DISTRIBUTION OF CONDOMS: CONSUMERS’ PERCEPTION AND MARKETING PERSPECTIVES

N RAVICHANDRAN*

*Professor and Head,
Department of Management,
Hamdard University,
New Delhi - 110066.

ABSTRACT

A total of 2000 Indian couples have been interviewed. Of these, 62 per cent using condom while 54 per cent of women had sexual relationship at least once in their life time never used condom. About one-third of non-users mentioned that condom involves recurring cost which is a barrier for not using. The retailers and distributors stated that buying a condom is not as comfortable as asking for a painkiller in a drug shop. It has been observed that more than one incentive is being offered to the retailers for promoting the brand play a crucial role. About 47% followed the advertisement, that 48% choose a brand due to availability of cash discounts and product discount, which is 41%. In addition, with so many brands prevailing in the market consumers are often confused as to which one to use. This reflects lack of messages or information to use a tested brand, measuring the bureau standards for quality is ever conveyed. The study concludes that the attitudinal change of retailers and distributors are required to improve the acceptance of condoms, irrespective brands. Need for effective training for the service provider for changing their mind-set and promotion of condoms at larger scale while establishing strong and effective regulatory mechanism for maintaining the standard and its promotion.

KEYWORDS: condom, marketing, awareness, attitude, behavior.

INTRODUCTION

Since independence, the Government of India has adopted various policies and programs to curtail total fertility rate. Under the new National Population Policy 2002, the Government has sought to promote responsible and planned parenthood through cafeteria approach that best suited to individuals. Today, Indians have a choice of contraceptive measures and they are reachable to them in various market options. Review of existing data reveal that condom users constitute only about 6.5 percent of the total users of family planning methods\textsuperscript{i}. But rural India contributes substantially low, as the proportion of condom users is about 5.5 percent\textsuperscript{ii} of the family planning methods. The relation of the standard of living index too reveals that condom usage is extremely low. It is only 0.6 percent in the lower socio-economic category and 2.2 and 8.7 per cent in the middle and higher category respectively. This is due to perceived unreliability and a host of other reasons present greater barriers to overall acceptability of condoms\textsuperscript{iii}. Besides these, cultural and political norms often reinforce negative perceptions of condoms and tend to limit their availability. The most important obstacle to more widespread and consistent use of
condoms, however, appear to be that consumers do not like them. Nonetheless, substantial advances have been made over the past decade in improving better understanding of condoms, quality of condoms and their use through social marketing as an effective distribution channel. On the other hand, Government, donors and non-governmental organizations put their efforts to spread the message of safer and healthier sexual life and to promote condoms for the same cause. Nevertheless, this paper aims at understanding contraceptive usage, particularly condoms, trends in India and ascertaining reasons for low usage of condoms through marketing perspectives.

RESEARCH ORIENTATION AND EFFORTS

The study used multi-stage sampling technique to ascertain critical barriers (socio-cultural, gender and information) to condom usage in various socio-economic categories with special emphasis on young population in the last two decades. A complete list of all the households in the selected regions were prepared and the list was further pruned to selecting samples of 500 young aged 15-35 were interviewed in each state covering total sample size of 2000 population.

The sampling distribution was 24, 22, 21, 17 and 16 per cent among 15-19 years age group, 20-24, 25-29, 30-34 and 35-39 respectively (Table-1). For qualitative data, the research included 55 key stakeholders like manufacturers of condoms, non-governmental organizations, publishing/advertisement companies and health care professionals.

RESULTS AND DISCUSSION

AWARENESS

Condoms are predominantly viewed as a device to limit family size by preventing unwanted pregnancies and infection like HIV, STI etc (Figure-1). Opinions from respondents revealed that sterilization and IUD are the most acceptable forms of birth control. For instance, in Andhra Pradesh, women opt for a tubectomy immediately after the birth of their second and/or third child. Although the condom is considered to be the safest spacing device; IUD and sterilization are preferred over condoms as it involves recurring expenditure. For instance, all married women in the age group of 15-18 years are reportedly aware of condoms whereas about 52 percent of unmarried women in the same age group in the Andhra Pradesh know what a condom is compared to 58 percent in Bihar followed by Gujarat (52%) and Rajasthan (12%). Though, in India, nearly two-thirds of HIV/AIDS funds are allotted to prevention and control programmes, but they have made little dent so far.

In-depth analysis further revealed that differences in the awareness levels among sex are very distinct. Gender-wise analysis, for example, men (78%) were well aware of condoms and its usage compared to over a quarter (28%) of women in Andhra Pradesh. In the present study, it is noted that awareness among rural women about condom is lower than their counterparts in urban areas. But in the case of Gujarat, the trend is reversed. It may be due to both central and state governments’ intervention, donor and non-governmental organizations’ implementation in the high risk behaviors regions. Age group-wise analysis revealed that an overwhelming (92%)
respondents from rural married women aged 15-18 years in Rajasthan are aware of condoms as against eight percent of men in the same age group. Among unmarried overall 89 percent of men’ vis-à-vis 11 percent of women are aware of condoms.

RETAILING OF AVAILABILITY

Knowledge of source and its availability is crucial to usage of condom. From the study, it is observed that 78 percent in Bihar and Gujarat followed by 62 per cent in Rajasthan knew the sources and its availability of the condoms. Over 90 percent of the population have informed chemist as the main source of availability followed by hospital /dispensary, irrespective of the study regions. Awareness about pan shop as a source of availability is low across the regions and all study age groups. However, male among the rural poor i.e. with average family income of less than $50 per month, especially the youth in Gujarat have informed pan shop to be the second major source of availability. However, women who reside in Andhra Pradesh, Bihar and Rajasthan have mentioned that local retailers are the main source of the availability. Almost an equal proportion (31%) of unmarried women in all study states is not aware of the sources. Candidly, the knowledge of source and its availability is high in TFR States like AP, mainly due to free distribution of condoms. For instance, in Gujarat, Ahmedabad railway station stocked for condoms in five in-bound trains to promote safe sex and this concept was successful due to anti-activists efforts. These also surface that trains are an important meeting point for those who indulging in sex trade, particularly high-risk groups like MSM and street children. About 15-20 per cent of sex workers who use trains as medium of business, as stated by Ahmedabad AIDS Control Society.

MARKETING BARRIERS FOR PRACTICING SAFE SEX

About 62 percent of the total studied population, about 21.1 per cent (out of 40% of married men) were using condoms also were aware of the brand used by them reportedly revealed that 17 percent are not keen on brand. In-depth analysis reflects that those who are not currently using condoms 74 per cent in Gujarat followed by 69 per cent in Bihar, 58 percent in Andhra Pradesh are married men compared 78 percent of married women in Andhra Pradesh followed by 73% in Gujarat and 70 per cent in Rajasthan and 67% Bihar have never used condom.

Discussion with opinion leaders and retailers in the State reflected that religious sentiments and cultural taboos that are associated with the condom. Despite many awareness activities and propaganda through various information, education and communication campaigns usage is still low. Interestingly those who are not using condoms about 54 per cent of women had sexual relationship at least once in their life time. Moreover, the state-wise data illustrates that 23 per cent in Bihar followed by 21 per cent in Andhra Pradesh, 20 per cent in Gujarat and nearly three per cent in Rajasthan men using condom during their intercourse. Among the lower socio-economic strata population in both urban and rural areas, irrespective of the development status of the States are occasional users. Contrarily rural couples prefer tubectomy over vasectomy.

The low utility of condom could be attributed to the fact that sex and related topics are still considered a taboo in Indian society (Figure-2). The retailers and distributors stated that buying a condom is not as comfortable as asking for a painkiller in a drug shop. Men are hesitant to ask
for a condom over the counter at first instance. Men typically buy something else and then ask for a condom in a low tone, if crowd is less. Adding to this discomfort, if a female customer is present, a male customer who wishes to purchase condoms is hesitant to ask for it by name and even shopkeepers hand it over in a discreet manner. However, retailers reported that there are a few women buying condoms. But women buying oral contraceptives are much more acceptable than asking for condoms. These are the few reasons for not accessing to condom and in turn result into low use.

STRATEGIC PERCEPTION ON NON-USUAGE

In India, condom in general is made available at a subsidized price under social marketing. About one-tenth (9%) of the studied male population in Bihar is not using condoms due to their misconception as its effect masculinity. While five percent expressed that they don’t like to use. 72 percent displayed it is not satisfying compared to 37 percent of women have mentioned as it involves recurring cost which is a main factor for not using. Contrarily, an overwhelming population (93%) of men in Andhra Pradesh said they don’t like to use condom compared to 88 percent of women counterparts said so. Nonetheless, it is noted that religion intervention is less in terms of usages of any temporary methods as reflected in 10 per cent of the respondents mentioned that they don’t like to use. On the other hand, 22 per cent of women reported that they don’t know how to use condom. This reflects that existing information, education and campaign (IEC) campaign simply do not lead to adoption of contraceptive methods. Therefore, there is a need for restructuring and/or changing IEC/BCC campaign strategies is to motivate and bring informed choices and changes in the behavior of individuals and couples to use condom.

IEC campaign promoted condoms is for spacing, preventing unwanted pregnancies and family planning device that required active male participation. Till recently, the government focused condoms for population control through cafeteria approach. Since 2000, with the increasing threat of STDs and HIV infections, condoms have been projected as device that might reduce those risks, but do not guarantee. However, only the government and manufacturing companies in their campaign recently positioned condom as device for prevention against STIs. This shift has only further resulted in limited perceptions and reduced the condom utility. In addition, the disclaimer on pockets stating that condom does not provide 100 per cent protection against any infection and along with substandard quality have further eroded its worth as effective method.

BRAND PERSPECTIVES ON QUALITY AND USAGE

In general, it has been observed that the brand and its perceived qualities create great impression on the part of utility. This has spillover effects, for example, urban market acts as inspiration to rural market. The study data revealed that women acceptance of any contraceptive measures is high as socio-cultural norms of the society facilitate the acceptance. However, awareness about condom prevents transmission of sexually transmitted infections is very low among both men and women across the study regions. For instance, 2 percent of men and 5 percent of women in Bihar have reportedly aware about condom use against prevention of STIs. Among the study population, many do not believe they are at risk from STD and/or HIV. Some worry about their partner’s reaction to suggesting condom use while some embarrassed by or lack skills in adding condom use to sexual activity. This reflects that in Indian society communication between
couples are minimal which is attributing to high non-use of condoms as important contraceptive method. Due to these reasons, majority feel tubectomy as reliable options for limiting family size. It is also noted that 25 percent of married women in each Andhra Pradesh and Gujarat stated that it depends upon the partner’s choice. On the one hand, 75 percent of married women in Bihar in the age group of 19-22 years and 50 percent in Gujarat in the age group of 26-30 years reported that it is their partner who influences the brand. In recently, manufacturing companies do try advertising about the safe and need to protect oneself from unwanted pregnancy and/or infections. Interaction with marketing executives revealed that rural couples still prefer subsidized condoms.

WHY DOESN’T RESURGENCE TAKE PLACE AT ALL?

In India, the condoms are sold under social marketing apart from chemists, by Pan shops, general merchants, and cosmetic shops. Thus sales of product apart from marketing strategy and advertisement, depends upon product given to customers by retailers. Sales of a product apart from marketing strategy and advertisement, depends upon product given to customers by retailers. It is common knowledge that higher the margin on a product more attempt to push the sales for better revenue and incentives from the company. There are many players for condom in a market, their sales apart to a very large extent depends upon the retailer who sells the condom with bigger margin.

It has been observed that more than one incentive is being offered to the retailers. For instance, Andhra Pradesh, retailer margins are not very high as against the other study states where margins are over 20 per cent in Rajasthan followed by 11-15 per cent in Bihar. 68 percent of retailers informed cash discounts are being offered whereas 80 percent and 74 percent of chemists and general merchant in Bihar informed the same. 22 percent informed product and gifts are being offered to them. Even though 68 percent of chemist in Andhra Pradesh and Gujarat informed that companies offer them cash discount to push sales But 36 percent of chemist expressed their dissatisfaction with cash discount schemes though it gives them greater liquidity. This shows growing displeasure among retailers and distribution on non-availability of attractive schemes and incentives. Furthermore, in-depth interviews with a few retailers and distributors revealed that about one percent of chemist and 8 percent of pan shop owners in Bihar against 2 per cent in Andhra Pradesh opted for gifts. Though, they informed getting substandard gifts and that cannot be used. Product discount emerges as the preferred scheme amongst chemist (45%) and general merchant (50%) in Andhra Pradesh compared to 30 percent and 16 percent of the chemists and general merchant respectively in Bihar expressed the same.

An interview with a worker who has been working with a condom company for the last 15 years stated, “I have kept my family - wife and teenage children - in the dark about the nature of the work and product I deal in”.

POSITIONING THE CONTRACEPTIVES

In India, marketing segments divided into three: first, free distribution through primary health centers; second, social marketing with welfare approach through non-governmental organizations; and third, commercial profit making in which all manufacturers participate,
basically operates in distributor-retailer network. It has been noticed that 13 per cent and 14 per cent of the retailers in Bihar mentioned that they decide the brand for their customers compared two percent in Gujarat stated so. Contradictorily, majority chemists quoted that customer do ask with brand names. Though companies offer schemes, the brand consciousness is yet to be improved among customers.

Cross verification with study customers revealed that 50% in Bihar compared to 44 percent in Andhra Pradesh followed the advertisement while 48% choose a brand due to availability of cash discounts (48%), followed by product discount (41%), irrespective of their regions. The reason for dilution could be siphoning off subsidized condoms into commercial markets. On the other hand, quality is one the most factors for hindrance in usage, followed by the recurrent cost. In addition, with so many brands prevailing in the market consumers are often confused as to which one to use. This is due to lack of messages or information to use a tested brand, measuring the bureau standards for quality is ever conveyed.

CONCLUSION

Looking at India’s HIV/AIDS scenario, about 35 per cent of youth belonging 15-24 years age group have infection revealed that the need for promoting sex education and making them aware of all possible preventive measures and establishing counseling set-up across the community would reduce the vulnerability and falling from health hazards.

It is been noted from the above discussion that strengthening the condom use particularly among individuals and high-risk population, it should be promoted as one of the health products rather than a spacing device.

The attitudinal change of retailers and distributors are required to improve the acceptance of condoms, irrespective brands. Need for effective training for the service provider for changing their mind-set and promotion of condoms at larger scale while establishing strong and effective regulatory mechanism for maintaining the standard and its promotion. Moreover, relying only on male condoms in this era is very much absurd as equal to men’s behaviour. Therefore, there is a need for promoting female condoms on an extensive basis would provide additional choice and options to use. Further, female condoms expected to empower women and preventing them from health hazards. Agencies required to take necessary steps to promote female condoms and its merits and demerits so as to provide positiveness.
### TABLE-1: DISTRIBUTION OF YOUNG PEOPLE IN AGE, SEX AND REGIONS WISE (IN PERCENT)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Urban</th>
<th></th>
<th></th>
<th>Rural</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Rajasthan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-19</td>
<td>30</td>
<td>17</td>
<td>13</td>
<td>92</td>
<td>50</td>
<td>42</td>
</tr>
<tr>
<td>20-24</td>
<td>29</td>
<td>16</td>
<td>13</td>
<td>82</td>
<td>40</td>
<td>42</td>
</tr>
<tr>
<td>25-29</td>
<td>25</td>
<td>13</td>
<td>12</td>
<td>78</td>
<td>40</td>
<td>38</td>
</tr>
<tr>
<td>30-34</td>
<td>22</td>
<td>12</td>
<td>10</td>
<td>67</td>
<td>34</td>
<td>33</td>
</tr>
<tr>
<td>35-39</td>
<td>19</td>
<td>11</td>
<td>8</td>
<td>56</td>
<td>29</td>
<td>27</td>
</tr>
<tr>
<td>Andhra Pradesh</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-19</td>
<td>37</td>
<td>19</td>
<td>18</td>
<td>82</td>
<td>43</td>
<td>39</td>
</tr>
<tr>
<td>20-24</td>
<td>31</td>
<td>16</td>
<td>15</td>
<td>75</td>
<td>36</td>
<td>39</td>
</tr>
<tr>
<td>25-29</td>
<td>31</td>
<td>15</td>
<td>16</td>
<td>76</td>
<td>36</td>
<td>39</td>
</tr>
<tr>
<td>30-34</td>
<td>25</td>
<td>13</td>
<td>12</td>
<td>62</td>
<td>32</td>
<td>30</td>
</tr>
<tr>
<td>35-39</td>
<td>23</td>
<td>12</td>
<td>11</td>
<td>58</td>
<td>29</td>
<td>29</td>
</tr>
<tr>
<td>Bihar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-19</td>
<td>18</td>
<td>10</td>
<td>8</td>
<td>98</td>
<td>54</td>
<td>44</td>
</tr>
<tr>
<td>20-24</td>
<td>15</td>
<td>8</td>
<td>7</td>
<td>92</td>
<td>45</td>
<td>47</td>
</tr>
<tr>
<td>25-29</td>
<td>14</td>
<td>7</td>
<td>7</td>
<td>87</td>
<td>44</td>
<td>44</td>
</tr>
<tr>
<td>30-34</td>
<td>12</td>
<td>6</td>
<td>6</td>
<td>81</td>
<td>41</td>
<td>41</td>
</tr>
<tr>
<td>35-39</td>
<td>12</td>
<td>6</td>
<td>6</td>
<td>71</td>
<td>36</td>
<td>34</td>
</tr>
<tr>
<td>Gujarat</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-19</td>
<td>41</td>
<td>22</td>
<td>19</td>
<td>77</td>
<td>40</td>
<td>37</td>
</tr>
<tr>
<td>20-24</td>
<td>43</td>
<td>22</td>
<td>21</td>
<td>74</td>
<td>37</td>
<td>37</td>
</tr>
<tr>
<td>25-29</td>
<td>37</td>
<td>19</td>
<td>18</td>
<td>63</td>
<td>32</td>
<td>31</td>
</tr>
<tr>
<td>30-34</td>
<td>34</td>
<td>18</td>
<td>16</td>
<td>56</td>
<td>28</td>
<td>28</td>
</tr>
<tr>
<td>35-39</td>
<td>29</td>
<td>16</td>
<td>13</td>
<td>46</td>
<td>25</td>
<td>22</td>
</tr>
</tbody>
</table>

**Figure 1:** HIV Prevalence and TFR Status among Study States, 2010

- **Andhra Pradesh**
- **Rajasthan**
- **Bihar**
- **Gujarat**

**Source:** Industry: Market size & Share, Centre for Monitoring Indian Economy, August 2005-6 and projected for 2007-8 years

**Figure 2**

Source: Industry: Market size & Share, Centre for Monitoring Indian Economy, August 2005-6 and projected for 2007-8 years
END NOTES


ii Ibid.


iv Young people refers in this paper is aged 15-35 years


vi For the purpose of the study retailer has been defined as any shop that stocks and sells condoms. In India, under social marketing the condoms are sold apart from chemist, by Pan Shops and General Merchants, Cosmetic Shops etc. All these shops have been covered and also the distributors who stock condoms.

vii Social marketing brands are Nirodh, Masti, Rakshak, Ustaad etc; popular brands are Kohinoor and Moods; premium brand is ‘Kamasutra’ and super premium brands such as Durex’.

viii Schedule ‘R’ – Government of India enacts the quality standard.