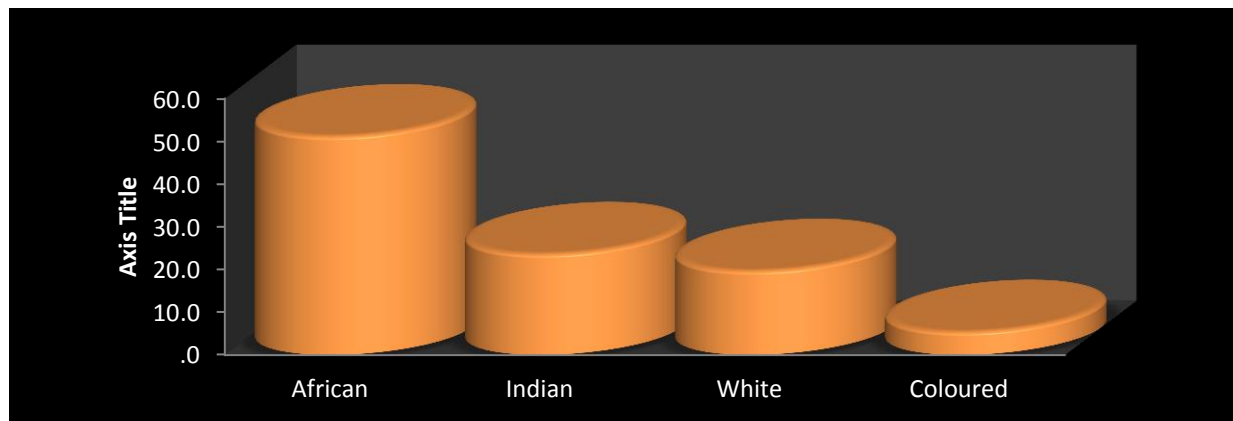


Figure 12: Race distribution, source SPSS

According to the figure above, the studied sample contains more Africans (51.2%), 23.6% of Indians, 19.7% of Whites and 5.4% Coloured. Based on the 2008 demographical distribution, the proposal expected to get 46% of Africans; 28% of Indians; 23% of Whites and 3% Coloured (HEAIDS, 2008:24). Let us assess if there is a significant difference.

- Race Chi-square test for goodness of fit

	Race
Chi-Square	7.500 ^a
df	3
Asymp. Sig.	.058

a. 0 cells (.0%) have expected frequencies less than 5. The minimum expected cell frequency is 6.1.

Table 4: Race Chi-square test for goodness of fit, source SPSS

The *Chi-square goodness of fit test* presented in **Table 4** is not significant, for Chi-square of $(3, n = 203) = 7.500$, and $p = .058 > .05$). It indicates that there is no significant difference in the proportion of races identified in the current sample as compared with the distribution expected in the proposal, which was based on the 2008 UKZN demographical distribution.

Age distribution

The respondents' age was grouped in five categories presented in the below pie chart.

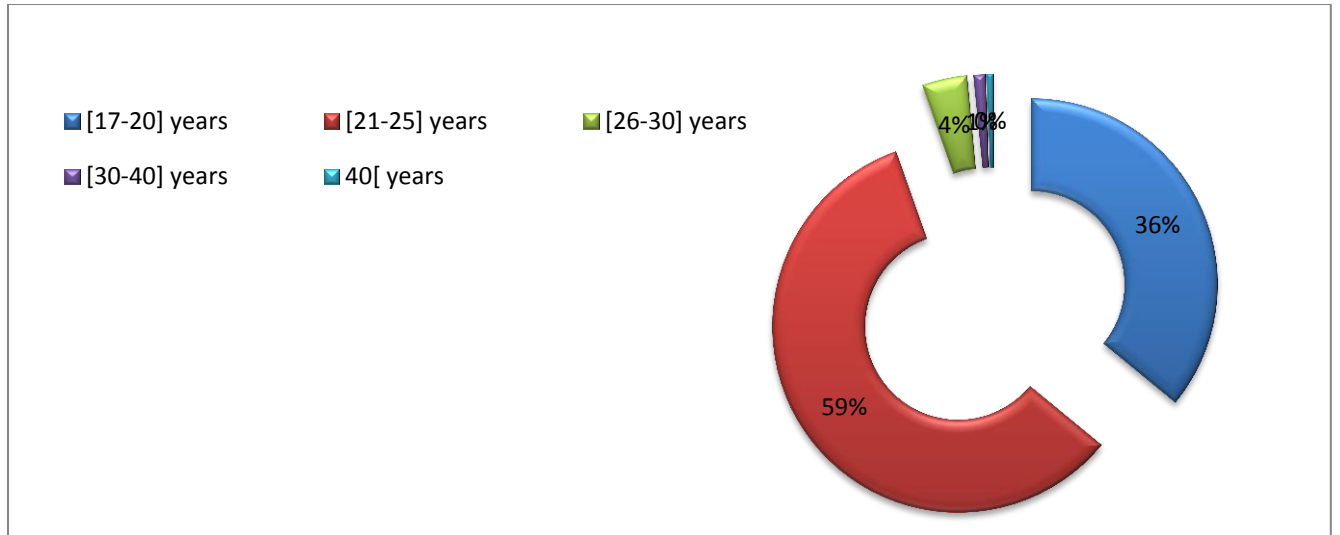


Figure 13: Age distribution

Figure 13 shows that the sample is mainly composed of young people from 17 to 25 years (95%); the rest has 4% of 26-30 years old, 1% of 30-40 and 0.5% of more than 40 years old.

Distribution of sexual status among students

The issue of condom usage concerns the sexual active population, therefore it becomes interesting to know how many of them are part of the sample.

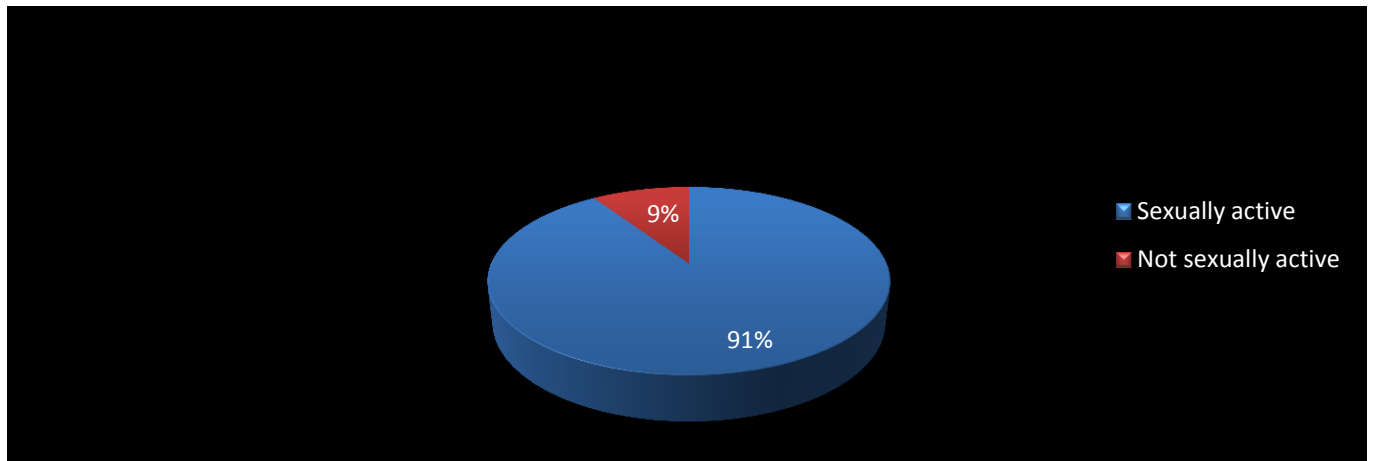


Figure 14: Student's sexual status

As illustrated in the **Figure 14**, the majority of the students are sexually active (91%); the rest have stated that they are not. This question was a *screen question*; its role was to ensure that the study deals with the right target market.

Male condom usage and religion among UKZN students

Previous findings state that there are controversies around religion and condom usage; Chapter two discussed a conflict between the two. The previous findings present religion as one factor of inconsistent condom usage among young people. The following data will help to check if the UKZN case is consistent with this perception. This data was collected through the question 7: *do you or your partner use condom?* The frequencies are displayed in the table below.

Do you or your partner use male condom					
		Frequency	Per cent	Valid Per cent	Cumulative Per cent
Valid	Yes	181	89.2	98.4	98.4
	No	3	1.5	1.6	100.0
	Total	184	90.6	100.0	
Missing	System	19	9.4		
Total		203	100.0		

Table 5: Frequencies for the question *do you or your partner use male condoms*

Table 5 indicates 19 missing values which might come from the fact that some students do not want to reveal their privacy. This was a screen question and among those who answered, 98.4% affirmed to be using male condoms during sexual intercourses. This is a positive finding, for only 1.6% of the respondents say that they do not use condoms, but we should be careful not to take it as an indicator of condom usage consistency. Nevertheless, this finding shows that there is a safe sex culture among the majority of students.

Since the study explores data that is related to condom usage and religion, let us have a look at the different religion in the sample

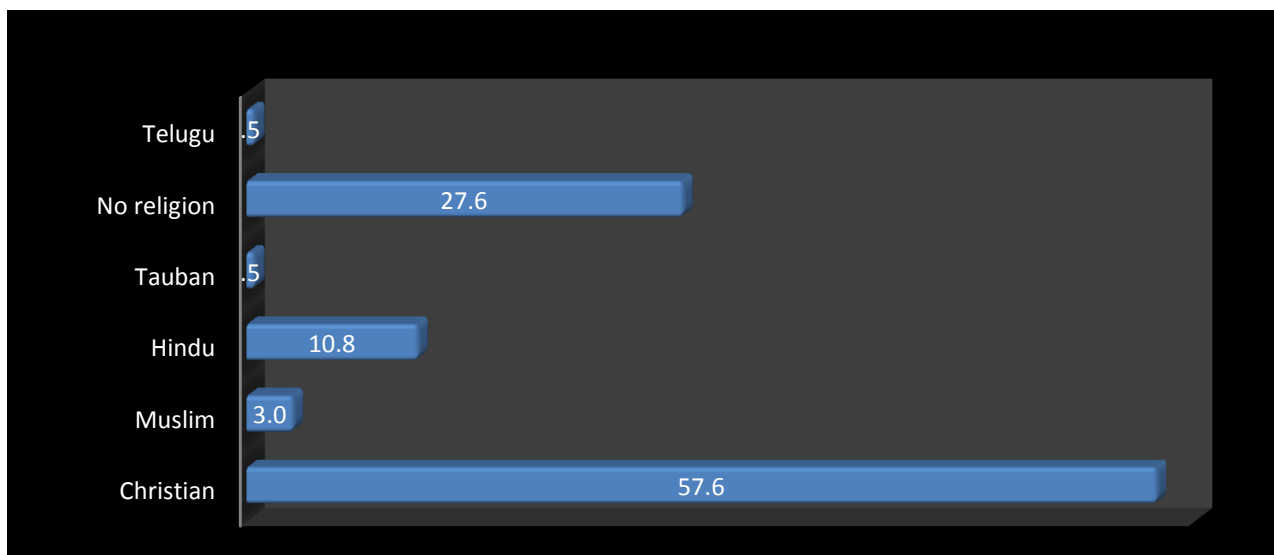


Figure 15: Religion distribution

According to **Figure 15**, almost 58% of the sample is Christian, 27.6% of students are without religion or followers of an African Traditional Religion, 10.3% are Hindu, 3% are Muslim, and 0.5% are Tauban; concerning the Telugu, the respondent made a mistake since it is a language not a religion. These results show that there is a large number of UKZN students (more than 70%) that have a religion. In the sample Christians are more dominant. The question on religion belonging was open but unfortunately Christian students did not specify the type. Let us examine the opinion of students with regards to condom usage and religion.

- On the statement: *My religion does not agree with the use of condom*, we got the following results.

My religion does not agree with the use of condoms					
		Frequency	Per cent	Valid Per cent	Cumulative Per cent
Valid	Strongly disagree	60	29.6	44.4	44.4
	Disagree	25	12.3	18.5	63.0
	Unsure	28	13.8	20.7	83.7
	Agree	11	5.4	8.1	91.9
	Strongly Agree	11	5.4	8.1	100.0
	Total	135	66.5	100.0	
Missing	System	68	33.5		
Total		203	100.0		

Table 6: Frequencies for the statement: *my religion does not agree with condom use*

The mean generated by SPSS.19 for this question is 2.17, implying that a wide majority of the sample disagree with the statement. In addition, table 6 points towards a high number of people of the opinion *strongly disagree* (mode = 1; 44.4% of the sample). In other words, students do not think that their religion is against condom usage as posited in the literature review (Rostosky *et al.*, 2004). However, deeper analysis will be conducted in chapter six to check if this general opinion is true when each religion is taken individually.

Considering the fact that many religious leaders are *role models* to their followers, it was deemed useful to gauge their perception towards condom usage (*ibid*). The statement used to collect this information was “*my religious leaders relate condom usage to sexual immorality*”; the results are presented in the table below:

My religious leaders relate condom usage to sexual immorality					
		Frequency	Per cent	Valid Per cent	Cumulative Per cent
Valid	Strongly disagree	44	21.7	32.6	32.6
	Disagree	21	10.3	15.6	48.1
	Unsure	37	18.2	27.4	75.6
	Agree	20	9.9	14.8	90.4
	Strongly Agree	13	6.4	9.6	100.0
	Total	135	66.5	100.0	
Missing	System	68	33.5		
Total		203	100.0		

Table 7: Frequencies for the statement “*my religious leaders relate condom usage to sexual immorality*”

The mean for this variable is 2.53, meaning that in a general students think that their leaders do not associate *condom usage* with sexual depravation as stated in the literature review. **Table 7** indicates that only about 24% said their religious leaders consider *condom usage* as sexual immorality. Despite that 24% of students are under such leadership, 94% of the sample nevertheless professed to be condom users; this pattern raises questions on the influence of those leaders on their student followers. The next statement was useful in shedding more light on the matter; information was collected through the question on statement 3.

My religious leaders' opinion about condom affects my perception of condom usage					
		Frequency	Per cent	Valid Per cent	Cumulative Per cent
Valid	Strongly disagree	62	30.5	45.9	45.9
	Disagree	28	13.8	20.7	66.7
	Unsure	29	14.3	21.5	88.1
	Agree	13	6.4	9.6	97.8
	Strongly Agree	3	1.5	2.2	100.0

	Total	135	66.5	100.0	
Missing	System	68	33.5		
Total		203	100.0		

Table 8: Frequencies on the statement “My religious leaders’ opinion about condom affects my perception of condom usage”

The mean for this question was *2.01*, meaning that in general, the sample disagrees with the statement. **Table 8** indicates that only 11.8% acknowledged to being influenced by the opinion of their leaders regarding condom usage. According to the above results, the influence of religion on condom usage is not that much negative among young adults as presented in the literature review. According to many students, religious leaders are not preaching against condom usage, and even when they do, it does not influence the way those students think about condom usage.

The brand *top of mind*

The *top of mind* determines which brand comes first in the mind of a consumer when asked to name the brand he is familiar with from a certain category of products (Keller, 2008). Students were asked to name the brands they know; the researcher took the first name given as the top of mind of male condom category. Figure 16 illustrates the frequencies of the first 8 brands and the table 9 gives details about all the brands mentioned in this survey.

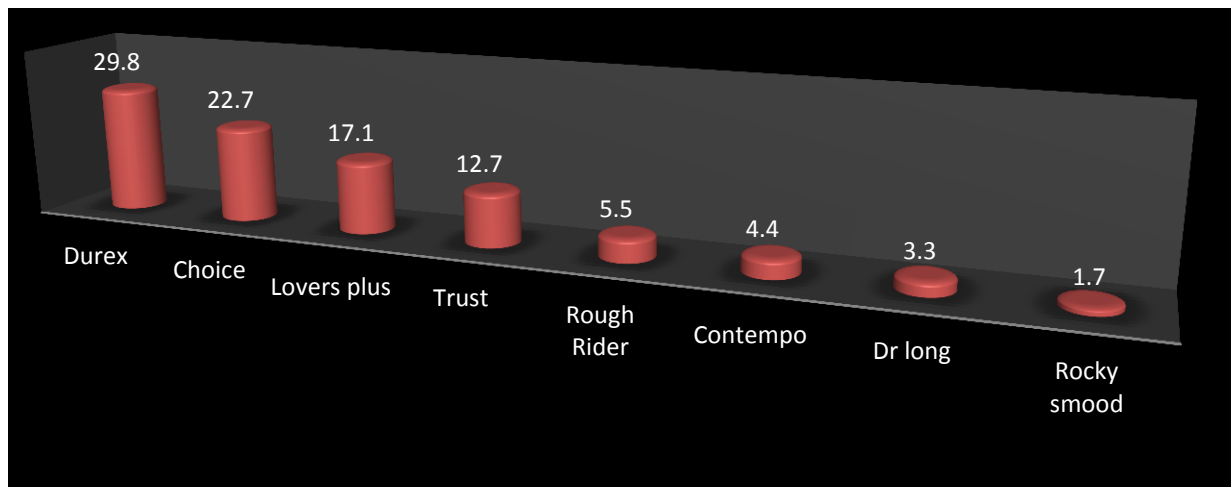


Figure 16: Top of mind frequencies of the big 8

According to the results shown in figure 7, *Durex* is the brand that 29.8% of the sample named first when they were asked to name the brands of condom they know. *Durex* is followed by *Choice* (22.7%); *Lovers plus* (17.1%); *Trust* (12.7); *Rough Rider* (5.5%); *Contempo* (4.4%); *Dr long* (3.3%) and *Rocky smooth* (1.7%). With reference to the *brand awareness* concept, we conclude that *Durex* is the leader and *Choice* the Challenger in terms of *brand recall* among UKZN students. However, do not think that this *Choice's* position is an advantage for the repositioning strategy of government brand considering its bad reputation (Mulwo, 2009); further results will shed more light on that.

Top of mind					
		Frequency	Per cent	Valid Per cent	Cumulative Per cent
Valid	Durex	54	26.6	29.8	29.8
	Lovers plus	31	15.3	17.1	47.0
	Trust	23	11.3	12.7	59.7
	Choice	41	20.2	22.7	82.3
	Dr long	6	3.0	3.3	85.6
	Rough Rider	10	4.9	5.5	91.2
	Contempo	8	3.9	4.4	95.6
	Trojan	1	.5	.6	96.1

	Rocky smooth	3	1.5	1.7	97.8
	Wet and Wild	1	.5	.6	98.3
	Massix	1	.5	.6	98.9
	Endurance	2	1.0	1.1	100.0
	Total	181	89.2	100.0	
Missing	System	22	10.8		
Total		203	100.0		

Table 9: top of mind distribution

Table 9 indicates that three other brands were named in first position by few students; namely, *Wet and Wild*, *Massix* and *Endurance*. These three brands got 0.6%, 0.6% and 1.1% respectively. The interesting point here is that the brand *Love* is missing from the list.

Brand recall number 2

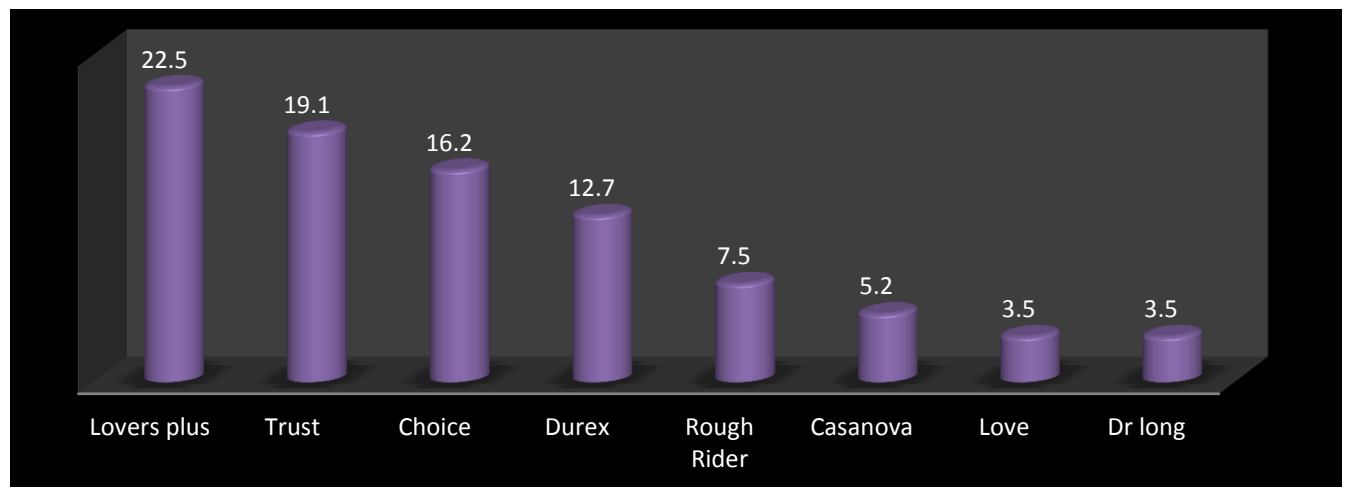


Figure 17: Frequencies of the big 8 in term of second brand most recall

The main information provided in **Figure 17** is the apparition of the government brand *Love* in the series of the brands named in second position. *Lovers plus* is first in the list with 22.5%, followed by *Trust* 19.1%, *Choice* 16.2%, *Durex* 12.7%, etc. It can be deduced that the four first brands appearing in the top of mind are the same in brand recall 2 but in different order; the first two among the four top of

minds are the last two among the four first brand recall number 2. The conclusion is that the brands *Lovers plus*, *Durex*, *Choice* and *Trust* have a very good *brand recall* and probably very good *brand awareness*. The percentages got by the other brands are presented in the table below.

Brand recall number 2					
		Frequency	Per cent	Valid Per cent	Cumulative Per cent
Valid	Durex	22	10.8	12.7	12.7
	Lovers plus	39	19.2	22.5	35.3
	Trust	33	16.3	19.1	54.3
	Choice	28	13.8	16.2	70.5
	Love	6	3.0	3.5	74.0
	Casanova	9	4.4	5.2	79.2
	Dr long	6	3.0	3.5	82.7
	Rough Rider	13	6.4	7.5	90.2
	Contempo	3	1.5	1.7	91.9
	Trojan	3	1.5	1.7	93.6
	Protector plus	1	.5	.6	94.2
	Lifestyle	1	.5	.6	94.8
	Playtex	1	.5	.6	95.4
	Rocky smooth	1	.5	.6	96.0
	Wet ad Wild	2	1.0	1.2	97.1
	Endurance	1	.5	.6	97.7
	Ultra-thin	1	.5	.6	98.3
	Bare Back	2	1.0	1.2	99.4
	Pleasuremax	1	.5	.6	100.0
Total	173	85.2	100.0		
Missing	System	30	14.8		
Total		203	100.0		

Table 10: Frequencies brand recall 2

In the 30 missing values SPSS.19 counted respondents who were not willing to answer the question, those who only gave their *top of mind*, and those who did not

use condoms. However, **Table 10** points to a number of brands bigger (19 brands) than the one named in *top of mind* (12 brands); seven brands were added to the list, which are *Love*, *Casanova*, *Lifestyle*, *Playtex*, *Ultra-thin*, *Bareback* and *Pleasuremax*.

The favourite male condom brands

In question 9, respondents were asked to name their first favourite brand; the big eight favourites are presented below.

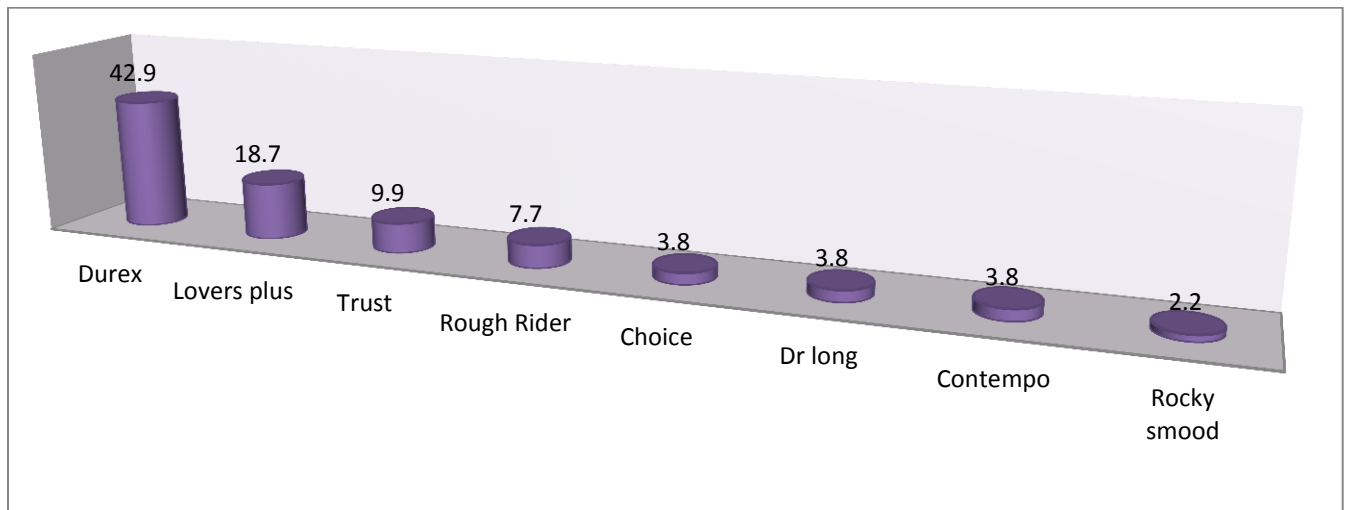


Figure 18: Frequencies of the first eight favourite brands.

The interesting aspect shown in the **Figure 18** is that, the government condom brand *Choice* is no longer among the *big four* like in the *top of mind* and brand recall 2. Among the favourite brands, *Choice* has been replaced in the fourth position by the male condom brand *Rough Rider*. The big gap between *Durex* and its competitors is noted; it occupies the first place with almost 43% while the challenger (*Lovers plus*) comes with only 18.7%, this says something about the superiority of *Durex* in terms of students' preference. The government brand *Choice* got exactly the same score as the commercial brands *Dr long* and *Contempo* (3.8%) in this category, and the brand *Love* does not appear. It would be

interesting to investigate further the factors that drive condom preference among young adults. More details on the seventeen brands are given below.

The favourite brand					
		Frequency	Per cent	Valid Per cent	Cumulative Per cent
Valid	Durex	78	38.4	42.9	42.9
	Lovers plus	34	16.7	18.7	61.5
	Trust	18	8.9	9.9	71.4
	Choice	7	3.4	3.8	75.3
	Love	1	.5	.5	75.8
	Casanova	4	2.0	2.2	78.0
	Dr long	7	3.4	3.8	81.9
	Rough Rider	14	6.9	7.7	89.6
	Contempo	7	3.4	3.8	93.4
	Crown	1	.5	.5	94.0
	Lifestyle	1	.5	.5	94.5
	Playtex	1	.5	.5	95.1
	Rocky smooth	4	2.0	2.2	97.3
	Wet and Wild	1	.5	.5	97.8
	Endurance	2	1.0	1.1	98.9
	Ultra-thin	1	.5	.5	99.5
	Magnum	1	.5	.5	100.0
	Total	182	89.7	100.0	
Missing	System	21	10.3		
Total		203	100.0		

Table 11: frequencies of the 17 favourite brands

Table 11 indicates that the government brand *Love* got 0.5% and shares the last place with brand like *Lifestyle, Playtex, Crown, Wet and Wild, Ultra-thin and Magnum*; does it mean these brands are equal in terms of quality? Chapter 6 will investigate this issue taking into account the students' evaluation and the market share held by each brand.

After naming his favourite condom brand, the respondent was asked if he would be able to recognise this favourite brand among the other competing brands, when all of them are out of their package. This question was useful in assessing the brand recognition of each favourite brand.

The figure below gives the percentages of students who were able to recognise their favourite brand (*yes*) and those who could not.



Figure 19: Pie chart of brand recognition among students

Normally, people should easily identify their favourite brand, but when it comes to condom brands it seems not to be easy since 38% of the sample cannot recognise their favourite brand out of the package. This can constitute an advantage for any competing brand that will succeed in having a more appealing texture once unpackaged. With respect to such results, Chapter 6 will discuss the improvement of concept of *brand recognition*.

After assessing the *brand recognition*, the opportunity was given to students to state which factors would help them to recognise their favourite brands. The question received 90 missing values due to the fact that many students (38%) were not able to recognise their favourite brand; however, the question was useful in assessing which factors dominate the *visual brand identity* when the condoms are out of their packages. The figure below presents the percentages of students who voted for each factor.

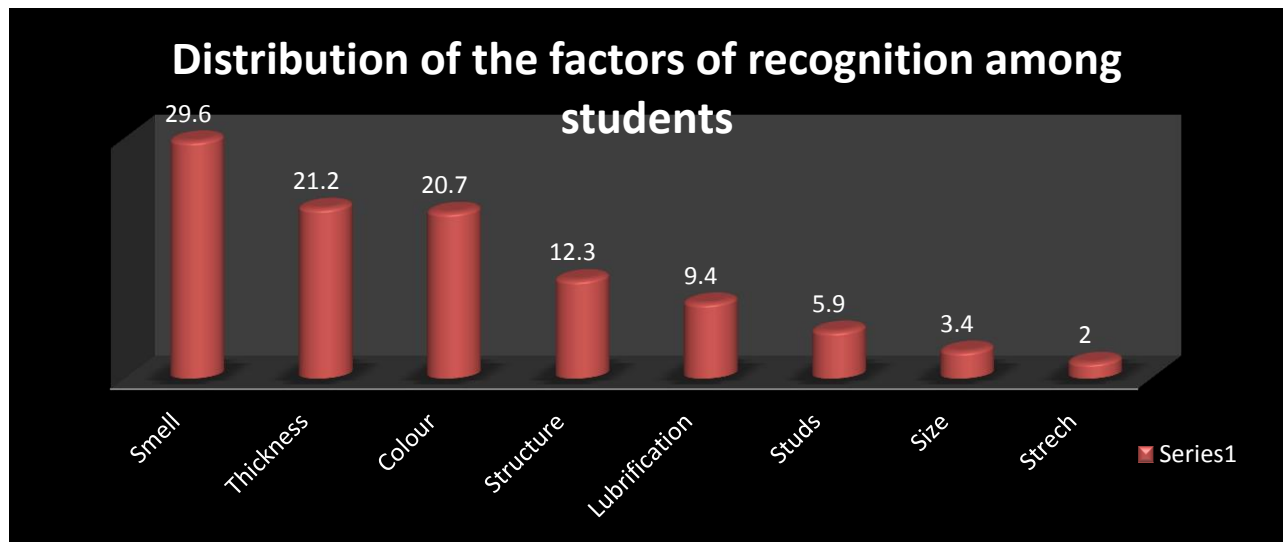


Figure 20: Distribution of factors of recognition

During the survey, students named eight factors that help them to recognise their favourite brands. **Figure 20** ranks them from the most common to the least. In first position there is the factor *Smell*, more than 29% of students said that it would help them recognise their favourite brand if the package is removed. In second place we have the thickness (21.2%), the colour (20.7%) and the structure of the condom (12.3), etc.; other factors were chosen by less than 10% of the sample as can be seen in the figure. It is quite interesting to discover that smell can be part of the *brand identity*; this demonstrates how important the flavour and the smell can be to

a condom consumer. Chapter six will discuss how the government can integrate this aspect in its repositioning strategy.

The second favourite male condom brand

The respondents had the opportunity to specify a second favourite brand in order to assess the chance of the government brands making it to the list; the results on the second big eight favourites are illustrated in the figure below.

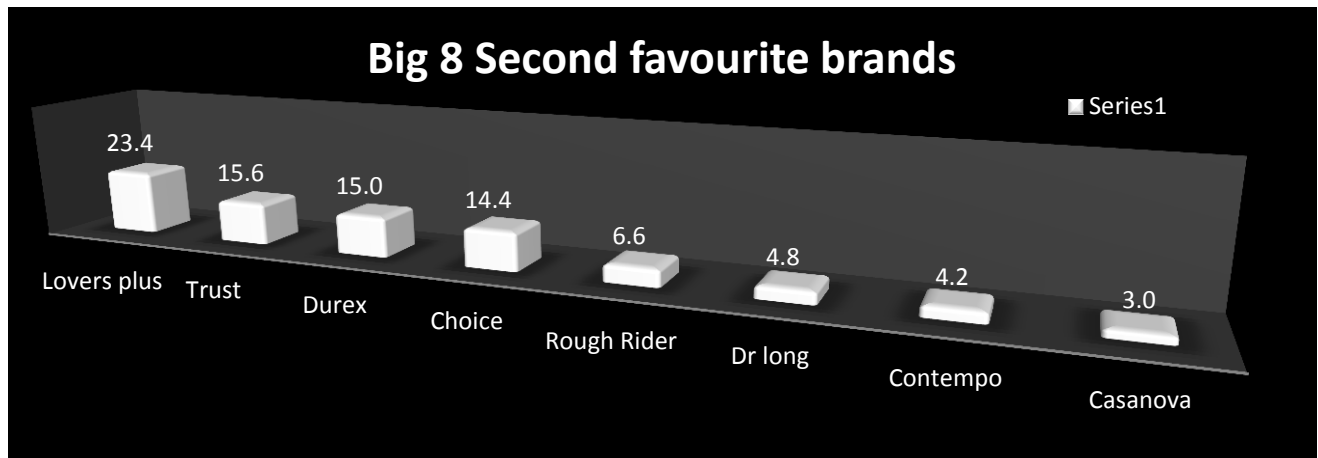


Figure21: Second favourite brand distributions

According to **Figure 21**, the first place is occupied by *Lovers plus* (23.4%), *Durex* comes in the third position with 15%. The government brand *Choice* appears in fourth position with 14.4%. However, when comparing this score with the one *Choice* got at the *favourite brand*, we conclude that the brand *Choice* is perceived by the students more as a second option. Once again the brand *Love* does not appear among the big eight of this category as well as *Rocky smooth*. *Casanova* is preferred by 3% of students. The table below gives details on the frequencies of all the brands mentioned as second favourite.

the second favourite brand					
		Frequency	Per cent	Valid Per cent	Cumulative Per cent
Valid	Durex	25	12.3	15.0	15.0

	Lovers plus	39	19.2	23.4	38.3
	Trust	26	12.8	15.6	53.9
	Choice	24	11.8	14.4	68.3
	Love	3	1.5	1.8	70.1
	Casanova	5	2.5	3.0	73.1
	Dr long	8	3.9	4.8	77.8
	Rough Rider	11	5.4	6.6	84.4
	Contempo	7	3.4	4.2	88.6
	Trojan	2	1.0	1.2	89.8
	Erotica	1	.5	.6	90.4
	Protector plus	1	.5	.6	91.0
	Lifestyle	3	1.5	1.8	92.8
	Playtex	2	1.0	1.2	94.0
	Rocky smooth	1	.5	.6	94.6
	Power play	1	.5	.6	95.2
	Wet ad Wild	1	.5	.6	95.8
	Skyn	2	1.0	1.2	97.0
	Endurance	3	1.5	1.8	98.8
	Bare Back	2	1.0	1.2	100.0
	Total	167	82.3	100.0	
Missing	System	36	17.7		
Total		203	100.0		

Table 12: Frequencies of the second favourite condom brands

Table 12 gives the frequencies for 20 condom brands, while the favourite brand category had 17 brands. We also noted that the government brands improved their scores compared to the first favourite place; the brand *Choice* moved from 3.8% to 14.4% as second favourite brand. The brand *Love* moved as well from 0.5% to 1.8%. The entrances of the brands *skyn* (1.2%) and *power play* (0.6%) were also noticed.

The male condom brands most used by UKZN students

The respondents were asked about the brand they use the most; the figure 22 shows the percentages for the nine brands most used by UKZN students.

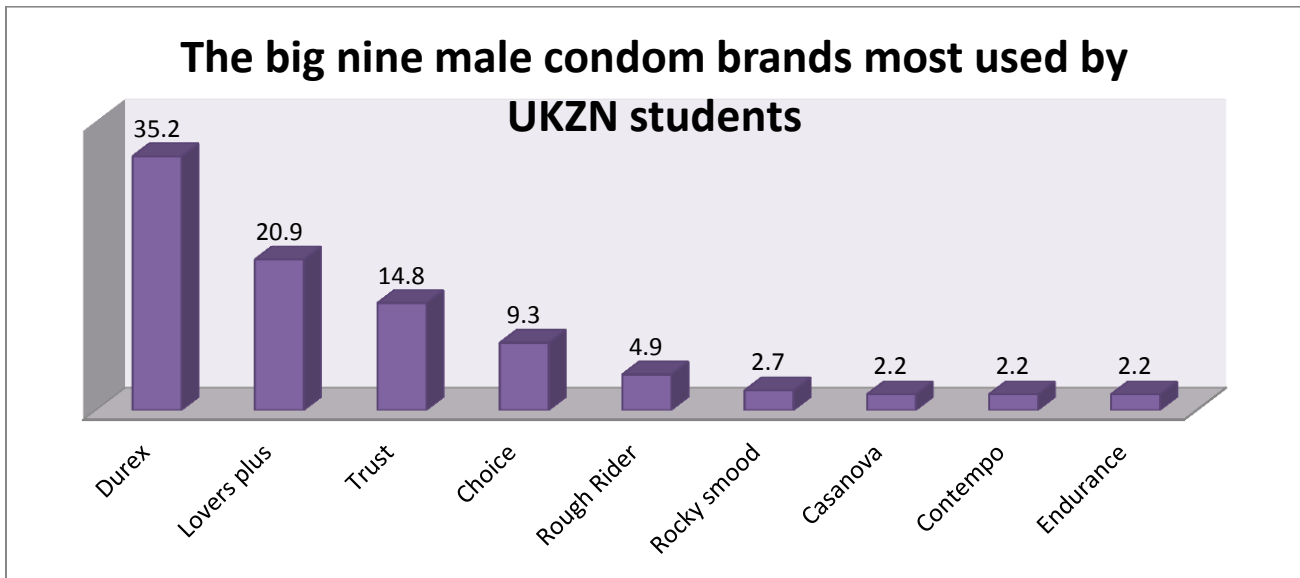


Figure 22: Frequencies of the nine brands most used by UKZN students

It has been observed that the big eight favourite brands are quite similar to the big nine brands most used at the only difference is that *Dr long* is missing in this list; the study will also check whether there is an association between the *favourite brand* and the *brand most used*. The brand *Choice* is used by only 9% of UKZN students; this is quite low, considering the high availability of *Choice* on campus. This pattern infers that price is not the lead motive for consumption when it comes to condoms. Even though this figure gives an idea of the brands most used, it does not tell about the motivations for the brand usage choices. The following observations are made when comparing the set of eight *brands most used* and the set of the first eight *favourite brands*:

- Of the 42.9% of students who specified *Durex* as their favourite brand, only 35.2% are able to afford it.

- Previously, 18.7% named *Lovers plus* as their favourite brand, but more than 20% of students use it as their main brand; meaning that there is about 2.7% of students who might be using Lovers Plus though having a different favourite brand.
- Almost 10% of students considered the brand *Trust* as their favourite brand, but more than 14.8% are using it as their main brand.
- *Rough Rider* as a favourite brand got 7.7%, but only 4.9% of UKZN students can afford to use it as their main brand
- The government brand *Choice* was the favourite brand of almost 3.8% but more than 9.3% of students are actually using; meaning that 5.5% cannot afford to use their favourite commercial brand.

The government brand *Love* does not appear on the list so it will not be discussed.

Below are the frequencies for all the brands mentioned as most used.

The brand you use the most among those mention in Q8					
		Frequency	Per cent	Valid Per cent	Cumulative Per cent
Valid	Durex	64	31.5	35.2	35.2
	Lovers plus	38	18.7	20.9	56.0
	Trust	27	13.3	14.8	70.9
	Choice	17	8.4	9.3	80.2
	Casanova	4	2.0	2.2	82.4
	Dr long	2	1.0	1.1	83.5
	Rough Rider	9	4.4	4.9	88.5
	Contempo	4	2.0	2.2	90.7
	Crown	1	.5	.5	91.2
	Erotica	1	.5	.5	91.8
	Playtex	2	1.0	1.1	92.9
	Rocky smooth	5	2.5	2.7	95.6
	Power play	1	.5	.5	96.2
	Wet ad Wild	1	.5	.5	96.7
	Skyn	1	.5	.5	97.3
Endurance	4	2.0	2.2	99.5	

	Magnum	1	.5	.5	100.0
	Total	182	89.7	100.0	
Missing	System	21	10.3		
Total		203	100.0		

Table 13: Frequencies of the condom brands most used

The items in **Table 13** are very close to that in Table 12. Chi-square independence test will help to see, for example, whether a respondent who chose *Lovers plus* as his *favourite brand* is more likely to use it as his main brand. This aspect will be examined further when looking at the associations in Chapter six. Even if a relationship does exist between the two variables, it does not specify the factors that make a condom brand to be favourite one; or those that make a brand to be most used. However, this brand positioning study will be based on the experience with the brands; the researcher will assume that condom performance is part of the factors that can contribute to the consideration of a brand as a favourite or as the most used.

Male condom brand loyalty among UKZN students

Some interviews with students revealed that though the target population have a brand that they use the most, they also try other brands from time to time. For instance, some students mostly use a brand that is different from their favourite brand; it might be because they cannot have access to their usual brand or they cannot afford. So to better assess the student's *brand loyalty*, the respondents were asked to estimate out of 10 their frequency of use; the results are presented in the table below.

Statistics: frequency out of 10 of the brand most used		
N	Valid	177
	Missing	26
Mean		.735

Median	.800
Mode	.8
Std. Deviation	.1919
Variance	.037
Minimum	.1
Maximum	1.0

Table 14: Measure of central tendency of brand loyalty among UKZN students

It is important to remember that **Table 13** is not about the *favourite brand*, but rather the brand most used. Respondents were allowed to answer this question only after revealing the brand they use the most. For this question there are 26 missing values; in this number we must include those who are not sexually active, those who are sexually active but do not use male condom brands and those who were not willing to answer. According to **Table 14**, the range of value is 9/10; the average frequency of use of all the *brands most used* is 7/10, but about 22% of the sample said be using their *brand most use* 8 over 10 times, this value got the highest frequency (mode). The standard deviation is not high (almost 2/10), meaning that the frequencies of use cluster around the mean. Looking at all these indicators, it can be concluded that UKZN students have a good level of *brand loyalty* with regard to the brand they use the most since 7 times over 10 they use the same brand and only 3 times over 10 they try other brands.

UKZN students and the Government brands

The two government brands studied in this dissertation are *Choice* and *Love*. This section will first present the proportion of students who have tried each of these brands; then the opinion of student about the two government brands will be assessed using a comparative approach.

- The government brands tested by students

Concerning the brand *Choice*, the question was: *have you ever used the brand Choice?* The purpose of this question was to get an evaluation of the government

brand *Choice* exclusively from respondents who have tried it; the researcher wanted to avoid answers based on the reputation of the brand as it was the case in Mulwo (2009) research. The figure below gives the number of people in the sample that have used *Choice*; in other words, determining the number of students who are qualified to evaluate the performance of *Choice* objectively.

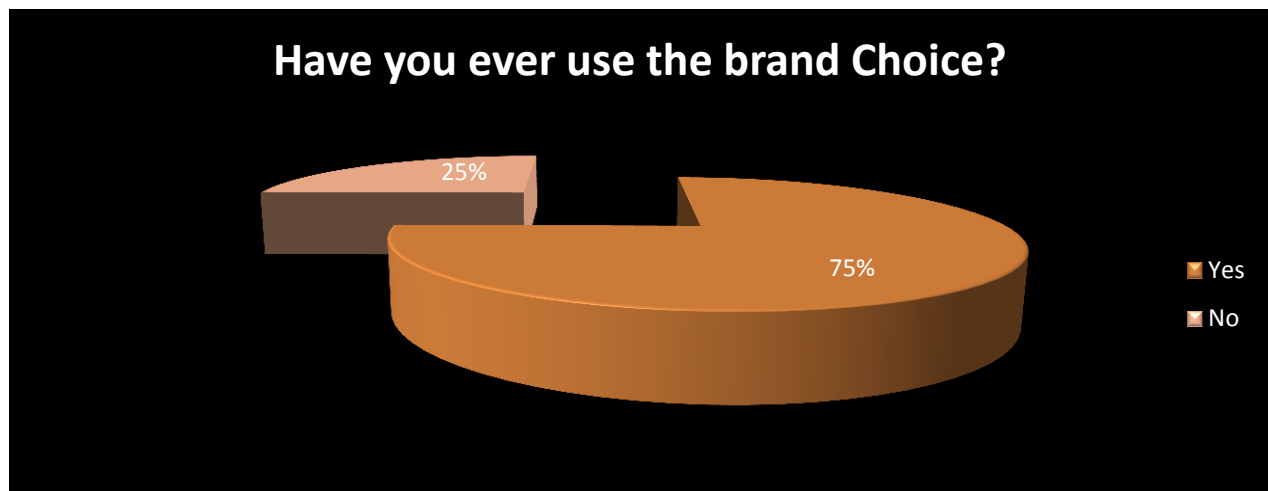


Figure 23: Pie chart of students who have ever used Choice

Figure 23 indicates that 75% acknowledged having used the brand *choice* at least once, while about 25% of the sample has never used this brand. This is a good thing because more than $\frac{3}{4}$ of the sample are aware of what they are talking about. Considering that the male condom brand *Choice* has been tried by more than 75% of students, the fact that only 9.3% keep on using it as their main brand says something about the failure of the brand. Moreover, the fact that 75% of students have tried the brand but only 3.8% said that it is their *favourite brand* says something about the poor performance of the brand among UKZN students.

Over the past four years, the male condom brand *Love* is the second government brand distributed on campus. From the *top of mind* evaluation we noticed that the brand *Love* was missing; meaning that *Love* is not yet well established in the consumer's mind. However when a second chance was given to name another

brand known, 3.5% of the sample recalled the brand *Love*. Among the *favourite brands*, 0.5% of students voted for *Love* in first place and 1.5% voted for it in the second place. Among the brands most used *Love* is not listed, the researcher thinks that this might result from the fact that the brand *Love* is not well known among students. **Figure 24** illustrates this very well.

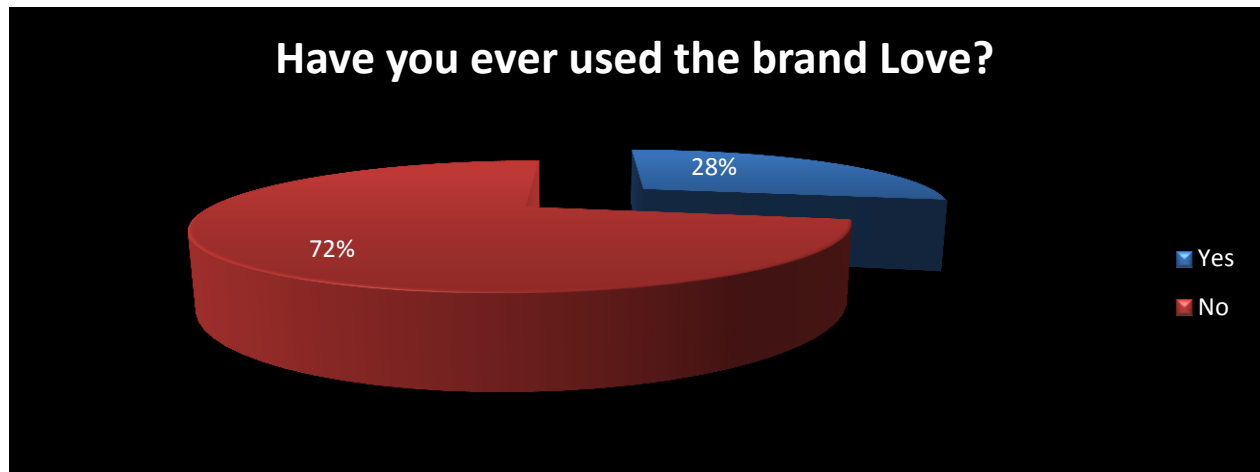


Figure 24: Pie chart of students who have ever used Love

The red part of **Figure 24** indicates the portion of the sample that has never tried the brand *Love*; it has been experienced by a few students (28%). Research should be done to find out why the brand *Love* is not known despite the fact that it has been in the market for more than three years. However, this figure justifies why the brand recall indicators of *Love* are so low.

- Student's opinions about government brands

Students were invited to give their opinion on the statement: *the condom brand Love as compared to Choice is of better quality*. This question was used to find out if the government brand *Love* was perceived by students as the improved version of the brand *Choice*. Unfortunately, the researcher failed to introduce a screen question to select only the respondents that have tried both brands. This might be the reason of getting so many unsure answers in the table below.

The condom brand “ Love” as compared to “Choice” is of better quality (3.12)					
		Frequency	Per cent	Valid Per cent	Cumulative Per cent
Valid	Strongly disagree	13	6.4	7.3	7.3
	Disagree	10	4.9	5.6	12.8
	Unsure	116	57.1	64.8	77.7
	Agree	22	10.8	12.3	89.9
	Strongly Agree	18	8.9	10.1	100.0
	Total	179	88.2	100.0	
Missing	System	24	11.8		
Total		203	100.0		

Table 15: Frequencies of student’s opinion

Among the 179 students who answered this question, only 22.3% agreed that the condom brand *Love* as compared to *Choice* is of a better quality. Since 72% of students have never tried the brand *Love* it is normal that more than 64% of people are unsure about the statement. The mean of that question was 3.12; the conclusion is that the majority of the sample is not sure about the superior quality of the brand *Love* over the brand *Choice*.

The following statement: *the commercial condom brands as compared to freely distributed brands are of high quality* helps to assess if students perceive price as an indicator of quality. The question compared two groups of condoms brands, the free distributed brands versus the commercial brands. This question was relevant to the study because the previous results showed that although the government brands were free and available, students still mostly use commercial brands and go into unprotected sex when they cannot afford. Remember that among the *big eight brands most used*, there was only one government brand (*Choice*); all the others were commercial brands. This reflects that perhaps the price as a factor might be

relevant when it comes to the perceived quality. The students' opinions are presented in table below.

The commercial condom brands as compared to freely distributed brands are of high quality					
		Frequency	Per cent	Valid Per cent	Cumulative Per cent
Valid	Strongly disagree	5	2.5	2.8	2.8
	Disagree	17	8.4	9.5	12.3
	Unsure	31	15.3	17.3	29.6
	Agree	57	28.1	31.8	61.5
	Strongly Agree	69	34.0	38.5	100.0
	Total	179	88.2	100.0	
Missing	System	24	11.8		
Total		203	100.0		

Table 16: Frequencies on the statement comparing government brands versus commercial brands

Although the mean was 3.94 (agree), the mode is 5 (strongly agree) with 38.5%; **table 16** shows that almost 70% of the sample thinks that commercial condom brands are of a better quality than government brands. It would be interesting to find out what the various drivers of the perceived condom quality are; the researcher suspects that *price* might be one of them.

The statement used to assess the association between the government brands and the government's reputation was: *Students perceive Choice and Love condoms to be of poor quality because they are government produced.* The opinions of students are presented below

Students perceive "Choice" and "Love" condoms to be of poor quality because they are government produced (3.87)					
		Frequency	Per cent	Valid Per cent	Cumulative Per cent
Valid	Strongly	7	3.4	3.9	3.9

	disagree				
	Disagree	16	7.9	8.9	12.8
	Unsure	28	13.8	15.6	28.5
	Agree	71	35.0	39.7	68.2
	Strongly Agree	57	28.1	31.8	100.0
	Total	179	88.2	100.0	
Missing	System	24	11.8		
Total		203	100.0		

Table 17: Frequencies of the statement on the association of government brands with the government

When the 24 missing values are excluded from **Table 17**, more than 71% of the sample agrees that students do not trust government brands because they associate them with the South African government. To many students, the government is not perceived as an institution specialised in condom produce. The mode in this question was 4, meaning that a large majority of students agree (almost 40%). This might explain why students do not like the government brands; the study will take this into account when suggesting some corrective measures.

Other factor that influence and direct the brand association is advertisement; the statement on the effect of advert on condom brand image was formulated as followed: *students like the condom brands which are advertised on television, Magazines, newspapers, etc.* The question was useful to check if the association with the media can lead to an emotional connection with the brand. Maybe this factor contributes a lot to the positive perception that people have about commercial brands. The question did not refer to a specific brand, so everybody was qualified to answer; the results are presented below.

Students like the condom brands which are advertised on TV, Magazines, newspapers, etc. (4.02)					
		Frequency	Per cent	Valid Per cent	Cumulative Per cent
Valid	Strongly	7	3.4	3.9	3.9

	disagree				
	Disagree	7	3.4	3.9	7.9
	Unsure	27	13.3	15.2	23.0
	Agree	71	35.0	39.9	62.9
	Strongly Agree	66	32.5	37.1	100.0
	Total	178	87.7	100.0	
Missing	System	25	12.3		
Total		203	100.0		

Table 18: Frequencies of the statement on the influence of media

Table 18 indicates a mean of 4.02, with a dominance of *agree and strongly agree* answers (almost 77% of the sample). This means that the sample agrees that students have a kind of an emotional connection with the condom brands that are advertised on TV or any other media open to young people. This finding invites the government to revise their communication strategy on condoms.

Conclusion

This chapter presented the various frequencies of the variable of the questionnaire; the first section presented the results referring to the biographical data of the sample. Another part examined the frequencies of condom use and religion, the finding was that in UKZN students do not perceive religion as a barrier to condom use. The researcher also explored the distribution of the favourite brands and the brands most used among students; in general, commercial brands have greater preference than government brands. While the brand *Choice* has been in the market for quite a long time, it has unfortunately developed a very bad reputation over the years. Concerning the brand *Love*, it is generally not known by students and does not appear among the brands most used by students. The performance and reputation of government brands are so poor that it is desirable that government should launch a new brand which can compete with the qualities associated with the commercial brands. The government might also need to start communicating

on this new brand. A discussion on the repositioning of a new brand will be discussed in the next chapter.

CHAPTER SIX: DISCUSSION OF RESULTS

Introduction

This chapter will expand on the data analysis contained in chapter five and carry out a discussion according to the research objective. Research objectives in this context are essentially the answers to the research questions presented in Chapters one and four. The first section will explore the relationships between various relevant factors that could affect condom brand positioning. After that, factor analysis will be conducted; a *perceptual map* of condom brands will be produced and interpreted. As this study aims to promote an improvement of government brands; a repositioning strategy will be suggested in the last section.

Research objectives

Research objective 1: Identification of factors that affect the positioning of male condom brands among UKZN students.

- Relationship between the variables *race* /*favourite brand*

The cross-tabulation between the *race* and the *favourite brand* was too extensive to be displayed. However, the researcher will highlight the data which is important for this analysis. *Durex* was mentioned as the *favourite brand* by 42.9% of the sample and *Lovers Plus* was the *favourite brand* of 18.7% of respondents; these were the two most liked brands by UKZN students. Among those who said *Durex* was their *favourite brand*, 75% are white, 59% are Indian and 28% are African; the contribution of the coloured sample is not discussed here because their number is less than five for this category.

Among those who mentioned *Lovers Plus* as their favourite brand, 29% were African. The brand *Trust* was named by 16% of the African sample; the other races

got less than five students in *Trust* category that is why they are not mentioned. The government brands (*Choice and Love*) are not discussed as well because they scored less than five students in all the race categories.

From this data, we can see that more whites and Indians have *Durex* as their favourite brand; while more Africans have *Lovers Plus* and *Trust* as their favourite brand. The other brands presented in the cross-tabulation (*race x favourite brand*) are not discussed because all their cells have less than 5 students per race; for instance, only one white (3.1% of the white sample) chose *Love* as his favourite brand and another white chose *Crown*. The same applied to *Lifestyle*, where only one African selected it as his favourite brand, the other races did not mention it at all. Such results raised questions on the existing relationship between the *race* and the *favourite brand*; A *Chi square for independence* test is appropriate to check whether there is a relationship between these two categorical variables (Pallant, 2010), the results are presented in table below.

Chi-Square Tests for variables (race x Favourite brand)			
	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	105.394 ^a	48	.000
Likelihood Ratio	101.998	48	.000
Linear-by-Linear Association	.102	1	.749
N of Valid Cases	182		
a. 60 cells (88.2%) have expected count less than 5. The minimum expected count is .06.			

Table 19: Chi-square test for independence (*race x Favourite brand*)

Table 19 indicates a *Pearson Chi-square* equal to 105.394, at 48 degrees of freedom with a level of significance equal to 000; meaning that, effectively there is an association between *race* and *favourite brand*. In other words, some races are more likely to have certain brands as favourites. For instance an African student is more likely to have *Lovers plus* or *Trust* as his favourite brand. Let us examine the

strength of the relationship between the two variables; the indicators are shown in the table below.

Symmetric Measures (race x favourite brand)			
		Value	Approx. Sig.
Nominal by Nominal	Phi	.761	.000
	Cramer's V	.439	.000
N of Valid Cases		182	

Table 20: Symmetric measures for *race x favourite brand*

The concerned variables have more than two levels, so *Cramer's V* will be more appropriate to express the size effect of the association (Colman and Pulford, 2008). According to **Table 20**, *Cramer's V* equal .439 which means that there is a very strong association between *favourite brand* and the student's *race*. This association is not applicable to *Love* and *Choice* brands, because only few respondents choose them as their favourite (less than 5).

Examining the favourite brand is interesting, but it does not help to assess the students' brand loyalty; the best variable suitable to evaluate brand loyalty among students is the *brand most used*.

- **Relationship between *race* and *brand most used***

According to the *cross-tabulation* in the category of *brands most used*, *Durex* once again is the leader with 35% of people; it was the main brand used by 62.5% of the white sample and 48.7% of the Indian sample; *Lovers plus* was *most used* by 33% of the African sample; the case of coloureds is not discussed here because all they got less than 5 students in all the brands. A *Chi-square test for independence* was run to examine whether there is a relationship between the *race* and *brand most used*, the results are presented below.

Chi-Square Tests(race x brand most used)			
	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	112.570 ^a	48	.000
Likelihood Ratio	104.271	48	.000
Linear-by-Linear Association	4.798	1	.028
N of Valid Cases	182		

a. 59 cells (86.8%) have expected count less than 5. The minimum expected count is .06.

Table 21: Chi-Square Tests (*race x brand most used*)

Table 21 indicates a *Pearson Chi-square* equal to 112.570, at 48 degrees of freedom (*df*) with a significant *p value* (.000); meaning that there is an association between the *race* and the *brand most used*. In other words, some races are more likely to use a specific brand. For instance an Indian student will be more likely to be loyal to *Durex* than the other brands; while an African student will be more likely to be loyal to *Lovers Plus*. The indicators of the size effect of the relationship are presented in table next.

Symmetric Measures (<i>race x brand most used</i>)			
		Value	Approx. Sig.
Nominal by Nominal	Phi	.786	.000
	Cramer's V	.454	.000
N of Valid Cases		182	

Table 22: Symmetric Measures (*race x brand most used*)

Table 22 indicates a *Cramer's V* equal to .454, meaning that the association between the *race* and *brand most used* is very strong. Such a size effect reflects a strong *brand loyalty* among the races; since the association is between the brand and a specific race, it will be challenging for a brand to get some market shares from a race to which it is not associated. For instance, it will be more difficult for

lovers plus to get some market shares among whites because of the strength of this association. According to this finding, it is pointless to keep *Choice* and *Love* in the market because they are not associated to any race. Therefore, launching a new brand would be crucial if the government wants to reposition its brand. The brand association with coloured participants is not discussed here because all their cells account for less than 5 students.

- **Relationship between favourite brand and brand most used**

Examining the relationship between the *favourite brand* and the *brand most used* will help to see whether positioning a condom brand as the favourite one among UKZN students will increase its chances to become the most used. A *Chi-square independence* test will be used to check if there is a relationship between these two variables.

Chi-Square Tests favourite brand x brand most used			
	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1587.559 ^a	256	.000
Likelihood Ratio	431.810	256	.000
Linear-by-Linear Association	80.030	1	.000
N of Valid Cases	182		

a. 281 cells (97.2%) have expected count less than 5. The minimum expected count is .01.

Table 23: Chi-Square Tests favourite brand x brand most used

Table 23 indicates a *Pearson Chi-square* equal to 1587.559, at 256 degrees of freedom, with a *p* value equal to $.000 < .05$; meaning that there is indeed an association between *favourite condom brand* and *brand loyalty (brand most used)*. In other words, there are 95% of chances that a favourite condom brand should be the one most used by a student. Accordingly, if the new government brand

succeeds to become the favourite brand of students, it has 95% of chances to be the brand most used by students. This also reveals that the consistency of condom use is seriously influenced by the brand perception (Mulwo, 2009).

Symmetric Measures			
		Value	Approx. Sig.
Nominal by Nominal	Phi	2.953	.000
	Cramer's V	.738	.000
N of Valid Cases		182	

Table 24: Symmetric measures of association (*favourite brand x brand most used*)

Table 24 indicates a *Cramer's V* equal to .738, expressing a size effect that is extremely high between *favourite condom brand* and the brand most used. This also explains the reason why the government condom brands are not used; the above results show that, in general, students use their favourite brand regardless the price. When it comes to condom brands, the price is not a barrier for using up, the proof is that, *Durex* is the most expensive brand but at the same time it is the brand most used by the students, so it is all about doing everything so that the brand will appeal to students, if they like the brand they will use it no matter the price.

The results also indicate that 7 times over 10, UKZN students are loyal to their favourite brand, which is quite good; an *ANOVA test* helped to check if this level of *brand loyalty* is different among the races; in other words, is the level of brand loyalty more high among the whites than the Africans? So in comparing the means among the four races, the following results were produced.

ANOVA					
Frequency out of 10 of the brand you use the most and race					
	Sum of Squares	df	Mean Square	F ¹⁰	Sig. ¹¹
Between Groups	.092	3	.031	.835	.476

¹⁰ F refers to the value of the ANOVA test

¹¹ P refers to the probability to see the association happen

Within Groups	6.390	173	.037
Total	6.483	176	

Table 25: ANOVA (*race x frequency of condom use*)

Table 25 indicates an *F value equal to .835*, with a *p value = .476* > 0.05; meaning that there is no difference among the four races in term of the level of *brand loyalty*. All the races have almost the same level of brand loyalty; of course the brands most concerned by findings are *Durex, Lovers plus* and *Trust* because they have the highest probability to be used among students. This also implies that race has no effect on brand frequency of use irrespective of the brand manufacturer.

Condom usage and religion

In Chapter 5, we found that UKZN students do not perceive their religions as opposing condom usage. However, it would be interesting to examine whether this general perception is not significantly different among certain religions; *Telegu* were excluded because it is not a religion but a language group, and *Tauban* religions were excluded as well because of the small number of respondents (one). The researcher used the *ANOVA one-way* technique to compare the means among the four main religions, the following are the results:

ANOVA					
My religion does not agree with the use of condoms					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	16.918	3	5.639	3.530	.017
Within Groups	206.074	129	1.597		
Total	222.992	132			

Table 26: ANOVA (*religion x my religion does not agree the use of condom*)

With regards to the statement “ my religion does not agree with the use of condoms”, the ANOVA **Table 26** indicates an *F value equal to 3.530* at *3 degrees of freedom* with a $p = 0.017 < 0.05$; meaning that the means are different at least in two groups among the four main religions. To identify the groups that were statistically different, *Post Hoc tests* ¹²were made and according to the results presented in **Table 27**, the difference in the means only occurs between the Muslim and Hindu students. This can be deduced from the fact that the *mean* of the above statement among Muslims is *3.20* and the *mean* for Hindu is *1.33*; the table indicates a *p value equal to 0.025*(significant) for this couple of religions. The interpretation is that Hindu students think that their religion agrees with the use of condom while Muslim students are not really sure about the position of their religion concerning *condom use*; this is consistent with previous findings in South Africa (Rostosky *et al.*, 2004).

Multiple Comparisons						
My religion does not agree with the use of condoms						
Tukey HSD						
(I) Religion	(J) Religion	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Christian	Muslim	-1.011	.578	.303	-2.52	.49
	Hindu	.855	.349	.072	-.05	1.76
	No religion	-.383	.493	.865	-1.67	.90
Muslim	Christian	1.011	.578	.303	-.49	2.52
	Hindu	1.867*	.653	.025	.17	3.57
	No religion	.629	.740	.831	-1.30	2.55
Hindu	Christian	-.855	.349	.072	-1.76	.05
	Muslim	-1.867*	.653	.025	-3.57	-.17
	No religion	-1.238	.579	.146	-2.74	.27

¹² Post Hoc test is a statistical test used to determine the point of difference between groups

*. The mean difference is significant at the 0.05 level.

Table 27: Post Hoc test (religion x my religion does not agree with use of condoms)

The researcher was also interested in exploring the relationship between the *religion* and the *favourite brand*. The *Chi-square test for independence* was done to check whether students from a certain religion are more likely to prefer a certain brand of condoms; the results of the test are presented in the table next:

Chi-Square Tests			
	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	170.522 ^a	80	.000
Likelihood Ratio	79.271	80	.502
Linear-by-Linear Association	.177	1	.674
N of Valid Cases	182		

a. 95 cells (93.1%) have expected count less than 5. The minimum expected count is .01.

Table 28: Chi-square test (*religion x favourite brand*)

Table 28 indicates a *Pearson Chi-square value* equal to 170.522 at 80 degrees of freedom, with $p=.000 < 0.05$. The interpretation is that there is an association between religion and favourite brand among UKZN students; meaning certain condom brands are used by students from certain religions.

Symmetric Measures			
		Value	Approx. Sig.
Nominal by Nominal	Phi	.968	.000
	Cramer's V	.433	.000
N of Valid Cases		182	

Table 29: Symmetric measures of association (religion x favourite brand)

Table 29 points that the relationship between the two variables is strong because *Cramer's V* value (.433) is significant at $.000 < .05$. The cross-tabulation of *religion* x *favourite brand* reveals that Christians are more likely to like *Lovers Plus*; while Hindu students are more likely to like *Durex*; this might be due to the fact that most Christians in the sample are African, while most Indians are Hindu. The brand associations with other religions categories are not discussed here because their number is too small to be statistically meaningful (less than five).

From the above finding it can be concluded that among the factors that affect the brand positioning of a male condom, we can consider race, favourite brand, brand most used, and religion.

Objective 2: To describe and analyse the current positioning of male condom brands among UKZN students

The aim of this study is in part to investigate the *brand positioning* of the government brands; but before, it takes the government brands to know their current position with respect to commercial brands. A brand positioning study will help to point out the strengths and weaknesses of the competing brands, and also assess the distances between condom brands on a two dimensional map.

Step 1: Factor Analysis was useful to determine the relevant condom attributes; then, secondly, to assist in reducing the eight (8) condom attributes into two main components.

Before running the Factor Analysis, the researcher first needed to assess the suitability of data for the Factor Analysis. Referring to the methodology norms, three aspects must be examined, namely: the *sample size*, the *KMO measure* and the level of significance of *the Bartlett's test* of sphericity (Pallant, 2010).

To run a Factor Analysis, the sample size must be large; the study investigated on 203 students which is enough according to Julie Pallant (2010:183). The second requirement is that some correlations should be identified in the correlation matrix, which is the case here. The results concerning the *KMO* and the *Bartlett's test* are presented in table next.

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.652
Bartlett's Test of Sphericity	Approx. Chi-Square	303.149
	Df	28
	Sig.	.000

Table 30: KMO and Bartlett's test

According to the model (*Factor Analysis*), the *KMO* must be greater than .6 and the significance of the *Bartlett's test* lower than .05. Looking at Table 30, the *KMO* of the data is good (.652) and the significance of Bartlett as well (000); we can therefore conclude that the ten attributes considered in the questionnaire are factorable.

After making sure that the above assumptions are not violated, the researcher needed to identify the factors that once deleted from the list will improve the constructs (meaning deleting the factors that are not sharing enough variance with the other factors). The table of communalities shown below helped to do that.

Communalities		
	Initial	Extraction
The level of importance of the Thickness of the latex	1.000	.210
The level of importance of the Colour of the latex	1.000	.418
The level of importance of the Smell during and after sex	1.000	.456
The level of importance of the Lubricant	1.000	.147

The level of importance of the Flavour/scented	1.000	.507
The level of importance of the Resistance of the latex	1.000	.531
The level of importance of the Name of the brand	1.000	.460
The level of importance of the Design of the condom package	1.000	.453
The level of importance of the Reputation of the brand	1.000	.516
The level of importance of the Reliability of the brand	1.000	.630
Extraction Method: Principal Component Analysis.		

Table 31: Table of communalities of the ten (10) condom attributes

The extraction method used is the *principal component*; according to **Table 30**, the *thickness of the latex* and *the lubricant* share very little variance with the rest of factors (respectively .210 and .147 < 0.3). Let us examine the percentage of variance explained when the ten attributes are still part of the model; the results generated by SPSS are as follows:

Total Variance Explained									
Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	2.666	26.663	26.663	2.666	26.663	26.663	2.299	22.986	22.986
2	1.662	16.621	43.284	1.662	16.621	43.284	2.030	20.299	43.284
Extraction Method: Principal Component Analysis.									

Table 32: Total variance explained for ten attributes.

Table 32 shows that 43% of the variance is explained using a model of ten attributes in two components. The researcher expected to get at least 50% of the variance explained, so he decided to remove the two attributes with a low communality hoping that this will improve the explained variance. Find below the new variance explained after reduction in two principal components:

Total Variance Explained									
Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	2.524	31.545	31.545	2.524	31.545	31.545	2.236	27.954	27.954
2	1.618	20.223	51.768	1.618	20.223	51.768	1.905	23.814	51.768

Extraction Method: Principal Component Analysis.

Table 33: explained variance of a model with 8 condom attributes

After removing the items *importance of the thickness of the latex* and *the importance of the lubricant*, **Table 33** indicates an improvement of the total variance explained to 51.768. The researcher will therefore carry on with the eight factors extracted.

In marketing, perceptual mapping is usually designed in two dimensions to facilitate the interpretation. According to the results presented in Table 33, it is possible to keep the same level of variance explained in factoring the eight factors in two principal components. The *unrotated component matrix* gives information about the variance loading of the eight factors in the two principal components, the results are presented below:

Component Matrix ^a (the eight factors extracted)		
	Component	
	1	2
The level of importance of the Colour of the latex		-.532
The level of importance of the Smell during and after sex	.647	
The level of importance of the Flavour/scented	.595	
The level of importance of the Resistance of the latex		.556
The level of importance of the Name of the brand	.652	
The level of importance of the Design of the condom package	.612	
The level of importance of the Reputation of the brand	.564	.561
The level of importance of the Reliability of the brand	.564	.638
Extraction Method: Principal Component Analysis.		
a. 2 components extracted.		

Table 34: Unrotated component matrix (8 factors extracted)

Table 34, shows that the items *smell during and after sex*, *flavour/scented*, *name of the brand* and *design of the package* are more correlated to *component 1*. While the item *colour of the latex* is negatively correlated to the component 2. The data for *Reliability* and *Reputation* are a bit confusing because their variances are loaded in both components. *Varimax* (orthonormal) *rotation* helped to affect each factor to only one component and express the correlations between each factor and its components in a more simple way. Let us analyse the *component matrix* after rotation; the results are presented in table 35

Table 35 shows that they are five variables that belong to *component 1*, namely: *the colour of the latex*, *the smell during and after sex*, *the flavour/scented*, *the*

name of the brand and the design of the package. Component 2 is made up with the resistance of the latex, the reputation and the reliability of the brand.

Now that the eight attributes have been reduced in two *principal components*, we need to give to each component a name that will reflect the set of factors it contains. The researcher decided to call component 1 *Cool and flavoured* and component 2 *Reliability*

Rotated Component Matrix ^a		
	Component	
	Cool and flavoured	Reliability
The level of importance of the Colour of the latex	.660	
The level of importance of the Smell during and after sex	.609	
The level of importance of the Flavour/scented	.707	
The level of importance of the Resistance of the latex		.658
The level of importance of the Name of the brand	.661	
The level of importance of the Design of the condom package	.677	
The level of importance of the Reputation of the brand		.781
The level of importance of the Reliability of the brand		.845
Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization.		
a. Rotation converged in 3 iterations.		

Table 35: Component matrix rotated

After the *Varimax transformation with Kaiser Normalisation*, let us examine table 36 to check whether the level of correlation is good.

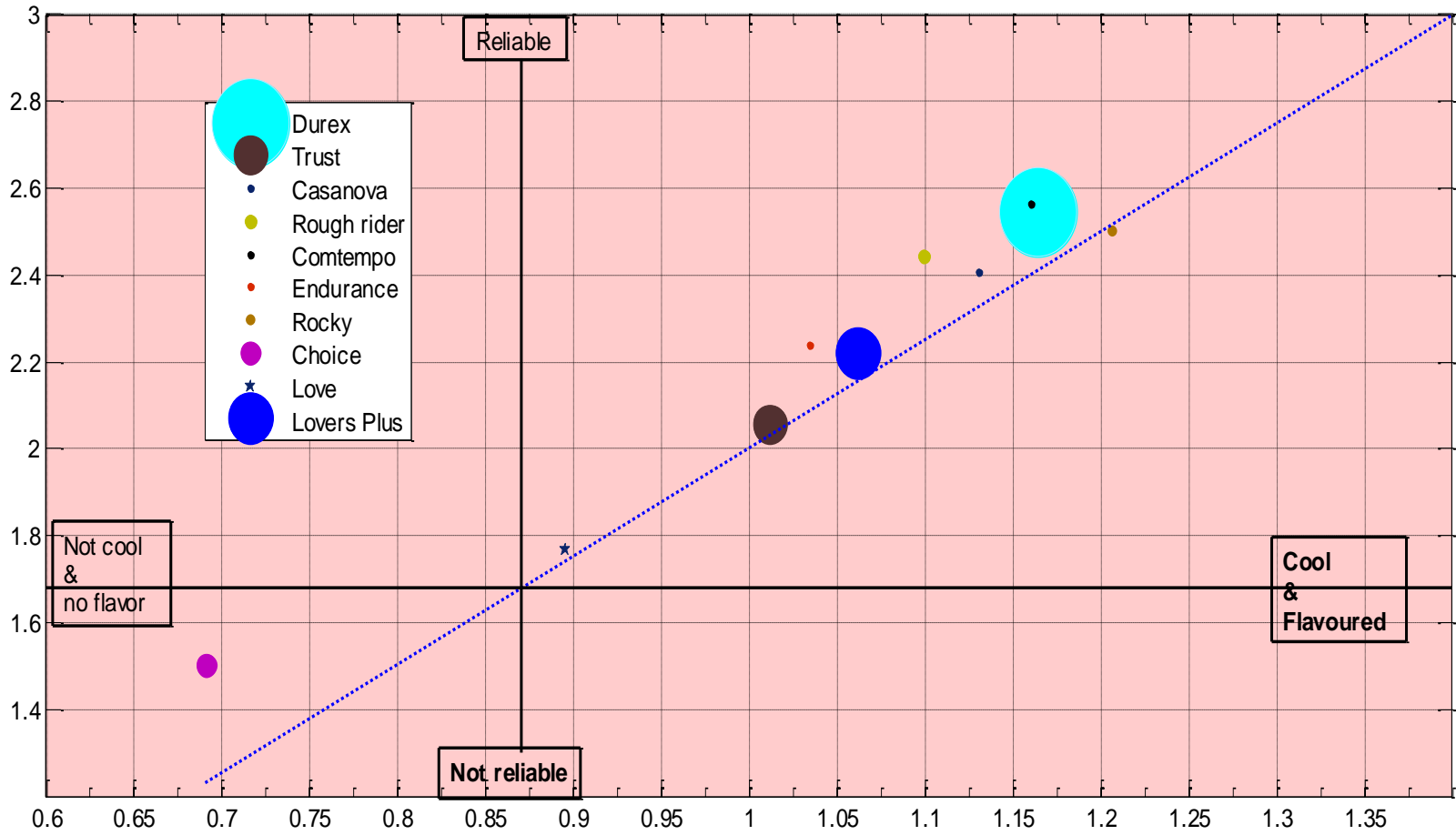
Component Transformation Matrix		
Component	1	2
1	.826	.563

Condom Brands	Durex	Lovers plus	Trust	Casanova	Rough Rider	Contempo	Endurance	Rocky	Choice	Love
Cool and flavoured	1.16406	1.06198	1.0121	1.13042	1.09968	1.16	1.03414	1.2064	0.69078	0.89494
Reliability	2.544267	2.219467	2.057067	2.408	2.4416	2.562933333	2.24	2.501333	1.5008	1.767733
Market share	35	21	15	2	5	2	2	3	9	

Table 37: Brand coordinates

Table 37 gives the calculated coordinates for each brand according to three parameters which are: *Cool and flavoured*, *Reliability* and the *Market shares*. The *market shares* refer to the percentages of students who are loyal to the brand. The *market share* of *Love* is not mentioned because *Love* does not appear among the condoms most used by UKZN students; but since the study aims to improve the government brands, the researcher included it among the evaluated trademarks.

Figure 25: Perceptual map of condom brands among UKZN Students



Interpretation of the *Perceptual map* of condom brands among UKZN students

Figure 25 presents the *perceptual map* of condom brands among UKZN students. On this map, it is noticed that the brands are positioned according to two principal factors which are *Reliability* for the dimension 2, and *Cool & flavour* for the dimension 1. As previously stated, the benefits *flavour, colour of the latex, smell after sex, the name and the package design* are closely correlated to the dimension 1, while the *latex resistance, the reliability and the reputation of the brand* are closely correlated to the dimension 2.

Now that the eight (8) condom attributes are represented in the two dimensions, we can display the competing brands on the *perceptual map*; a map with two dimensions will facilitate the reading and the interpretation.

In Chapter five, 17 brands were identified as *most used* by students; but for more clarity the researcher excluded seven brands which got less than four students; this is why only ten brands appear in the map. An exception has been made for the brand *Love* because it is a government brand. Each brand in the map is identified by its colour and its market share (size). The superiority of a brand will be assessed first of all by its location area, and then its size (market share) on the map. Note that the size will only be relevant when a brand is located in the area *reliable- cool and flavour*.

The competing brands illustrated in the map can be divided into four categories which are;

Poor brands

According to the students, the brand *Choice* belongs to that category. Actually, brands in this area are not *flavoured* and they have a poor *colour* (sometimes has

no *colour*); sometime they have a poor *name*, a poor *design* and they are not *reliable*. The map also reveals that the fourth position occupied by the brand Choice (as brand most used in Chapter 5) does not mean that it is the fourth most liked by students; otherwise it will not be located in this area of brands. *Choice* significant is probably due to the fact that it is used by a segment of students who cannot afford a commercial brand.

Medium brands

In this category the brand's performances (in both dimensions) are slightly beyond the average. According to the perceptual map, the brand *Love* belongs to the category of medium brand. Unfortunately we cannot discuss the *Love* case for two reasons; first of all because it was not found among the seventeen (17) brands most used, and secondly, only one student named it as a favourite brand, so there is no way to appreciate its *mean* and its *standard deviation*.

Good brands

This category is made of all the brands that perform well in terms of *Reliability*, *Cool and flavour*, with a small market shares. According to the perceptual map, the following brands belong to that category: *Rough Rider*, *Contempo*, *Endurance*, *Rocky and Casanova*. The number of students per brand in this category varies from 4 to 9 in the sample. According to the results, *Contempo* is perceived as the most reliable brand in the map, while *Rough Rider* is perceived as the most *cool and flavoured* condom brand. The question is: why do they have such small market shares among students though having good levels of performance? This conundrum is made more apparent when brands like *Trust* and *Lovers plus* attract more people despite having lower performances than *Contempo*; this might point to the possibility of the existence of other factors that motivate condom preferences. This finding brings an interrogation on the relationship existing

between a *brand position* and its *market share*. There might be other important factors that explain the student brand preferences of condoms; it would be interesting that further research focuses on these determinants of condom brand preferences among students.

The leaders

This category is composed of brands that have a significant market share and which are located in the area *reliable - cool and flavoured*; these are *Durex*, *Lovers plus* and *Trust*. For this category, the map shows that there is a positive correlation between the performance of the brand and its size because the three brands are around the diagonal; this means that the more a brand has high performances in both dimensions, the more it has a bigger size. Unfortunately the correlation only describes the relationship between two variables; it does not explain the causes of the relationship; so it would be interesting to find out which factors are responsible of this positive correlation between the position of a brand in the map and its size. In this category, *Durex* has the biggest size among the three brands in this category, so it is the leader in the condom market among students. As shown in the map, there is a big distance between *Durex* and its two challengers in terms of *reliability* and *cool and flavoured*. The researcher suspects that the level of *Durex* adverts and its appealing package have contributed a lot to the leadership position of *Durex*; but once again this needs to be investigated.

Durex is also perceived as one of the most reliable brand and its tagline is “*love sex*”; the researcher wonders how such a tagline can be associated with brand reliability? If this perception has no link with the tagline, then what explains the association of the brand with the reliability? This could be an interesting topic for further research.

On the map, the median shows that the distance between a centre of a brand and its coordinate on *Cool and flavoured axis* is shorter than the distances between the centre of the brand and its coordinate on the *reliability axis*. The interpretation is that though students give more importance to the *reliability* aspect (average weight of importance 56%), condom brand position is more determined by the factor *Cool & flavoured*. This is consistent with the results of factor analysis which indicated that the component 1(*Cool and flavoured*) explains 31.54% while the component 2 explains only 20.22% of the total variance of the phenomenon. Therefore, a condom brand is likely to have a bigger size if it is more perceived as *Cool and flavoured*; in other words, positioning a condom brand on *reliability* will improve the brand perception but not as much as it would have been with a positioning as *Cool and flavour*.

On the perceptual map, we also noticed that all the competing brands are around the median; this indicates the correlation between the two components, meaning that each time the value of the factor *Cool & flavoured* increases, the perception of *reliability* increases too. This is consistent with the component correlation table previously examined.

In short, the *perceptual map* above gave the relative positions of the competing condom brands among UKZN students. In the student's mind, *Durex* is the leader, surpassing all its competitors by far in terms of *market shares, reliability, Cool and flavoured*. The other two most used brands with a good positioning are *Lovers Plus* and *Trust*. Concerning the government brands, *Love* failed to be among the seventeen brands most used; while *Choice* is located in the poorest area on the

map. Further study could extend this work by looking at the reasons why *Choice* is still the brands most used by many students despite its poor position in the market.

Objective 3: Proposal of a repositioning strategy for a government condom brand

This section will consider the previous discussions to formulate useful recommendations that will help the government to give to its upcoming condom brand a good positioning among young people in general and students in particular. Here the researcher will try to design a solution that will make the new brands more appealing to students. The recommendations will results from a *Strengths, Weaknesses, Opportunities and Threats* (SWOT) analysis; the examination of the *strengths* will help to identify the good aspects of the current government condoms that need to be maintained; while a study of the *weaknesses* will deal with the aspects that need to be improved. The *opportunities* and *threats* analysis will focus on the condom brands market among students.

The strengths of government condom brands

Though previous studies reveal that the government brand *Choice* is perceived as being of poor quality, it nevertheless has some strengths like:

- *The price policy*: Mulwo (2009) in his thesis mentioned that many students cannot afford commercial brands; therefore the fact that government brands are distributed for free on campus constitutes a real advantage. The researcher advises to keep the same *price policy* for the upcoming government brand.

- *The distribution network:* During the survey, no students complained about the unavailability of government brands. Indeed, the government brands are available almost everywhere on campus; in the corridors, in toilets, in students' residences, in the student's clinic, and in other places like *DramAidE* and *the HIV support Unit*. So the distribution network of the government brands is quite good, for students have easy access to condoms.
- *The financial and legislative power:* though the study found that the association with the South African government was negatively affecting the brand *Choice*, the financial capacity of the government is still strength.

The weaknesses of government brands

The researcher will start by exploring the major weaknesses of the government brands pointed out by students concerning the brand *Choice*.

- Student's evaluation of the brand *Choice*.

After excluding the factors *thickness of the latex* and *lubricant*, *Choice* got the following results:

Descriptive Statistics of the brand Choice			
	N	Mean	Std. Deviation
The level of performance of Choice Colour of the latex, if yes in Q16	137	2.64	.848
The level of performance of Choice Smell during and after sex, if yes in Q16	137	2.11	1.041
The level of performance of Choice Flavour/scented, if yes in Q16	137	1.89	.983
The level of performance of Choice Resistance of the latex, if yes in Q16	136	2.82	1.135
The level of performance of Choice Name, if yes in Q16	137	2.74	1.071

The level of performance of Choice Design package, if yes in Q16	137	2.53	1.098
The level of performance of Choice Reputation, if yes in Q16	137	2.51	1.106
The level of performance of Choice Reliability if yes in Q16	137	2.71	1.151
Valid N (listwise)	136		

Table 38: Descriptive statistic of *Choice* evaluation

According to **Table 38**, the poorest performance of *Choice* is on the attribute *flavour/Scented*, its mean was “very poor” (less than 2). This is actually an attribute offered by all commercial brands and which apparently make a lot of difference in term of quality perception. Some students even qualified the *Choice*'s odour as “Horrible”. The complaints of students regarding the brand *Choice* are tabulated below.

		Frequency	Per cent	Valid Per cent	Cumulative Per cent
Valid	bad smell	50	24.6	37.0	37.0
	Breaks easily	25	12.3	18.5	55.6
	Too thick	3	1.5	2.2	57.8
	Dryness	14	6.9	10.4	68.1
	Hits	1	.5	.7	68.9
	Too tight	6	3.0	4.4	73.3
	Gives irritations	6	3.0	4.4	77.8
	9	1	.5	.7	78.5
	Unreliable	10	4.9	7.4	85.9
	Package poor colour	1	.5	.7	86.7
	Latex poor colour	1	.5	.7	87.4
	No problem	17	8.4	12.6	100.0
	Total	135	66.5	100.0	
Missin g	System	68	33.5		
Total		203	100.0		

Table 39: frequencies of student's complains

Table 39 confirms the fact that the factor that most affects the position of Choice in the market is its *smell*. According to the table, the *smell* got the highest rate of complaints among students; followed by the *latex resistance* (reliability). So from the table we can say that the majority of students who have ever used *Choice* perceive it as *smelling bad* and not *reliable* to prevent STDs and pregnancy.

In addition, ANOVA Table 40 indicates a significant difference somewhere in the means of that attribute among the races because the *F* value is 6.698 at 3 *degree of freedom* with a significant level of 000.

ANOVA					
The level of importance of the Flavour/scented					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	32.345	3	10.782	6.698	.000
Within Groups	286.534	178	1.610		
Total	318.879	181			

Table 40: ANOVA test (*race x importance of flavour/scented*)

Table 40 helped to identify the group for which the mean is different from the other groups; the results of a *Post Hoc tests* are presented in the table below

Multiple Comparisons						
The level of importance of the Flavour/scented						
Tukey HSD						
(I) Race	(J) Race	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
African	Indian	.511	.240	.147	-.11	1.13
	White	1.034*	.258	.001	.37	1.70
	Coloured	.963	.403	.083	-.08	2.01
Indian	African	-.511	.240	.147	-1.13	.11
	White	.523	.303	.312	-.26	1.31
	Coloured	.452	.433	.724	-.67	1.58

	d					
White	African	-1.034*	.258	.001	-1.70	-.37
	Indian	-.523	.303	.312	-1.31	.26
	Coloured	-.071	.443	.999	-1.22	1.08
Coloured	African	-.963	.403	.083	-2.01	.08
	Indian	-.452	.433	.724	-1.58	.67
	White	.071	.443	.999	-1.08	1.22

Table 41: Post Hoc test

Table 41 indicates that there is a significant difference of mean in the level of importance given to *flavour/Scented* among whites and Africans; the test is significant (*.001*) when comparing these two groups of students. The interpretation is that Africans are more concerned about condom's flavour than white students. The *Eta square* value in this case is equal to *0.1014*, meaning that 10% of the level of importance of the *flavour/scented* obtained is explained by the race factor.

On that matter, we advise that the upcoming government condom brand be flavoured. It is unrealistic to think that the market will go back to the unflavoured condoms when the whole commercial sector has shifted to the flavoured brands. In addition, offering flavoured condoms will automatically improve the attribute *smell during and after sex* (mean 2.11, meaning "poor"). This measure will certainly increase the production costs of condoms, but it is worth it if the government wants its condoms to be effectively used.

The other aspect is the *brand name*; the mean of the item *importance of name* is superior to 2 and its *standard deviation* is quite high; meaning that the opinions are very different for that item. But since *Choice* has been in the market for a while, yet with a poor reputation, the researcher found it relevant to examine the issue of *brand name* in the repositioning strategy.

ANOVA					
The level of importance of the Name of the brand					
	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	24.327	3	8.109	5.978	.001
Within Groups	241.459	178	1.357		
Total	265.786	181			

Table 42: ANOVA Importance name x race

Table 42 indicates an F value equal to 5.978, at 3 degrees of freedom with a significant level of .001; meaning that there is a difference in the mean somewhere among the races in that question. Let us examine the *Post Hoc tests* (table below) to identify the groups that are different.

Multiple Comparisons						
The level of importance of the Name of the brand						
Tukey HSD						
(I) Race	(J) Race	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
African	Indian	.632*	.220	.023	.06	1.20
	White	.878*	.237	.002	.26	1.49
	Coloured	.122	.370	.988	-.84	1.08
Indian	African	-.632*	.220	.023	-1.20	-.06
	White	.245	.278	.814	-.48	.97
	Coloured	-.510	.398	.574	-1.54	.52
White	African	-.878*	.237	.002	-1.49	-.26

	Indian	-.245	.278	.814	-.97	.48
	Coloured	-.756	.407	.251	-1.81	.30
Coloured	African	-.122	.370	.988	-1.08	.84
	Indian	.510	.398	.574	-.52	1.54
	White	.756	.407	.251	-.30	1.81
*. The mean difference is significant at the 0.05 level.						

Table 43: Post Hoc test (race x importance of brand name)

Table 43 indicates a level of significance among the Africans and the whites (.002), another significant difference of means among Africans and Indians (.023); this means that Africans are more concerned by the factor *brand name* than Indians and Whites. The calculated *Eta* value here is equal to .09; meaning that 9% of the variance in the opinion about *the importance of brand name* is explained by the factor *race*. At this point, we advise that the new flavoured condom should have a new name to avoid any association with the reputation of the former brands *Choice* and *Love*.

- *A poor government brand image*

As stated in the theoretical framework, the image of a brand is built on the association that the brand has with something else. A thorough study has not yet been done to assess the brand image of the competing condoms, but at least one aspect of the issue is raised here, the brand *Choice* is associated with South African government and unfortunately this association does play well for a positive image.

Students perceive “Choice” and “Love” condoms to be of poor quality because they are government produced			
Frequency	Per cent	Valid Per cent	Cumulative Per cent

Valid	Strongly disagree	7	3.4	3.9	3.9
	Disagree	16	7.9	8.9	12.8
	Unsure	28	13.8	15.6	28.5
	Agree	71	35.0	39.7	68.2
	Strongly Agree	57	28.1	31.8	100.0
	Total	179	88.2	100.0	
Missing	System	24	11.8		
Total		203	100.0		

Table 44: Frequencies for the statement “students perceive ...of poor quality because they are...”

According to **Table 44**, more than 70% of students agree that they perceive the brand *Choice* as being of poor quality because it is government produced. Therefore, we advise the government to avoid putting its logo in the upcoming flavoured brand, so that the *reliability* of this new brand will not be questioned.

Threats

An analysis of threats is important because it gives an idea on the effort that the new government brand should make to increase its market shares. We can consider the following factors as threats for the upcoming government brand.

- The growing strength of *Durex*; this brand is known by almost everybody and perceived as being superior to the other brands. The brand awareness of *Durex* is more reinforced by adverts on TV and Internet etc. It would be interesting to study the associations that strengthen the brand image of *Durex*, so that the launching strategy of the new government brand will be aware of the challenges.
- The level of brand familiarity with the favourite brands among the student will constitute a real challenge for any new upcoming brand in the market.

The study used a more difficult method of *brand recognition* to assess the level of familiarity between the respondent and his favourite brand.

Can you recognise your favourite brand when it out of the package?					
		Frequency	Per cent	Valid Per cent	Cumulative Per cent
Valid	Yes	113	55.7	62.4	62.4
	No	68	33.5	37.6	100.0
	Total	181	89.2	100.0	
Missing	System	22	10.8		
Total		203	100.0		

Table 45: frequencies of question 23

According to **Table 45**, there are more than 62% of students who were able to recognise their favourite brand out of the package (without any cue or any assistance). This says something on how familiar people are with their favourite brand. It will not be easy for any new comer to win some shares among the three big brands because of this strong brand familiarity.

Elements of recognition	Frequencies
Smell	30%
Colour	20.7%
Thickness	21.5%
Structure	12.3%

Table 46: frequencies of brand recognition among students

Moreover, Table 46 shows the factors that help students to recognise their *favourite brand* when it is unpackaged. According to this table the leading cue is the smell; about 30% of the sample said the smell will help to recognise their favourite brand. Since this strong relationship exists between the consumer and the

brand's smell, the new government tender will need to make an extra effort to provide a better flavour than the existing three leading brands. The interesting discovery is that, smell appears here as part of the *brand identity* when it comes to condom; for it is a significant factor that helps to identify the brand. The scholars must think about how to include this aspect in the brand identity concept.

- The last point is the openness of condom market; the openness of the market can be considered as a threat and as an opportunity at the same time. In the meantime this paragraph explains how this openness can become a threat for the upcoming government brand. Many other commercial brands (not mentioned in this study) are still entering the market; this easy entrance is intensifying the competition. So the next government brand will need a serious investment to impose itself in the market.

Opportunity

Repositioning does not consist of imitating the competitors, or to improve the competitor offer; actually the second option is more difficult. A good repositioning strategy should start by identifying the right opportunities in the market; it starts by understanding the factors that drive the purchase behaviour and brand loyalty. In this case, it was essential to know the factors that students consider before adopting a condom brand. In the questionnaire, five factors were proposed to UKZN students; the respondent was asked to select three factors among the five and rank them from one to three, one for the most important and three for the least. The five factors were: *your experience with the brand (1), the testimony of others (2), brand advertising and promotion (3), availability (4) and price (5)*. A blank space was left in question 20, to allow the respondent to add any other factor that seems important to him; two female students added smell and *reliability of the brand*.

From the seven factors, the factor *your experience with the brand* was the dominant factor as it got the high frequency for the category *factor that influence me the most*. The details are displayed in table below.

The level of influence of the factor "Experience with the brand" on the perception of a condom brand					
		Frequency	Per cent	Valid Per cent	Cumulative Per cent
Valid	Influence the most the perception	117	57.6	73.1	73.1
	comes in second place	23	11.3	14.4	87.5
	is the last factor	20	9.9	12.5	100.0
	Total	160	78.8	100.0	
Missing	System	43	21.2		
Total		203	100.0		

Table 47: Frequencies of the factor experience with the brand

The higher level of missing values (43) came from the respondents that did not chose the factor *experience with the brand* among the three factors that influence them. However, 160 students selected this factor as one of the three that influence their decision to adopt or discard a condom brand. From this number, more than 73% said that this factor was the most important among the three. This data speaks a lot about the flexibility of students in adopting new a brand as long as they have a very good experience with that brand. In other words, there is a lot of chance that a government brand can become the favourite brand of students, because the determinant is the satisfaction they get in using the brand. This also means that a condom brand can easily lose its market shares if it does not ensure that it keeps on satisfying its customers. Such a context implies that at any time the *challenger* in the market can become the *leader* and vice versa.

The other favourable factor that could facilitate a good positioning of the new government brand is mass advertisement; according to table below, adverts on condom brands play a very important role in the perception of the brand, especially among students. **Table 45** indicates that only 7.9% of students disagreed with the statement: *students like the condom brands which are advertised on TV, magazines, newspaper etc.* Therefore, most students think that when a condom brand is advertised on television or any mass media, it is perceived as a good one; maybe they seem to associate that brand with the other commercial brands that they saw in mass media. Some customers perceive companies that are advertising on mass media as those which offer good products; so they might associate that positive image to the upcoming brand. We cannot affirm that that is what justifies the leadership of *Durex, Lovers plus* and *Trust*, but it nevertheless says something about a positive influence that adverts have on condom brand perception.

Students like the condom brands which are advertised on TV, Magazines, newspapers, etc.					
		Frequency	Per cent	Valid Per cent	Cumulative Per cent
Valid	Strongly disagree	7	3.4	3.9	3.9
	Disagree	7	3.4	3.9	7.9
	Unsure	27	13.3	15.2	23.0
	Agree	71	35.0	39.9	62.9
	Strongly Agree	66	32.5	37.1	100.0
	Total	178	87.7	100.0	
Missing	System	25	12.3		
Total		203	100.0		

Table 48: frequencies of the statement “students like the brand...newspaper, etc.”

With regard to adverts on TV, the government is seen to emphasise more on general condom usage rather than use of a specific brand. Considering the fact that

the issue of *condom use* has evolved to become *condom brand use*, the government must understand that ignorance is not anymore the only reason why people are not using condoms. Today people have a relationship with condom brands according to how well these brands meet their expectations. Today, people want something more than just protection; they want a nice smell during sex, they want their favourite flavour, and they want a condom brand that reflects their values and aspirations. Advertising on *condom use* today does not really mean much to the people; commercial brands offer a better advertising approach, they address benefits and values that go beyond HIV and AIDS. Commercial brands are associating their brand concepts with pleasure, *Love etc.* Thus this study advises the health authorities to keep on communicating on *condom use* while positioning its new brand as *Cool and flavoured*; by so doing, the government will be in line with this new advertising approach on condom brand use.

Conclusion

This chapter continues from the previous one with a discussion of the findings of the study. Previous finding could not be included as no such detailed study in this context has been undertaken until now. However, the discussion was based on to the three research objectives of the study. The first section discussed the factors that affect the positioning of condom brands. The second section presented and interpreted the *perceptual map* the nine (9) brands most used by students. The last part involved suggesting a repositioning strategy that involves launching a new government condom brand; this new brand must be flavoured and carry a new name. While advertising in the mass media, the government should not associate its new brand with itself, nor with its former brands (*Choice and Love*).

CHAPTER SEVEN: CONCLUSION

Recap of the research problem

This study analysed students' perception of the various brands of condoms available at UKZN campuses through the marketing theory of "*brand positioning*". The dissertation brings a marketing perspective on the issue of *condom brands*, *condom use* interrogated by Mulwo (2009). The initiative of making available (for free) the brands *Choice and Love* on campuses shows that the government is willing to facilitate *consistent condom use* among students. However, in spite of this readiness, the usage rate of these government brands is still very low.

The study used a quantitative approach to ascertain why these government condom brands are underused. What is it that the government needs to change or improve in its brands in order to meet the students' expectations? Obviously improving the government brand requires first of all assessing its relative (compared to its competitors) performance; which is one of the objective of this thesis. Considering the topic, social marketing was considered the best approach to address the issue. The marketing theory used as well as technical jargon used in this thesis was carefully explained to allow readers to understand and appreciate the study.

The impetus of the study derives from the fact that the studied population is located in the most infected and affected area in South Africa. In KwaZulu-Natal about 17 per cent of the population aged 15 to 49 is living with the HIV virus (Statistic South Africa, 2010). In such a context, it would be expected that the plurality of brands should essentially have a positive effect on HIV prevention, but on the contrary findings revealed that this plurality of brands led to a "war of

brands”, which is negatively affecting HIV prevention among students to a point where some students preferred to have unprotected sex either because they cannot afford the commercial flavoured brands or they do not want to experience the discomfort of the government brand (*Choice*). Competition is a normal phenomenon when there is a plurality of brands; but this so-called “war of brands” is not well balanced for the brand most available (*Choice*) is offering only a minimum protection.

This work is especially concerned about facilitating condom use through making available the desirable government brand; it is not just marketing for brand promotion. Note that though every thesis is unique, the idea of “branding effect” on the HIV prevention among young people is not new; for a few researches have already explored some aspects on the issue (Mulwo et al., 2009; Wilson *et al.*, 2011; Garside, 1999; Grady *et al.*, 1993; Gerofi *et al.*, 1995). The contribution of this piece of work is that it points out the specific problems of the government condoms while making a quantitative assessment of the brands *Choice* and *Love* compared to the commercial brands. Such evaluation has not been done before. This assessment will help marketers know what amount of effort the government needs to make in order to meet the new expectation of young people in terms of condom usage.

Previous findings on male condoms

Today condom use is the most popular method of HIV and pregnancy prevention among young people (Baffi et al., 1989); that is why the study found it necessary to explore previous findings on the role of condoms as a means of prevention. Previous research findings are consistent with the fact that preventing power of condom use is determined by its consistent and correct use. Two mathematical

models claimed to predict the variation of the HIV prevention rate in South Africa, however some scholars still disagreed, arguing that the decline of the HIV prevention rate cannot be only attributed to condom use since abstinence and faithfulness are also encouraged by the ABC strategy.

Nowadays condom use is more associated with HIV, but it appeared clearly in the literature that pregnancy prevention is the first motive of condom use among young people (Cooper *et al.*, 1999). This point is pertinent because factors which are relevant for the STIs prevention might not be relevant for pregnancy prevention. It was also consistent across the literature that indeed the male condom plays a very important role in STIs and pregnancy prevention (WHO, 2011). The only problem is that the reviewed studies were carried out in a context very different from Africa.

The study also researched the literature around the challenges of consistency and correct condom use among young people. In this regard, some factors were mentioned. The findings report that even when male condoms are used, they are not used entirely during sex; probably to avoid loss of pleasure or essentially to collect semen (Steiner, *et al.*, 1999). The second major challenge to consistency condom use was condom negotiation. The complexity of condom negotiation was highlighted insofar as sexuality involves both partners. Some tools developed to facilitate condom negotiation like the IMB model and the CIS scale were presented and explained. In addition, factors like the cultural context, the gender norms and gender power, trust in couples, and the woman's fear to lose the relationship, were also mentioned in the literature as affecting negatively condom negotiation (Holland and French, 2012).

The main limitation was that the reviewed studies on condom negotiation did not consider the brand as a factor that can seriously affect condom negotiation. The brand impact on the issue is completely neglected, yet a couple might end up not using condom because they do not agree on the brand. Fortunately, in recent years scholars have become increasingly interested on the brand impact on social issues. As said previously, Mulwo et al., (2009) introduced that concept of *ideological conflict* to establish the fact the brand has definitely an impact on condom use. Other findings claimed that the plurality of brands increases the chance of purchase and usage. The director of DKT (Indonesia) even stressed that if health promoters want to get better results, every segment of the population must have a condom brand to its liking. Meaning, young people must have a condom brand that meet their expectations, otherwise they are declined to purchase it. This is a major mistake with the *Choice* condom for it was not designed for a specific segment of population. The fact that the brand is distributed in African townships affects its image. Students aspire to a higher living standard. Moreover, for people in townships food is more of a concern than safe sex (Mulwo, 2009). To offer both segments the same product is very problematic.

So regarding the evidences found in the literature and considering what is happening at UKZN, it is time to confront the issue of *condom brand use* and by extension that of condom brand negotiation.

The study highlights the fact that social marketing has contributed a lot in terms of condom promotion and condom distribution. The conceptual model for condom social marketing explained the indirect effect of condom social marketing on STIs and pregnancy prevention. Though some scholars argue that this effect is underestimated since evaluations were done in short term (Sweat et al., 2012). An

important component of that conceptual model for condom social marketing is *increased availability of Desirable, affordable and quality condoms*. The author has stressed that it is not enough to produce condoms. Rather, the concern must be on the desirability and the quality for today people are more demanding in terms of condom. The study advises to always adapt the model to the local values because the model was developed in a western context.

Finding of the thesis

Ninety one per cent of students who participated to this brand positioning study reported to be sexually active. This percentage is quite high and might present some bias. Previous studies showed that to “look cool” some students pretend to be sexually active when in actual fact they are not (Kunda, 2008). This work provided a lot of interesting findings regarding *condom brand awareness, the brand leadership, condom brand loyalty, government brand perception, and the influence of religion in condom use*.

In a broad way, the study found that condom market is very competitive among students; more than 25 brands and one unbranded condom were reported. The term “market shares” refers to the percentages of students who are using a given brand. The study did not say much about the brand *Love* because its brand awareness is too low among students.

Concerning the *brand awareness*, *Durex*, *Choice*, *Lovers Plus*, and *Trust* topped the list. These are the four brands most popular among UKZN students; *Choice*'s position was predictable (since it is found almost everywhere), as well as *Durex*'s popularity considering its number of adverts aired on television. *Lovers Plus* and *Trust* are promoted and distributed by the same company (SFH), probably using

the same distribution channels and the same communication strategy. However, *Lovers Plus* has the advantage of positioning itself as “a fun, affordable, high quality-condom for adults who have high self-esteem, are ambitious and stylish”. This positioning is reinforced by the *Lovers Plus* slogan, which is "Cross over to real style".

With respect to the *brand leadership*, the study assessed the condoms in two categories namely the favourite brand and the brand most used. In both categories the first three brands were having the same order *Durex*, *Lovers Plus* and *Trust*. This is despite the fact that these three brands are the most expensive on the condom market. A pack of three *Durex condoms* costs R12; *Lovers Plus*, R10; and *Trust*, R3.50. There seems to be a positive correlation in the brand leadership between the brand most used and its price. The more expensive the brand, the more it is likely to be the most used; the same thing was observed for the favourite brand.

A good level of *brand loyalty* was reported among UKZN students, for seven out of ten times students use the same brand. This result was almost the same across the races surveyed. Though this indicator does not always reflect the level of condom use consistency, it nevertheless indicates condom use is being a normal part of the student sexuality. Such *brand loyalty* also says something about the big challenge that will face any brand which will tempt to increase its market share by targeting the competitor's customers. According to DramAidE experience, it would be easier for a new good brand to penetrate the market, for students are very open to try new condom brands.

Concerning the government brand perception, the finding was consistent with previous studies. The government brand *Choice* suffers from a negative perception

among students. Two main factors were identified as responsible: the association of the brand with the government reputation, and the gap between the student's expectations and the benefits got when using the brand. The major problems of the brand *Choice* were its smell, its lubrication and its reliability. Though students were not able to justify why *Choice* is not reliable, the finding is consistent with previous study findings. Early studies revealed that the reliability of *Choice* was questioned first of all because it is free and is government produced. Secondly because a few years ago students were asked to give back *Choice* condoms for a quality control.

Concerning *Choice* lubrication, the complaint was that its condom is not lubricated enough. So to avoid experiencing irritations during sexual intercourse, students prefer not to use that brand. This aspect must be repaired by the government if it wants to increase government condom use among students.

The government must take into consideration that the issue of smell during sex is becoming a serious concern for condom users. It was found that the smell is so important that it is even used by many students to recognise their favourite condom brand. Such evidence must result in scholars rethinking the concept of *brand identity*. The concept only focuses on visual elements and it does not integrate intangible elements like smell as part of the brand identity. The issue of *unbalanced war of brands* mentioned earlier is actually sustained by the smell factor. Almost all the commercial brands are flavoured. More than 95% of the brands used among students are flavoured. This suggests that students need condoms with a good *smell* or *scent*. It also means that a condom which is not scented has 95% of chance of not to be used. It should be noted that the best three brands (*Durex*, *Lovers Plus* and *Trust*) offer a variety of flavours. So the

Authorities need to revise their condoms. *Scent* determines brand preference and sometime brand recognition when it comes to condoms.

The study also found some interesting associations between the race and the favourite brand. For instance if a student is White or Indian, he is more likely to have *Durex* as his favourite brand than any other brand. African students are more likely to use *Lovers Plus* or *Trust*. The same association does exist between the brand most used and the race of the user. The study did not say much about the other brands because their representativeness was too small per race. These two findings were predictable since there is also a very strong relationship between the favourite brand and the brand most used. Statistical tests proved that when a brand is the favourite it is likely to be the one most used by the students. This also means that as long as *Choice* does not appear among the first favourite brands of students, it will always be underused.

Concerning the issue of religion and condom use, many students reported that their religion is not against the use of condom; only Muslims reported they were unsure as to the position of their religion about the matter. So in this study the incompatibility reported in the literature review between condom use and the Catholic Church did not appear (Rostosky et al., 2004). It was also found that student from certain religions were more likely to use certain condom brand; it was interesting to observe that Christians are more likely to like *Lovers Plus*; while Hindu students are more likely to like *Durex*. The study did not also say much about the Coloured student's perception because their representativeness was too small per brand.

The brand positioning analysis was made via the *perceptual map*. *Factor analysis* in two principal components was the technique used to design the map. The

perceptual map had a reference in two axes which were *cool & flavoured* (in vertical) and *reliability* (in horizontal). Ten condom brands out of 25 were displayed on the map. To appear on the map, the brands needed to have at least 2% of the market share. Considering this constraint, the brand *Love* was not supposed to appear on the map since it is not well known, but it was also included in the analysis because it is a government brand. On the map, *Choice* has a market share bigger than some good commercial brands like *Casanova*, *Rough Rider* or *Rocky*; however, it remains located in the poorest area of the map because of the reasons mentioned earlier.

Recommendations

The main recommendation to the relative health authority is that it must consider stopping the production of the *Choice* and *Love* brands; the brand position of *Choice* is so poor that it cannot be maintained; the strong association with its bad smell and bad reputation make any improvement impossible. The brand *Love* also cannot be promoted because it is unscented. The best option would be to design, produce and launch a new government brand for young adults. All the *brand identity* elements (name, colour, logotype, etc.) must be adapted to young people. This new brand must be scented like all the commercial brands. The government must be careful about the brand's name of its new condom; for the name *Choice* was perceived to be too serious for young people compared with *Love* which sounded more romantic. The new name must be tested especially among young Africans, since, according to the finding, they are more sensitive to the brand name.

When promoting the new brand, the health authorities should not identify itself as the producer, for it might negatively affect the brand equity of its condom. In this

context, diffusion through television remains a suitable communication strategy to build the brand awareness. The advertising agency must make sure that the new condom brand is put in forefront. The advert must also highlight the flavour benefit.

Summary and limitations

In summary, the study illustrates the strengths and weaknesses of the government brand *Choice*, as well as explored the gap existing between it and the commercial condoms. The brand positioning theory was appropriate to answer the research objectives stated in chapter one. This marketing theory facilitated the analysis in providing a visual representation the main competing brands on a map. All the competing brands were evaluated on the same set of attributes which were later grouped in two principal components.

Although this piece of work provided useful findings, a lot still needs to be done to cover the issue of government brand improvement. Though the study laid a useful groundwork for further research, it nonetheless presents some limitation among which is the lack of information about the factors that explain the positions and the size of all the brands on the *perceptual map*. Another missing point is the student's motivations of brand choices. Brand satisfaction cannot be considered as the only factor that explains brand position. Other influences like culture, background, and peer pressure are also relevant.

The method of brand positioning analysis requires that all the brands must be evaluated on the same attributes basis; from that point of view, the researcher could not integrate the price among the attributes since the government brands are

free of charge. However, some evidence in the study indicates that there is a price effect on the perception of condom brands that needs to be further investigated.

BIBLIOGRAPHY

Primary sources:

Thenjiwe. M.(2012). Interview with Thenjiwe Manana by Emile Saker at Howard College, 14 July.

Pho.M. and Nhlanhla. D.(2012). Interview with These two peer educators by Emile Saker at Howard College, 15 July

Secondary sources:

Aaker, D.A. 1996. *Building strong brands*. London: Simon & Shuster.

Abrahamson, E. 1991. *Managerial Fads and Fashions: The Diffusion and Rejection of Innovation*. California Management Review, 16, 586–612.

Aggleton, P. 1997. *Success in HIV Prevention*. Horsham, AVERT.

Airhihenbuwa, O. & Obregon, R. 2000. *A Critical Assessment of Theories/Models Used in Health Communication for HIV/AIDS*. Journal of Health Communication, 5, 5- 15.

Andreasen, A.R. 1995. *Marketing Social Change: Changing Behaviour to Promote Health, Social Development and The Environment*. San Francisco: Jossey-Bass.

Arnott, D.C. 1993. *Positioning: Redefining the Concept*. Warwick University Business School Research Papers #81.

Baffi, C.R., Schroeder, K.K., Redican K.J., & McCluskey, L. 1989. *Factors Influencing Selected Heterosexual Male College Students' Condom Use*. Journal of American College Health Volume 38, 137-141.

Bazargan, M., Kelly, E.M., Stein, J.A., Husaini, B.A., & Bazargan, S.H. 2000. *Correlates of HIV Risk Taking Behaviours among African-American College Students: The Effect of HIV Knowledge, Motivation and Behavioural skills*. Journal of the National Medical Association, 92, 391–404.

Becker, H. M., Haefner, D. P., Kasl, S. V., Kirscht, J. P., Maiman, L.A., & Rosenstock, I.M. 1977. *Selected Psychosocial Models and Correlates of Individual Health-related Behaviours*. Medical Care, 15, 27–46.

- Buysse, A., & Van Oost, P. 1997. 'Appropriate' Male and Female Safer Sexual Behaviour in Heterosexual Relationships. *AIDS Care* 9, 549–561.
- Carter, J.A., McNair, L.D., Corbin, W.R., & Williams, M. 1999. *Gender Differences Related to Heterosexual Condom Use: The Influence of Negotiation Styles*. *Journal of Sex and Marital Therapy*, 25, 217–225.
- Cohen, S. 2003. *Beyond Slogans: Lessons from Uganda's Experience with ABC and HIV/AIDS*. The Guttmacher Report on Public Policy.
- Coleman, P.L. 1999. "The Enter-Educate Approach for Promoting Social Change." *The Journal of Development Communication*, 75-81.
- Colman, A.M. & Pulford B.D. 2008. *A Crash Course in SPSS for Windows: Updated for Versions 14, 15, and 16*. Edition History: Blackwell .
- Cooper, M.L., Agocha, V.B., and Powers, A.M. 1999. *Motivations for Condom Use: Do Pregnancy Prevention Goals Undermine Disease Prevention Among Heterosexual Young Adults?* University of Missouri—Columbia, 18, 464 – 474.
- Cooper, R. & Schindler, S. 2006. *Marketing Research*. McGraw-Hill Irwin.
- Creswell, J.W. 2003. *Research Design: Qualitative, Quantitative, and mixed methods approaches*. Second Edition. Sage Publications.
- Davis, C., Sloan, M., MacMaster, S., & Kilbourne, B. 2007. *HIV=AIDS Knowledge and Sexual activity: An Examination of Racial Differences in a College Sample*. *Health & Social Work*, 32, 211–218.
- De Bro, S.C., Campbell, S.M. and Peplau, L.A. 1994. *Influencing a Partner to Use a Condom: A College Student Perspective*. *Psychology of Women Quarterly*, 18, 165–182.
- Department of Education. 2001. *Tirisano Implementation Plan 2001-2002*. Pretoria: South Africa.
- East, L., Jackson, D., O'Brien, L., & Peters, K. 2010. *Condom Negotiation:*

Experiences of Sexually Active Young Women. Journal of Advanced Nursing.

Epstein, H. 2007. *The Invisible Cure: Africa, the West, and the Fight against AIDS.* New York: Farrar, Straus and Giroux.

Fisher, J.D., & Fisher, W.A. 1992. *Changing AIDS-risk Behaviour.* Psychological Bulletin, 111, 455–474.

Fisher, J.D., Fisher, W.A., Misovich, S.J., Kimble, D.L., & Malloy, T.E. 1996. *Changing AIDS Risk-behaviour: Effects of An Intervention Emphasizing AIDS Risk Reduction Information, Motivation, and Behavioural Skills in A College Student Population.* Health Psychology, 25, 114–123.

Fisher J.D. & Fisher W.A. 1992. *Changing AIDS-risk behaviour.* American Psychological Association Country of Publication: United States, 111, 455-474.

Foster, J.J. 2002. *Data Analysis Using SPSS for Windows Versions 8 - 10: A Beginner's Guide.* SAGE publications.

French, J., & Blair-Stevens, C. 2005. *Social Marketing Pocket Guide.* London: National Social Marketing Center of Excellence.

Garside, R. 1999. *Condom Shape: A Neglected Factor Influencing Use and Acceptability?* UK family Planning Research Network. *Int J STD AIDS.* 10, 785-790.

Gerofi, J., Deniaud, F., Friel, P. 1995. *Interaction of Condom Design and User Techniques and Condom Acceptability.* *Contraception,* 52, 223-228.

Grady, W.R., Kleplinger, D.H., Billy, J.O., Tanfer, K. 1993. *Condom Characteristics: The Perceptions and Preferences of Men in the United States.* *FamPlann Perspect.* 25, 67-73.

Green, E.C., Halperin, D.T., Nantulya, V., Hogle, J.A. 2004. *Uganda's HIV Prevention Success: The Role of Sexual Behavior Change and The National Response*. *AIDS and Behavior*, 1-5.

Halperin, D.T., & Epstein, H. 2007. *Why is HIV Prevalence so Severe in Southern Africa? The Role of Multiple Concurrent Partnerships and Lack of Male Circumcision: Implications for AIDS Prevention*. *The Southern African Journal of HIV Medicine*, 26, 19-25.

Hammer, J.C., Fisher, J.D., Fitzgerald, P., Fisher, W.A. 1996. *When Two Heads Aren't Better Than One: AIDS Risk Behavior in College-Age Couples*. *Journal of Applied Social Psychology*, 26, 375–397.

Hill, S., Ettenson, R. & Tyson, D. 2005. *Achievement The Ideal Brand Portfolio*. *MIT Sloan Management Review*, 46(2), 85-90.

Holland, K.J., & French, S.E. 2012. *Condom Negotiation Strategy Use and Effectiveness among College Students*, *Journal of Sex Research*, 49 (5), 443-453.

Himes, S.E. 1963. *Medical History of Contraception*. New York: St Martin Press.

Hoefnagels, C., Hospers, J.H., Hosman, C., Schouten, L., Schaalma, H. 2006. *One Measure, Two Motives. Prediction of Condom Use and Interaction Between Two Prevention Goals Among Heterosexual Young Adults: Preventing Pregnancy and/or Sexually Transmitted Diseases*. *Society for Prevention Research*, 7, 369–376.

Interbrand Group. 1992. *World's Greatest Brands: An International Review*. New York: John Wiley.

Johnson, F., Hallett, B., Rehle, M., &Dorrington.E. 2012. *Incidence in South Africa: A Model-based Analysis Treatment Coverage on Human Immunodeficiency Virus The Effect of Changes in Condom Usage and Antiretroviral*. *Journal of the Royal Society Interface*, 1- 11.

Kanabus, A., Noble, R. 2006. *The ABC of HIV prevention*. (Accessed on 2010 www.avert.org/abc-hiv.htm).

Katz, I. & Low-Beer, D. 2008 *Why Has HIV Stabilized in South Africa, Yet Not Declined Further? Age and Sexual Behavior Patterns among Youth*. Sex Transm. Dis.35, 837–842.

Keller, L.K. 1993. *Conceptualizing, Measuring and Managing Customer-based Brand Equity*. Journal of Marketing, 57, 1-20.

Keller, L.K. 2008. *Strategic Brand Management: Building, measuring, and Managing Brand Equity*.

Keon, J.W. 1983. *Product Positioning: TRINODAL Mapping of Brand Images, and Consumer Preference*. Journal of Marketing Research, 20, 380-392.

Knapp, D.E. 2000. *The Brand mind set*. USA: McGraw-Hill.

Kotler, P., Robert, N., Lee, N. 2002. *Social Marketing, Improving the Quality of Live*. SAGE .

Kotler, P., & Lee, N. 2008. *Social Marketing, Influencing Behaviour for Good*. SAGE .

Kunda, J. 2008. *They Have Ears But They Cannot Hear: Listening and Talking as HIV Prevention: A New Approach to HIV*. University of KwaZulu-Natal.

Lewis, J.E., Miguez-Burbano, M.J., & Malow, R.M. 2009. *HIV Risk Behavior among College Students in the United States*. College Student Journal, 43, 475–491.

Lewison, D.M. 1996. *Marketing management: An overview*. Fort worth: Dryden, p. 213.

Macaluso, M., Kelaghan, J., Artz, L., Austin, H., Fleenor, M., Hook, E.W., Valappil, T. 1999. *Mechanical Failure of the Latex Condom in a Cohort of Women at High STD Risk*. Journal of the American Sexually Transmitted Disease Association; 26, 450–458.

Magombedze, G., Mukandavire, Z., Chiyaka C., and Musuka. G. 2009. *Optimal Control of a Sex-Structured HIV/AIDS Model with Condom Use*. Mathematical Modelling and Analysis, 14, 483–494.

McCant & Van Heerden, CH. (2010). *Marketing Management, A South African Perspective*. Cape Town. Juta

Melkote, S.R. 1991. *Communication for development in the Third World*. New Delhi: Sage.

Melkote, S.R. Steeves, H.L. 2001. *Communication for Development in the Third World: Theory and Practice for Empowerment*. SAGE.

Meier, A.M. 2003. *Adolescents' Transition to First Intercourse, Religiosity, and Attitudes About Sex*. *Social Forces*, 81 (3), 1031-1052.

Misovich, S.J., Fisher, J.D., & Fisher, W.A. 1997. *Review of General Psychology*, 1, 72-107.

Morris, N. 2003. *A Comparative Analysis of the Diffusion and Participatory Models in Development Communication*. *International Communication Association*, 225-248.

Morrison, C. 2005. *Social Marketing and Health Service Promotion: A Needs Analysis for the Antiretroviral Rollout at the University of Kwazulu-Natal*. University of Kwazulu-Natal, South Africa.

Moodley, E. (2007). *An Assessment of Students' Perceptions of The ABC Prevention Strategy: Toward Students' Participation in HIV/AIDS Message Design at The University of Kwazulu-Natal*. University of Kwazulu-Natal.

Mulwo, A. (2009). *"What's that, Government Condom?... Jeez!" Condom Brands, Perceptions of Condom Efficacy and the Implications for HIV Prevention among University Students*. University of Kwazulu-Natal, South Africa.

Myer, L. 2010. *Barrier methods*. In *HIV/AIDS in South Africa* (eds. S. S. Abdool Karim & Q. Abdool Karim), 2nd edn. Cape Town, South Africa: Cambridge University Press 183-200.

Nelson Mandela Children's Fund (NMCF) research journal. 2004.

Noar, M.S., Morokoff, P.J., & Harlow, L.L. 2002. *Condom Negotiation in Heterosexually Active Men and Women: Development and Validation of a Condom Influence Strategy Questionnaire*. *Psychology & Health*, 6, 711-735.

Oncale, R. M., & King, B. K. 2001. *Comparison of Men's and Women's Attempts to Dissuade Sexual Partners from The Couple Using Condoms*. *Archives of Sexual Behavior*, 30, 379–391.

Panos AIDS Briefing. No 4/ July 1996.

Paula Treichler's presentation at Chicago humanities festival

(Accessed on 2010 <http://www.youtube.com/watch?v=LFIPJLZuhk0>).

Peil, M. 1995. *Social Science Research Methods: A Handbook for Africa*. East African Educational Publishers, Nairobi, 23-32.

Perreault, W.D. Jr., & McCarthy, E.J. 1996. *Basic Marketing: A Global-Managerial Approach*, Chicago, IL: Irwin.

Pulerwitz, J. 2006. *ABC Messages for HIV Prevention in Kenya*. Population Council/Horizons.

Purdy, C.H. 2006. *Fruity, Fun and Safe: Creating a Youth Condom Brand in Indonesia*. *Reproductive Health Matters*. Volume 14, 127–134.

Rhodes, D., Kenneth, C., Leland, J., Yee, A.M., Thomas, L., Clarke, B.A., Rich, W., Monica, B., and Davis, A.B... *Condom Acquisition and Preferences within a Sample of Sexually Active Gay and Bisexual Men in the Southern United States*.

Ries, A., & Trout, J. 1986. *Positioning: The Battle for Your Mind*. London: McGraw-Hill.

Riley A.J. 1989. *The condom*. *Br J Sex Med*, 16, 246.

Robertson, A. A., Stein, J. A., & Baird-Thomas, C. 2006. *Gender Differences in the Prediction of Condom use among Incarcerated Juvenile Offenders: Testing the Information–Motivation–Behavior Skills (IMB) Model*. *Journal of Adolescent Health*, 38, 18–25.

- Rogers, E.M. 1962. *Diffusion and Adoption of Innovation*. New York, Free Press.
- Rostosky, S.S., Wilcox, B.L., Wright, M.L.C. & Randall, B.A. 2004. *The Impact of Religiosity on Adolescent Sexual Behavior: A Review of The Evidence*. *Journal of Adolescent Research* 19:677–97.
- SANAC. 2011. *Strategic National Plan for HIV, STIs and TB 2012-2016*(Accessed on 2010 <http://www.doh.gov.za/docs/stratdocs/2012/NSPfull.pdf>).
- Sekaran, U. & Bougie, R. 2010. *Research Methods for Business: A Skill Building Approach*. John Wiley .
- Sarkar, N.N. 2008. *Barriers to condom use* *The European Journal Of Contraception & Reproductive Health Care: The Official Journal Of The European Society Of Contraception*. 13, pp. 114-122.
- Schramm, L.W. 1964. *Mass Media and National Development: The Role of Information in the Developing Countries*. Stanford University Press.
- Scott, K.D., Gilliam, A. & Braxton, K. 2005. *Culturally Competent HIV Prevention Strategies for Women of Color in the United States*, *Health Care for Women International*, 26, 17-45.
- Sheeran, P., Abraham, C., & Orbell, S. 1999. *Psychosocial Correlates of Heterosexual Condom Use: A meta-analysis*. *Psychological Bulletin*, 125, 90-132.
- Singh, S., Darroch, J.E., Bankole, A. 2003. *A, B and C in Uganda: The Roles of Abstinence, Monogamy and Condom Use in HIV Decline*. Washington, DC: The AlanGutmacher Report, 1-8.
- Smith, L.A. 2003. *Partner Influence on Non-condom Use: Gender and Ethnic Differences*. *Journal of Sex Research*, 40, 346–350.
- Soul City. 2007. *HIV Prevention: Multiple and Concurrent Sexual Partnerships among Youths and Adults in South Africa – Qualitative Formative Research*. Soul City Research Unit.

Steiner, M.J., Cates, W.Jr., Warner, L. 1999. *The Real Problem with Male Condom is Nonuse*. Sexually Transmitted Diseases, 26, 459- 462.

Stetson, V., & Davis, R. 1999. *Health Education in Primary Health Care Projects: A Critical Review of Various Approaches*. Core Group.

Sweat, M.D., Denison, J., Kennedy, C., Tedrow, V., & O'Reilly, K. 2010. *Effects of Condom Social Marketing on Condom Use in Developing Countries: A Systematic Review and Meta-analysis, 1990–2010*. Systematic reviews.

Temporal, P. 2010. *Advanced Brand Management: Managing Brands in a Changing World*. John Wiley .

Trout, J. 1969. *Positioning is A Game People Play in Today's Me-too Market Place*. Industrial marketing, 54, 51-55.

Tschann, J.M., Flores, E., de Groat, C.L., Deardorff, J., Wibbelsman, C.J. 2010. *Condom Negotiation Strategies and Actual Condom Use among Latino Youth*. Journal of Adolescent Health (J ADOLESC HEALTH), 47 (3): 254-62.

UNAIDS. 2007. *The ABC's of HIV prevention*: (Accessed on 2010 <http://www.avert.org/abc-hiv.htm>).

UNAIDS. 2008. *UNAIDS 2008 Report on the global AIDS epidemic*.

Venter, P., & Van Rensburg. 2009. *Strategic Marketing: Theory and Application for Competitive Advantage*. Oxford University Press Southern Africa .

Weinstein, N. D., & Sandman, P.M. 2002. *The Precaution Adoption Model*. In K. Glanz, B.K. Rimer, & F.M. Lewis (eds.), *Health Behavior and Health Education* 121–143. San Francisco, CA: John Wiley .

Williams, J.L., Christensen, C.J., Henry H Cagle, H.H. and Homan, E.C. 2001. *Brief Report on The Effect of Providing Single Versus Assorted Brand Name Condoms to Hospital Patients: A Descriptive Study*. BMC Public Health, 1, 5.

Wingood, G.M., & DiClemente, R. J. 2000. *Application of The Theory of Gender and Power to Examine HIV-related Exposures, Risk Factors, and Effective Interventions for Women*. Health Education & Behavior, 27, 539–565.

World Health Organization. 2011. *Family Planning: A Global Handbook for Providers: Evidence-based Guidance Developed Through Worldwide Collaboration*. World Health Organization, Department of Reproductive Health and Research.

YOUSSEF, H.1993. *The History of Condom*. Journal of the Royal Society of Medicine, 86, 226-228.

Zaleski, E.H. &Sciaffino, K.M. 2000. *Religiosity and Sexual Risk-taking Behavior During the Transition to College*. Journal of Adolescence, 23: 223-227.

Zikusooka, A. 2006. *Behaviour Change Communication in Action: A Study of Uganda's 'ABC' AIDS Communication Model*. University of Oslo.

Semi-structural interview guide for DramAidE HP Project coordinator

Topics covered

- DramAidE: its meaning, its mission, its opinion on condom use in a UKZN context.
- Other organizations working on HIV/AIDS and pregnancy prevention at UKZN.
- The various condom brands available among students.
- UKZN Student's perception of the government brand *Choice*.
- Usage rate of the brand Choice among UKZN students
- Usage rate of the brand Love among UKZN students
- UKZN Student's perception of the government brand *Love*.
- Few concepts which driving the recent DramAidE awareness campaigns on condom use.
- The factors of inconsistent condom use among UKZN students.
- Government policy in terms of condom distribution on campuses.
- Partnership between the health authorities and NGOs working on UKZN campus.
- Potential aspects of condom that would help to evaluate the perceived quality of a condom

Semi-structural interview guide for the health promoter Howard College

Topics covered

- AIDS PROGRAMME: its meaning, its mission, its opinion on condom use in a UKZN context.
- Other organizations working on HIV/AIDS and pregnancy prevention at UKZN.
- The various condom brands available among students.
- UKZN Student's perception of the government brand *Choice*.
- Usage rate of the brand *Choice* among UKZN students
- Usage rate of the brand *Love* among UKZN students
- UKZN Student's perception of the government brand *Love*.
- Few concepts which drove the recent awareness campaigns on condom use.
- 2013 objectives in terms of condom distribution.
- The factors of inconsistent condom use among UKZN students.
- Government policy in terms of condom distribution on campuses.
- Partnership between the health authorities and NGOs working on UKZN campus.
- Potential aspects of condom that would help to evaluate the perceived quality of a condom

Semi-structural interview guide for Peer Educators and students

Topics covered

- Inconsistency of condom use among UKZN students.
- The impact of any recent awareness campaign on condom use
- UKZN Student's perception of the government brand *Choice*.
- UKZN Student's perception of the government brand *Love*.
- Potential aspects of condom that would help to evaluate the perceived quality of any brand.

CONSENT FORM: Brand positioning of male condoms among students
University of KwaZulu-Natal

My name is Emile Saker NKWEI, I am a Master student in Communication, Media and Society at the University of KwaZulu-Natal. I am conducting research on Students' perception of condom brands on UKZN campuses. My research includes an empirical component of which this questionnaire is one of the research instruments used for data gathering.

- This questionnaire will enable to identify the weak areas of the government brands, so as to improve them.

Please note:

- The data you provide will be recorded anonymously and your participation in this study will be held in the strictest confidence. If a summary of the results is used for publication purposes, individuals will not be identified.
- Your participation in this research is entirely voluntary and you can withdraw from the survey at any time.
- You have the right to ask questions before, during and after the administration of this questionnaire.

I shall appreciate it if you assist the project by filling the attached questionnaire.

Informed Consent

I hereby give my permission for the use of my views and opinions for research purposes.

.....

.....

Signature

Date

My Email is emilesaker@yahoo.fr

Thank you so much

Condom Brand Positioning Questionnaire

INTRODUCTION:

Dear respondent, this study aims to assist in improving the quality of condoms distributed to students. Be rest assured, your answers shall be kept strictly confidential and used only for the purpose of the study. Thank you so much. **(NB: Please tick the number where necessary)**

I- PROFIL OF THE RESPONDENT

Q.1. Campus:

Howard College 1	Westville 2	NRMS 3
---------------------	----------------	-----------

Q.2. Gender:

Male 1	Female 2
-----------	-------------

Q.3. Race:

African 1	Indian 2	White 3	Coloured 4
--------------	-------------	------------	---------------

Q.4. Do you belong to any religion? If yes which one?

--

Q.5. Age group

[17-20]..... 1	[21-25]..... 2	[26-30].....3	[30-40]..... 4	40[..... 5
----------------	----------------	---------------	----------------	------------------

Q.6. Are you sexually active? (If No stop, if yes continue)

Yes 1	No 2
----------	---------

Q.7. Do you or your partner use male condoms? (If No stop, if yes continue)

Yes 1	No 2
----------	---------

Q.8. Please name below the male brand(s) of condoms you know

--

Q.9. Of these named in Q.8, which two (2) condom brands are your favourite (please name them in order of preference)?

Q.10. Of these named in Q.8, which brand do you use most?

Q.11. Please evaluate out of 10 your frequency of use of the brand named in Q.10?

/ 10

II- CRITERIA EVALUATION

Q.12. As far as the choice of a male condom brand is concerned; tick the level of importance you give to the following criteria:

Structural criteria	Not important	Less important	NeitherImportant nor unimportant	Important	Very important
Thickness of the latex	1	2	3	4	5
The colour of the latex	1	2	3	4	5
Smell during and after sex	1	2	3	4	5
Lubricant	1	2	3	4	5
Flavour /Scented	1	2	3	4	5
Latex resistance(Chance of it breaking or tearing)	1	2	3	4	5

Visual criteria	Not important	Less important	NeitherImpor tant nor unimportant	Important	Very important
Name of the brand	1	2	3	4	5
Design of the condom package	1	2	3	4	5

Trustworthiness criteria	Not important	Less important	NeitherImportant nor unimportant	Important	Very important
Reputation of the brand	1	2	3	4	5
Reliability of the brand	1	2	3	4	5

Q.13. what share of percentage do you give to each group of criteria below when choosing a condom?

Structural criteria	Visual criteria	Trustworthiness criteria	Total
			100%

III- SATISFACTION(PERFORMANCE) EVALUATION OF BRANDS

Q.14. Please tick your level of satisfaction of your firstfavourite brand mentioned in Q.9

Structural criteria	Very poor	Poor	Average	Good	Very Good
Thickness of the latex	1	2	3	4	5
The colour of the latex	1	2	3	4	5
Smell during and after sex	1	2	3	4	5
Lubricant	1	2	3	4	5
Flavour/Scented	1	2	3	4	5
Latex resistance(Chance of it breaking or tearing)	1	2	3	4	5

Visual criteria	Very poor	Poor	Average	Good	Very good
Name of the brand	1	2	3	4	5
Design of the condom package	1	2	3	4	5

Trustworthiness criteria	Very poor	Poor	Average	Good	Very good
Reputation of the brand	1	2	3	4	5
Reliability of the brand	1	2	3	4	5

Q.15. Please tick your level of satisfaction of your secondfavourite brand mentioned in Q.9

Structural criteria	Very poor	Poor	Average	Good	Very Good
Thickness of the latex	1	2	3	4	5
The colour of the latex	1	2	3	4	5
Smell during and after sex	1	2	3	4	5
Lubricant	1	2	3	4	5
Flavour/Scented	1	2	3	4	5
Latex resistance(Chance of it breaking or tearing)	1	2	3	4	5

Visual criteria	Very poor	Poor	Average	Good	Very good
Name of the brand	1	2	3	4	5
Design of the condom package	1	2	3	4	5

Trustworthiness criteria	Very poor	Poor	Average	Good	Very good
Reputation of the brand	1	2	3	4	5
Reliability of the brand	1	2	3	4	5

Q.16. Have you ever used the condom brand” *CHOICE*”?

Yes	1	No	2
-----	---	----	---

Q.17. have you ever used the condom brand “*LOVE*”?

Yes	1	No	2
-----	---	----	---

Q.18. If you said “yes” in Q16 and you didn’t name “Choice” in Q.9; please evaluate the following criteria of the brand “*Choice*”.

Structural criteria	Very poor	Poor	Average	Good	Very good
Thickness of the latex	1	2	3	4	5
The colour of the latex	1	2	3	4	5
Smell during and after sex	1	2	3	4	5
Lubricant	1	2	3	4	5
Flavour/Scented	1	2	3	4	5
Latex resistance(Chance of it breaking or tearing)	1	2	3	4	5

Visual criteria	Very poor	Poor	Average	Good	Very good
The name “Choice”	1	2	3	4	5
Design of “Choice” package	1	2	3	4	5

Q.19. If you said “yes” in Q17 and you didn’t name “Love” in Q.9; please evaluate the below criteria of the brand “*Love*”.

Structural criteria	Very poor	Poor	Average	Good	Very good
Thickness of the latex	1	2	3	4	5
The colour of the latex	1	2	3	4	5
Smell during and after sex	1	2	3	4	5
Lubricant	1	2	3	4	5
Flavour/Scented	1	2	3	4	5
Latex resistance(Chance of it breaking or tearing)	1	2	3	4	5

Visual criteria	Very poor	Poor	Average	Good	Very good
The name "Love"	1	2	3	4	5
Design of "Love" package	1	2	3	4	5

Trustworthiness criteria	Very poor	Poor	Average	Good	Very good
Reputation of "Love" condom	1	2	3	4	5
Reliability of "Love" condom	1	2	3	4	5

Q.20. what are three factors that influence your perception of a male condom brand (please rank them from the most important to the least by using 1, 2, 3)

3 Factors that influence the most your perception of a condom brand	Rank by Filling the number(1,2,3) here
Your experience with the brand	
The testimony of others	
Advertising and promotion	
Availability	
The price	
Other.....	

Q.21. what specific problem do you encounter while using the condom brand" *Choice* "?

Q.22. What specific problem do you encounter while using the condom brand" *Love* "?

Q.23. If all the condom brands you know were unpackaged, would you be able to recognise your most favourite?

Yes	1	No	2
-----	---	----	---

Q.24. If yes, what element(s) would help you to recognise it?

Q.25. Please tick the number that reflects your opinion of the following statements (if you do not belong to a religion, please don't answer the first 3 statements)

Statements	Strongly disagree	Disagree	Unsure	Agree	Strongly Agree
My religion does not agree with the use of condoms	1	2	3	4	5
My religious leaders relate condom usage to sexual immorality	1	2	3	4	5
My religious leaders' opinion about condom affects my perception of condom usage	1	2	3	4	5
The condom brand "Love" as compared to "Choice" is of better quality	1	2	3	4	5
The commercial condom brands as compared to freely distributed brands are of high quality	1	2	3	4	5
Students perceive "Choice" and "Love" condoms to be of poor quality because they are government produced	1	2	3	4	5
Students like the condom brands which are advertised on TV, Magazines, newspapers, etc.	1	2	3	4	5

Thank you, please sign below.