

**MARKET RESEARCH ON CONDOM
PREVALENCE AND PROMOTION**

January – February 2003

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**for
UNFPA**

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MARKET RESEARCH ON CONDOM PREVALENCE AND PROMOTION

1. Background

The Contraceptive Prevalence Rate (CPR) for modern methods in Maldives is 32%. Furthermore, condoms prevalence is only 6% of all methods.¹ Until recently condom promotion has only been for the purpose of Family Planning. However, more recently an urgent need to promote condoms for dual protection has been felt due to the increasing risk of STIs, including HIV/AIDS. While Maldives is a low prevalence country, it is potentially at high risk given factors such as marital patterns and growing drug use among adolescents and youth² and due to the evidence of increasing sexual activity outside marriage among adolescents³.

As promotion of condoms for dual protection is the prime objective of this research activity, this report provides information which would enable UNFPA to develop and implement effective social marketing strategies for condom promotion.

Whilst keeping this in mind certain key issues which would influence the success or failure of any such strategies needs to be highlighted here:

- ♣ According to the rules and regulations of the Ministry of Health, condom is a “Schedule 3” drug that must be sold by pharmacies with a prescription. Advertising is prohibited for Schedule 3 drugs.
- ♣ Contraception is a potentially controversial issue among various religious and community leaders. Hence, condom promotion should go parallel with advocacy measures to overcome negative attitudes.

2. Scope and Methodology of Research

The scope of this research was limited to Male'. Primary research includes 3 parts; survey of pharmacy clients, effectiveness test of free condom outlets and focus group discussions. Secondary research includes of 3 parts; key informant interviews with officials from the free outlets for condoms, analysis of Government rules and regulations in relation to condoms and analysis of the import figures for condoms.

¹ Reproductive Health Baseline Survey, 1999

² United Nations Development Assistance Framework for the Republic of Maldives, 2003-2007.

³ Shafeega, F., 2001, Study: Maldives – Demographic Characteristics of Adolescents, UNESCO/Bangkok

2.1 Primary Research

Survey of pharmacy clients : The survey was conducted through 6 strategically selected pharmacies (Maqdis Chemist, Medicineland, Point 5 Pharmacy, Point 6 Pharmacy, Point 9 Pharmacy and Remedy Pharmacy) for a period of 30 days. A questionnaire in Dhivehi and English (refer to Annex 1) designed to collect information about the sale of various brands of condoms; the characteristics of condoms which appeal to most users; and the demographic characteristics and socio-economic background of users was distributed to these pharmacies. The information was reported by the clients and by the pharmacists. 153 questionnaires were filled and returned. Out of these, 135 questionnaires were filled by the clients and 18 questionnaires were filled by the pharmacists.

Effectiveness test of free condom outlets : The effectiveness test of free outlets was conducted anonymously by a member of the research team. The purpose was to study the processes and procedures involved in getting condoms from the free outlets (Indira Gandhi Memorial Hospital, Society for Health Education and Male' Health Centre) and to gain first-hand knowledge about the inconveniences revealed in the pharmacy survey.

Focus group study : Focus group members were condom users and were selected in proportion to the number of clients in the various age brackets of the primary research. The group members were given similar samples of selected condom brands (without any packaging indications) and were asked to rate and suggest appropriate prices for the samples according to their perceived quality. In order to find out the disparities between the members' suggested rating of condom samples and their perceived value based on appearance, they were asked to rate selected brands of condom packaging.

The focus group study was conducted to further analyse the data and information received in the survey of the pharmacy clients. It was imperative to conduct a focus group study particularly to find out the reasons why free-distributed condoms are perceived to be of low quality. Given the limitations of the research in terms of budgetary and time constraints the findings of the focus group study are not expected to be statistically viable. However, the focus group study corroborates and illustrates the findings of the results of the survey of pharmacy clients.

2.2 Secondary Research

Government rules and regulations : Government rules and regulations relating to condoms were collected to find out its impact on the current situation and possible consequences on the social marketing strategies.

Import of condoms : The import figures were collected from the Department of Customs and UNFPA in order to gain an understanding of the market situation.

Key informant interviews with officials of free outlets : As part of the secondary research, in-depth interviews were conducted with representatives of Indira Gandhi Memorial Hospital (IGMH), Male' Health Centre (MHC) and Society for Health Education (SHE).

3. Findings of Primary Research

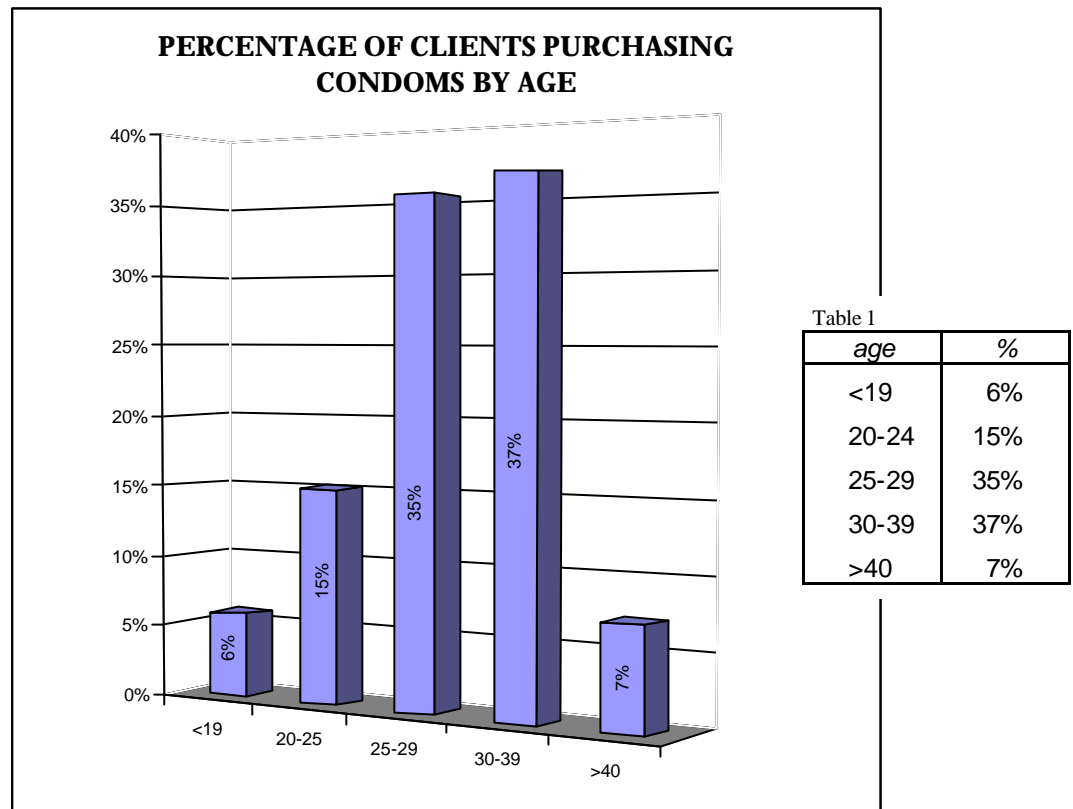
3.1 Survey of Pharmacy Clients

As contraception is considered to be a highly personal issue and because of the legal and social implications for any unmarried person purchasing a contraceptive device, only a limited number of clients purchasing condoms agreed to participate in this survey. Where clients did not fill in the survey questionnaire pharmacists filled in the relevant sections of the questionnaire on sex of client and details about the sale.

Age: The most significant user segment is people in the age bracket 30-39 years with a market share of 37% (See Table 1 & Figure 1). People under 19 years of age, with 6% of the market, falls into the least significant user segment. Interviews with pharmacists indicate that the low percent of the latter segment of users would be an incorrect representation as most of them would most probably be unmarried and, hence, unwilling to participate in the research due to legal implications. However, given evidence of increasing sexual activity outside marriage amongst adolescents and youth⁴, the low condom prevalence rate among adolescents suggested by the findings of this research is cause for concern.

⁴Shafeega, F., 2001, Study: Maldives – Demographic Characteristics of Adolescents, UNESCO/Bangkok

Figure 1



Sex: Findings of this survey show that most of the participants (96%) were male. Socio-cultural attitudes of society may contribute towards women’s hesitation to approach pharmacies to purchase condoms.

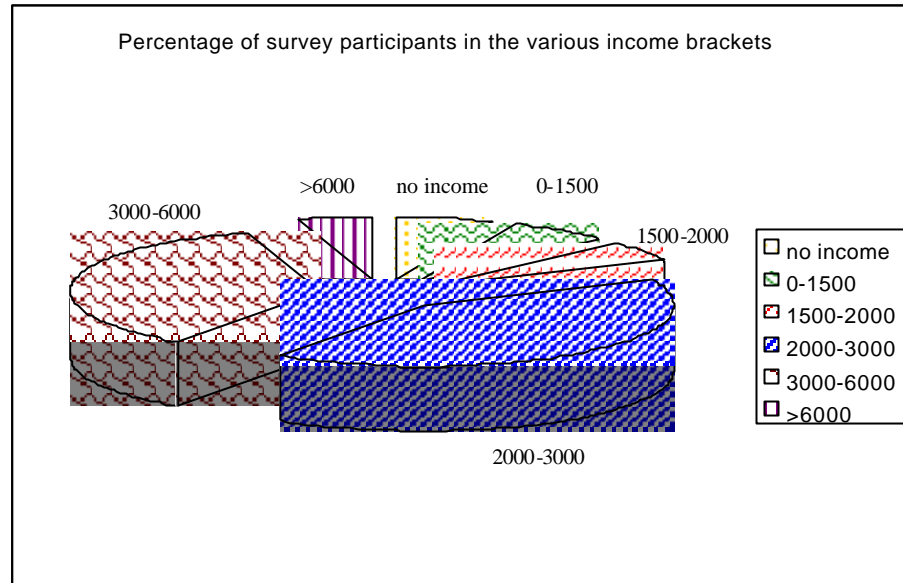
Income brackets⁵: Two of the major income segments are MRf 2000-3000 and MRf 3000-6000 with 41% and 36% of the participants being in these income brackets respectively (See Table 2 & Figure 2).

Table 2

Income bracket	%
No income	6
0-1500	6
1500-2000	6
2000-3000	41
3000-6000	36
>6000%	5

⁵It should be noted that the reliability of revealed income is generally believed to be low.

Figure 2



Reason for using condoms: The respondents' reasons for using condoms show that 62% use condoms only as a contraceptive method while only 7% use condoms for protection from sexually transmitted infections. Condoms are used as a means of dual protection by 31% of the respondents.

Brand popularity: Based on total sales, Rough Rider is the most popular brand of condom with nearly 40% of participants purchasing it. Kama Sutra, Durex and Kohinoor were purchased by 23%, 18% and 9% respectively. 3% purchased Preethi and Fiesta. Other brands such as Casanova, Sprit, French Feeling and Romeo each were bought by 1%.

The popularity of the various brands of condoms can be more correctly gauged where specific brands were requested for by the respondents. A total of 51% requested for a particular brand. Out of these a majority of 42% requested for Rough Rider. Though the total sale of Durex condoms is lower than the total sale of Kama Sutra condoms, Durex takes the place of second most popular condom as 20% of the respondents specifically requested for it while 18% of the respondents requested for Kama Sutra condoms. Kohinoor, with 11% of the participants requesting for it, should also be considered as quite a popular brand in spite of its total sale being low.

Importance of characteristic features: Of the customers purchasing condoms, nearly 80% preferred condoms with an additional feature. 55% of them preferred studded condoms making it the characteristic feature of appeal to most clients. Plain, thin and scented condoms were purchased by 22%, 14% and 9% respectively.

Awareness and perceptions regarding free outlets: The survey showed that 83% of respondents were aware of free distribution outlets for condoms.⁶ Out of those, 54% participants preferred to purchase condoms from pharmacies as they were of the opinion that the free outlets did not offer satisfactory standards of privacy and confidentiality. They also believed the procedures involved in obtaining condoms from these outlets to be inconvenient. 35% of respondents also believed that the quality of condoms issued at the free outlets to be low comparative to the quality of condoms sold at pharmacies⁷. According to these findings, standard of service at the free outlets is the deciding factor in attracting condom users. Attractive packaging would add value to the product.

Customer suggestions: 9% of respondents complained about accessibility difficulties and suggested making condoms available at retail shops, all clinics and hospitals. Suggestions were also made to introduce delivery service of condoms and to lift restrictions on the sale/distribution of condoms to unmarried people. 3% of participants suggested creating further awareness about condoms. A suggestion was also made to inform newly weds about the services offered at various family planning units.

3.2 Findings of Effectiveness Test of Free Outlets

A summary of the findings of the effectiveness test is provided below. Annex 2 contains details of the findings.

3.2.1 Indira Gandhi Memorial Hospital (IGMH)

Seeking family planning services at IGMH was made inconvenient due to a multitude of reasons, including lack of infrastructural facilities, low quality of customer care, as well as excessive bureaucracy and formalities.

Information counter personnel were unaware of the family planning service offered at IGMH and hence, unable to offer proper guidance.

Before the opening of the Family Planning Clinic on 2nd January 2003 no registration information was maintained. Presently clients get registered in a registry book and a registration card is issued.

⁶This finding is believed to be 70% accurate based on the number of survey participants who completed the relevant section of the survey form.

⁷ Whether this is an issue of actual quality or branding was investigated through the focus group study.

Condoms are issued to registered clients at the Casualty. However, given the crowded environment of the Casualty Room it is difficult for prospective clients to obtain the assistance of Casualty Room staff. Furthermore, negligence of nurses in explaining the proper method of using a condom may have lead many clients to improper usage and as a result lose their confidence in condoms or in its quality.

Some of this situation may have changed or be under improvement after the establishment of the Family Planning Clinic in IGMH on 2 January 2003. The Family Planning Clinic is open from 1630 – 1830 hrs, every Saturday and Tuesday.

On the positive side, IGMH is the only outlet which issues condoms 24 hours a day. Leaflets (about the use of condoms as a contraceptive method) produced by the Department of Public Health are on display and available in the new Clinic area.

3.2.2 Society for Health Education

The Family Planning Unit of SHE is exemplary in its quality of service and the commitment of its personnel towards maintaining high standards.

The Family Planning Unit of SHE is totally separate from the rest of the departments, thus ensuring a high degree of privacy and indicating respect for confidentiality.

The Society maintains a card registration system which ensures that the registered clients' information is not disclosed to registering clients.

However, SHE does not separately promote condoms as a contraceptive method although leaflets about different contraceptive methods are available at the reception area.

Society for Health Education is open from 0800 – 1700 hrs and 1900 – 2200 hrs on all government working days.

3.2.3 Male' Health Centre

Though the quality of service is acceptable, there is a lack of privacy and confidentiality. Prospective clients are received at a common reception area limiting the extent of a comfortable level of privacy.

Clients are registered in a registry book and this leads to accidental disclosure of other clients' personal information.

The Centre is open from 0730 – 1430 hrs on all government working days. This poses certain inconveniences and limitations to clients and prospective clients seeking their services.

Leaflets (about the use of condoms as a contraceptive method) produced by the Department of Public Health are on display and available at the Centre.

3.3 Focus Group study

3.3.1 Blind test

The group members were blind tested on the quality of the condoms to verify the *perceived* quality of various brands. Preethi and Kohinoor received a majority of points. Blue Moon came a close second. The UNFPA-supplied condom was ranked third in quality. Durex was rated fourth and Kama Sutra was rated as being of very bad quality.

Results of this blind test indicate that the perceived quality of condoms is generally not based on the quality of the commodity but more on the branding and packaging.

Even though 35% of the clients who participated in the pharmacy survey state that the quality of condoms issued at the free outlets are of low quality comparative to the quality of condoms sold at pharmacies, the findings of the blind test suggest that this is a brand-based perception.

3.3.2 Pricing

40% of the focus group felt that the price is relative to quality, i.e., good quality condoms would be more expensive and vice versa. However, a majority considered condoms priced over MRf 10.00 to be too expensive. There was general agreement that condoms priced at MRf 10.00 were affordable and would most probably be of good quality.

While these results indicate that a condom which is well-packaged and priced around MRf 10.00 would be well-received by condom users, due to the limited scope of the research it was not possible to test the possible outcomes of charging for the condoms which are currently supplied free of charge.

3.3.3 New brand name and packaging

The focus group members were given a list of 6 possible brand names and were asked to rank these. A large majority of the focus group chose “Desire” as the most attractive name. While a Dhivehi name “Ufaa” came second, a close third was “Passion”.

However, the Focus group also suggested that a local product would be considered as a low quality product.

Durex had by far the most appealing packaging according to the focus group. Kama Sutra came second in the appearance test. Moods, Kohinoor and Blue Moon were the least attractive. Preethi was not considered as an attractive packaging (Refer Annex 3 for sample packages).

4. Findings of Secondary Research

4.1 Government Rules and Regulations

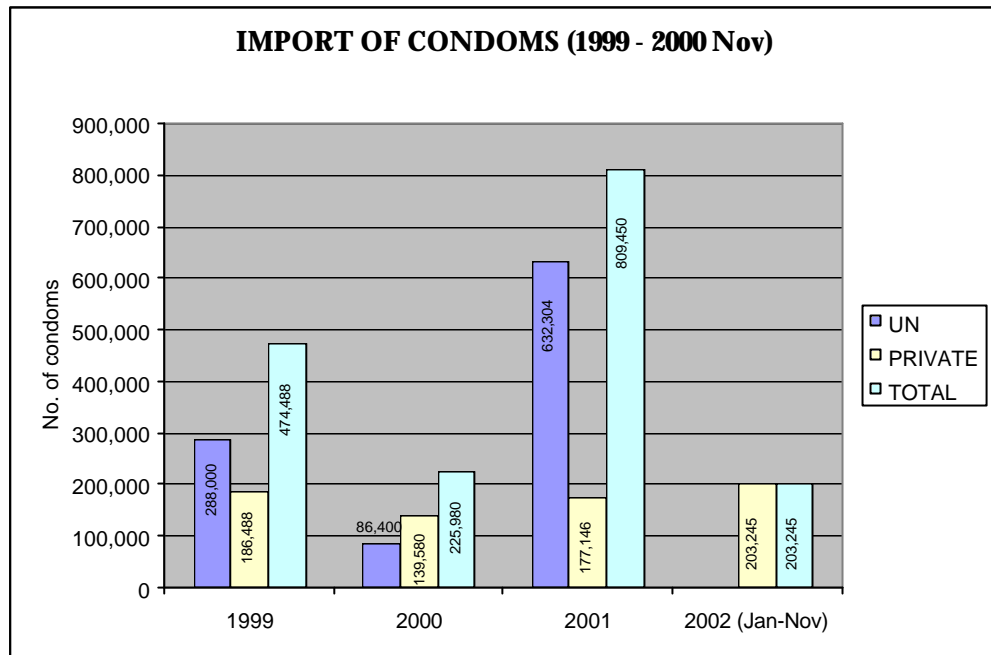
According to the rules and regulations of the Ministry of Health, condom is a “Schedule 3” drug that must be sold by pharmacies with a prescription. Advertising is prohibited for Schedule 3 drugs. Due to these restrictions and the cultural taboos, condom availability and usage remains low. Maldives Customs Service charges 25% import duty on CIF value for condoms.

4.2 Import of Condoms

Figure 3 shows that the total number of condoms imported to the country fluctuates wildly, as such making it impossible to make any inferences about the market situation. As can be seen from the figure, this fluctuation is mainly due to fluctuations in the number of condoms imported by UNFPA. The range and inconsistencies in the fluctuation suggest that these fluctuations do not result from changes in the market situation but are rather a result of inadequacy in logistic management.

The figures for private sector import of condoms is believed to be more indicative of the market situation. As can be seen in Figure 3, this number shows a gradual increase from 2000 to 2002 which indicates an increase in the demand for condoms.

Figure 3



4.3 Key Informant Interviews with Officials of Free Outlets

In-depth interviews were conducted with representatives of the free outlets (SHE, IGMH and MHC) to gain an understanding of the provision of family planning service and their views about their clients' approach to the use of condoms as a contraceptive method.

Prior to the opening of the Family Planning Clinic in IGMH on 2nd January 2003 registration information was not maintained in IGMH. Hence, no statistics was available from IGMH. Furthermore, currently none of the free outlets register the complaints made by their clients. As such, this data was also not available to the researchers. It should be noted here that such a register would be an effective tool in identifying and rectifying various problems faced by the clients.

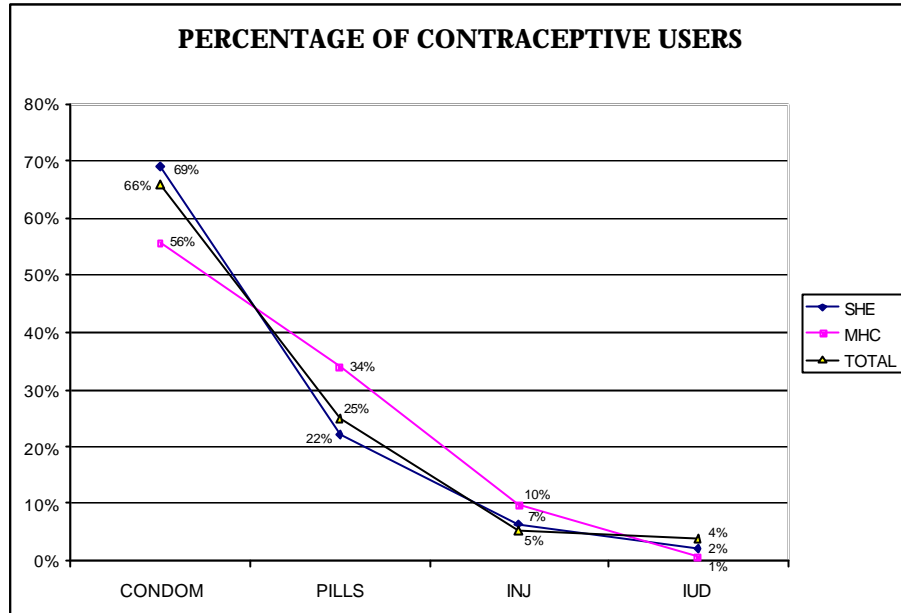
According to the Society for Health Education, creation of further awareness and involvement of men in family planning is still of paramount importance. SHE conducts awareness programmes for Grade 10 students in Male'. During such programmes family planning is highlighted as one of the services provided by the Society. However, direct and detailed information about condoms is not given during such programmes.

4.3.1 Popularity of condoms

Condoms are the most popular method of contraception opted for by clients registering at these family planning units. 66% of the clientele prefer condom as a contraceptive method, 25% of the

clientele prefer pills, 5% of the clientele prefer injection and 4% of the clientele prefer IUD (See Figure 4).

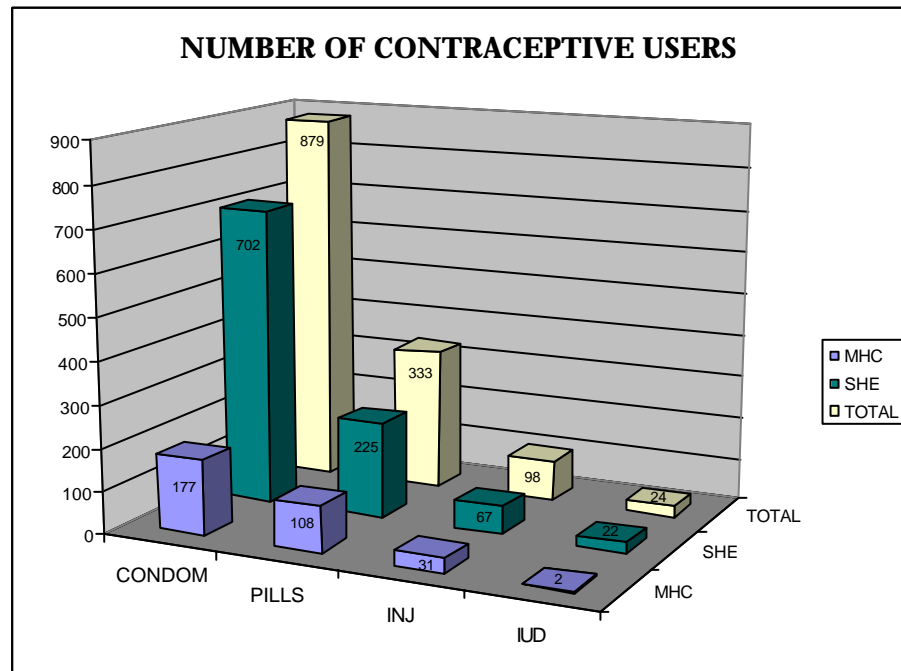
Figure 4



4.3.2 Popularity of free outlets

The number of clients at the free outlets is a justifiable indication of their popularity. Nearly 80% of the total number of condom users registered at free outlets are clients of SHE (See Figure 5).

Figure 5



5. Condom users profile

The male partner needs to be taken into consideration when profiling condom users as condoms are a male contraceptive method. However, this is impossible as all free outlets maintain their records based on the female client and the age of the male client is not consistently collected. On the contrary, most of the participants in the pharmacy survey are males. These reasons pose certain limitations on profiling condom users. In Table 3 SHE and MHC figures are based on the ages of female clients. Participants of the pharmacy survey are 4% females and 96% males.

Table 3

CHANNEL	AGE BRACKET	PERCENTAGE
SHE	<19	9%
	20-24	40%
	25-29	31%
	30-39	22%
	>40	2%
MHC	<19	3%
	20-24	17%
	25-29	17%
	30-39	48%
	>40	15%
PHARMACIES	<19	6%
	20-24	15%
	25-29	35%
	30-39	37%
	>40	7%

6. Key issues identified through research

6.1 Government rules and regulation

As illustrated in Section 5 condom users below 19 years and between 20 to 25 years are comparatively low indicating that this age cohort is poorly addressed. As the majority of the age cohort below 19 years would be unmarried as well as almost half of the 20-25 age group⁸, the laws of the country effectively restrict catering to the contraceptive needs of this target group. However, given the danger of STIs and HIV/AIDS, this age cohort requires greater attention in view of the findings of increasing sexual activity outside marriage amongst adolescents and youth⁹.

⁸ Census 2000

⁹ Shafeega, F., 2001, Study: Maldives – Demographic Characteristics of Adolescents, UNESCO/Bangkok

Therefore, it is considered as essential for condoms to be classified as an over-the-counter (OTC) item by the Ministry of Health. Such a step would be crucial for the effectiveness of programmes undertaken in combating sexually transmitted infections and HIV/AIDS.

Even if condoms become an OTC item, mass marketing is highly inadvisable in view of religious and cultural norms that would not entertain strategies openly targeting unmarried people. Therefore, the strategies recommended in this report consist of below-the-line techniques. However, even the effectiveness of below-the-line strategies would be enhanced should condoms become an OTC product.

6.2 Free condoms perceived to be of low quality

The survey of pharmacy clients indicate that 83% of the participants were aware of the free outlets and that 35% perceived that the condoms distributed at these outlets were of low quality. Hence, a blind test was conducted to check whether the quality of condom or branding/packaging was playing the decisive role in the perceived quality of condoms. The focus group was unable to identify the popular brands and their ranking of the provided condoms, according to their quality, was contradictory to the brand popularity suggested by the pharmacy survey. The same focus group also ranked This suggests that the beliefs about the quality of condoms is a brand-based perception.

Therefore, 7.1 (Product Strategy) provides suggestions to alter the perceived quality of free condoms.

6.3 Shortcomings of free outlets

Shortcomings and ineffectiveness of the free outlets were identified in the primary research. As such strategies to revitalise these channels of distribution are given in 7.3 (Distribution Strategies).

7. Social Marketing Strategies

7.1 Product strategy

The results of this research indicate that branding and packaging play a significant role in the perceived quality of condoms.

7.1.1 Branding

It is recommended that a branded condom be distributed from the free outlets to meet the condom users' perception of quality.

The following brand names, ranked first and third respectively by the focus group, are suggested.

1. Desire
2. Passion

The name which was ranked second by the focus group, *Ufaa*, is not recommended as the focus group also indicated that a local brand would be perceived to be low in quality.

7.1.2 Packaging

It is recommended that Durex and Kama Sutra packaging be considered when developing the box cover of the new brand (Refer Annex 3 for samples).

It is recommended that the existing security packaging (the silver foil package of the condom) also be modified when introducing a branded condom. Unless this is done, current clients would identify the branded condom as the same product in a new box, thereby, negating all attempts to raise the perceived quality of the condoms.

Packs of 30 condoms are suggested for free distribution as the current free outlets issue condoms 30 pieces at a time (Refer Annex 2 - SHE 1.3). This is believed to be practical both in terms of minimising the frequency of contact between clients and distributors and storage time by the clients.

Packs of 15 condoms are suggested for condoms to be sold. Medium packs would ensure that the resulting cost would be reasonably low for the customer.

7.1.3 Additional features

It is recommended that condoms with additional features (studded and scented) be introduced as such features are in demand by the condom user market as revealed by the survey of pharmacy clients.

7.2 Communication strategies

It was revealed from the survey of pharmacy clients that 17% of the respondents were unaware of free condom distribution from IGMH, MHC and SHE.

It is suggested that a centrally monitored database of married people be established in order to effectively communicate to users in a proactive manner. Data can be collected from the Family Court on a regular basis and the database updated and maintained by the Department of Public Health. Such a database could be used for the following purposes :

Communication : Direct mailing for social marketing (e.g. leaflets)
Distribution : Door to door delivery
Research : Conduct surveys more effectively

Recommended communication tools

In order to increase awareness among condom users and potential clients about the services available at free distribution outlets and dissemination of important information the following communication tools could be used.

7.2.1 Leaflets

Information about using condoms for dual protection, comparative benefits and its availability could be some of the information given in the leaflets. Below are strategies for distribution of leaflets.

- a. Direct mailing to married couples.
- b. Inclusion in the newly wed kit.
- c. Available at free distribution outlets, hospitals, clinics, pharmacies, resorts, immigration and emigration counters at the airport, etc.

7.2.3 Posters

Information about using condoms for dual protection, comparative benefits and its availability could be some of the information given in the poster as well. Posters to be displayed at free distribution outlets, hospitals, clinics, pharmacies and resorts.

7.3.3 Talk shows

Further awareness about free distribution and benefits of condom usage could be created through general reproductive health/contraceptive use programmes on television and radio.

7.3.4 Information counters

Periodical information counters operated in a “fair” style in hospitals and resorts. These counters should be attractively designed mobile stalls for the dissemination of information about condoms and free distribution outlets. The possibility of distributing condoms through these counters should also be explored.

7.3.5 Press

The press should be seen to be an important means of information dissemination. Opportunities to inform the press about condom use and distribution should be utilised on special occasions such as World Population Day, launching of the State of the World Population Report, etc. While these events would not focus on condoms exclusively, other occasions such as the launch of a new condom brand and/or package should be fully utilised to promote the benefits of condom usage amongst the press. This is believed to be an indirect yet effective means of utilising the media channels in the absence of direct advertising.

7.3.6 Website

A website on family planning and reproductive health would be an effective tool in reaching the sexually active population and prospective condom clients. This is believed to be a strategy which would be more effective in reaching the student and white-collar working population of Male’.

7.3 Distribution strategies

It is strongly suggested that unless condoms become an OTC product the effectiveness of certain distribution strategies cannot be maximised.

7.3.1 Revitalising strategies for free outlets

Distribution of condoms through the free outlets does not work effectively due to various shortcomings of process, people and physical evidence as outlined in Sections 3.1 (Survey of Pharmacy Clients) and 3.2 (Findings of Effectiveness Test of Free Outlets).

Therefore, it is highly recommended to revitalise the following areas for the effective functioning of the free outlets prior to commencing any of the communication strategies outlined in 7.2. The suggestions below build on best practices observed in SHE (Refer to Annex 2 for details).

1. Physical evidence

Means of providing clients with privacy and confidentiality must be explored and implemented.

2. Process

Uncomplicated processes such as walk-in registration and simple registration process needs to be established.

3. People

Personnel who deal with clients must be trained in providing friendly, knowledgeable and sensitive services.

7.3.2 Direct Marketing

Door to door delivery

Door to door delivery will be attractive to clients as this provides the privacy and confidentiality that most clients demand at delivery outlets. Hence, this is highly recommended. Such a strategy could be implemented on a cost-recovery basis using a subscription system and utilising the registered mail mechanism.

Vending Machines

This is an attractive medium as it offers accessibility, privacy and confidentiality. A marginal price could be charged to meet the installation and maintenance cost. Limitations to be considered here are the high cost of installation and maintenance and the risk of vandalism. In addition, introducing vending machines could lead to negative advocacy from pressure groups.

7.4 Chart of strategies

Brand name	Packaging			Price MRF	Distribution channel	Promotion and Communication	Characteristic features
	Security packing	Cover	Qty				
Desire (economy packs)	Brand name and characteristic feature indicated on the security packing.	Attractive box cover to be designed (refer packaging suggestion).	30 condoms per pack	Free	Exclusively for free outlets	1. Direct mailing 2. Leaflets 3. Press 4. Website 5. Information Counters 6. Talk shows 7. Posters	It is recommended to introduce scented and studded varieties.
Passion (medium packs)			15 condoms per pack	At a reasonable cost (depending on the cost incurred for packaging and delivery).	For door to door delivery	1. Direct mailing 2. Leaflets 3. Press 4. Website 5. Information Counters 6. Talk shows	

FINDINGS OF RESEARCH ON FREE OUTLETS

INDIRA GANDHI MEMORIAL HOSPITAL

1. Process

i. Procedure of distribution

Prior appointment is necessary for registration. Before the opening of the Family Planning Clinic on 2nd January 2003 no registration information was maintained. Presently clients get registered under the name of the female spouse. Name and age of both partners, address and telephone number are recorded in a registry book and a registration card issued.

An explanation of the proper usage of condoms is procedural. However, according to officials, it is not strictly adhered to as revealed in the effectiveness test.

The nursing station at the Casualty Ward issue condoms to registered clients upon presentation of the registration card.

ii. Criteria to be met by the client

Though clients are required to be married, they are not required to present their marriage certificate nor any other identification. Clients are strongly encouraged to arrive with their spouse.

iii. Delivery

Once registered, condoms are issued 24 hours a day from the Casualty Ward.

For newly registered clients, delivery is made after the registration process. A packet of 45 condoms (wrapped in newspaper) is issued.

The delivery time would take longer for prospective clients awaiting their appointment given that the Family Planning Clinic is open only from 1630 – 1830 hours every Saturday and Tuesday.

2. People

i. Attitude

A lax attitude is adopted towards clients.

- ii. Customer care
Customers are not always informed about the correct method of using a condom though this is procedural.
- iii. Product know-how
Product know-how is mediocre. Nurses at the Casualty Ward were unaware of the different sizes available and were unable to comment on the quality of the condom.

3. Physical evidence

- i. Privacy and confidentiality

The privacy afforded to clients at the Family Planning Clinic is acceptable. However, privacy is non-existent at the information counter and at the Casualty Ward. The use of a registry book, which may inadvertently reveal client information during the registration process of a new client, lowers the standard of confidentiality maintained.

SOCIETY FOR HEALTH EDUCATION

1. Process

- i. Procedure of distribution

Walk-in registration is available at the Family Planning Unit on the 1st floor of the SHE building.

A registration card system is maintained at the Unit and a registration number issued to every client. A doctor or a nurse (trained in family planning) attends to the clients and thoroughly explains various contraceptive methods prior to registration for any particular method. Clients registering for condoms receive guidance on the correct method of using condoms and its storage.

The registration process is simple. Clients get registered under the name of the female spouse. Name and age of both partners, address and telephone number are recorded.

- ii. Criteria to be met by the customer

Clients are required to present their marriage certificate.

iii. Delivery

Flexible delivery times are available as the Family Planning Unit is open from 0800 to 1700 hours and 1900 to 2200 hours on all government working days. Registered clients receive a pack of 30 condoms.

2. People

i. Attitude

A professional and prompt service is provided.

ii. Customer care

Clients are treated in a very friendly manner.

iii. Product know-how

Product know-how is excellent.

3. Physical evidence

ii. Privacy and confidentiality

Client consultations are undertaken in a separate room with total privacy. Client records are kept strictly confidential. Clients telephoning do not receive any service that may necessitate divulging of any client's information.

MALE' HEALTH CENTRE

1. Process

i. Procedure of distribution

Walk-in registration is available. Clients are informed about the various methods of contraception prior to registration for any particular method. The registration process is simple. Clients get registered under the name of the female spouse. Name and age of both partners, address and telephone number are recorded. Once registered in a registry book, clients are issued with a registry card and condoms.

Registered clients are required to present their registry card at the reception counter for collection of condoms. Condoms are issued to the clients in one of the consultation rooms.

ii. Criteria to be met by the customer

Though clients are required to be married, they are not required to present their marriage certificate nor any other identification. Clients are strongly encouraged to arrive with their spouse.

iii. Delivery

Delivery service is available from 0730 to 1430 hours from Sunday to Thursday which limits access for working people. Delivery is made on the date of registration. A packet of 30 condoms (wrapped in newspaper and in a plastic bag) is issued. A maximum of 60 condoms are issued at a time.

2. People

i. Attitude

A professional attitude is adopted.

ii. Customer care

Clients are treated in a very friendly manner.

iii. Product know-how

Product know-how is acceptable.

3. Physical evidence

i. Privacy and confidentiality

Since all clients are received at the reception area, there is less privacy at this initial stage. However, consultations are undertaken in a separate room ensuring total privacy. Confidentiality is not maintained to an acceptable level because of the registry book.

Actual package samples

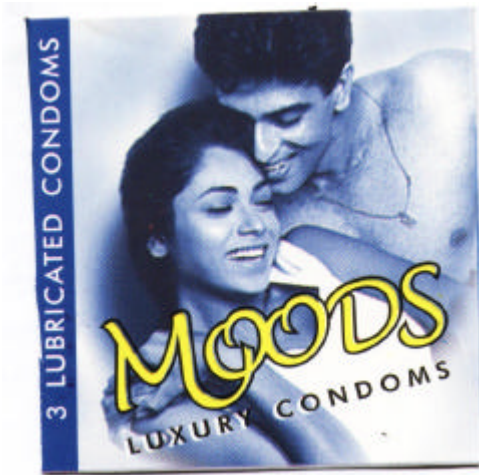
Durex



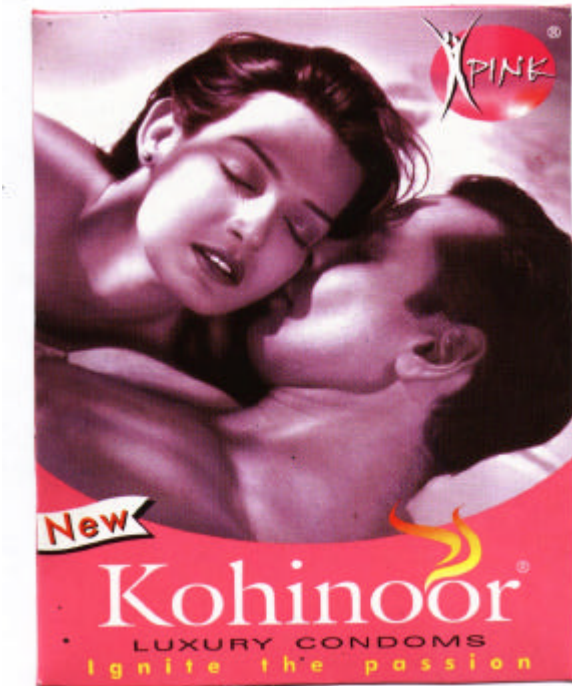
Kama Sutra



Moods



Kohinoor



Blue Moon



Preethi



HELP US TO HELP YOU

The United Nations Population Fund is conducting this research in co-ordination with the Ministry of Health and Department of Public Health. The purpose of this research is to help condom users get better service.

Please fill in this questionnaire and help us to help you. *This is an **anonymous** questionnaire and it will not invade your privacy in any manner.*

1. Sex Male Female

2. Age
19 & under 20-24 25-29 30-39 40 & above

3. Income per month
No income 0-1500 1500-2000
2000-3000 3000-6000 >6000

4. Reason Prevention of Pregnancy Prevention of Sexually Transmitted Diseases Both

5. Did you request a specific brand of condom?

Yes No

6. What brand did you buy? :

Durex Rough Rider Kama Sutra Kohinoor
Featherlite Romeo
Any other

7. Did you want any specific feature? If yes, please mark one or more boxes:

Plain Studed Thin
Scented
Any other

8. Why do you prefer to buy condoms from a pharmacy rather than getting free condoms from IGMH, SHE, Male' Health Centre or Villingili Health Centre? Please mark one or more boxes :

- Don't know about free distribution
- Procedure to get free condoms is inconvenient
- No privacy in free outlets
- No confidentiality in free outlets
- Don't like the quality of the free condoms

Comments :

.. eg : How can we make getting condoms more convenient ?
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Indmla bil aCSm gahm .3

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itun 6000 6000-3000 3000-2000

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