

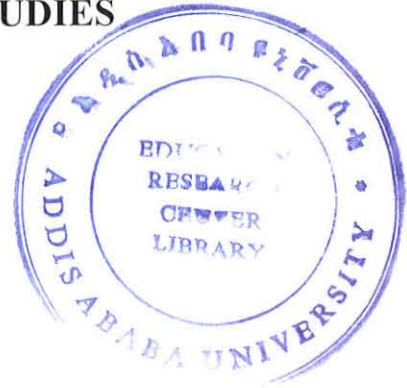
**CONDOM SOCIAL MARKETING AND HIV/AIDS  
PREVENTION: A STUDY ON COMMERCIAL SEX WORKERS  
PERCEPTION AND USAGE PATTERNS OF CONDOMS IN  
SOME SELECTED CITIES OF ETHIOPIA**

**A THESIS SUBMITTED TO SCHOOL OF GRADUATE STUDIES OF ADDIS  
ABABA UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
FOR THE DEGREE OF MASTER OF ARTS IN MARKETING MANAGEMENT  
EDUCATION**

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## Acronyms

- AIDS:** Acquired immunodeficiency syndrome
- CSA** - Central Statistics Agency
- CSM:** Condom social marketing
- DHS-** Demographic and Health survey
- DKT:** Dhendra K. Tyagi (Indian pioneer)
- FCSW:** Female commercial sex workers
- GOE** - Government of Ethiopia.
- HIV:** Human immunodeficiency virus
- IEC:** Information, education and communication
- MOH** - Ministry of Health
- NAC** - National AIDS Counsel
- NGO:** Nongovernmental organization
- PSI-** Population service international
- SM:** Social Marketing
- STD:** Sexually transmitted disease
- STI:** Sexually transmitted infection
- USAID:** United States Agency for International Development
- VCT** - Voluntary Counseling and Testing
- WHO:** World Health Organization

## ***Abstract***

*The study aimed at assessing the role of condom social marketing for the prevention of HIV/AIDS among Commercial Sex Workers in some selected areas of Addis Ababa and selected cities which found around Addis Ababa. It has attempted to assess the role of condom social marketing with reference to its four Ps. Association of condom utilization with independent variables i.e. age, education, amount charged per encounter, place/availability, price, information and promotion of condom social marketing towards condom use was also determined. 203 subjects were selected using convenience sampling. And data were obtained from the subjects using self administered questionnaire. And then a descriptive analysis was done. Chi-square analysis was also made to see the association between condom utilization with independent variables. According to the respondent's experience, practice of CSM organization was found to be good but it has less impact for the consistent utilization of condom. Commercial Sex Workers condom perception was found not in a strong position. Positive association was obtained between condom usage and the determinant factors which have contribution to condom utilization. Based on the conclusions drawn from the analysis, possible recommendations were forwarded.*

# CHAPTER ONE

## INTRODUCTION

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### 1.1. Background of the Study

Social marketing has become increasingly popular among governments and donors as an efficient and effective means of addressing serious health issues in developing countries. It has its roots in family planning but the concept is now applied across many fields in public life and health, in both developed and developing countries, including such areas as protection of the environment, campaigns against smoking and alcohol abuse, and the prevention and care of malaria, leprosy and tuberculosis<sup>1</sup>. This implies that it has attracted particular attention in developing countries.

In developing countries where the health infrastructure is in question, social marketing approaches play a great role for sustainable behavioral change. Social marketing is defined as programs designed to influence the voluntary behavior of target audience to benefit the target audience and/or the society as a whole<sup>2</sup>. This approach recognizes that in order for a company to be successful, increasing levels of awareness and knowledge will not be enough unless behavior change is an outcome of this. Health area social marketing is designed to improve the health of low income people by promoting healthy behavior, offering healthy product and services at affordable prices, and motivating people to use them<sup>3</sup>. It seeks to make health – related information, products and services easily available and affordable to low income populations and those at risk while at the same time promoting the adaptation of healthier behavior. In fact it may be said that the ultimate goal of social marketing is to effect healthy and sustainable behavior change.

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<sup>1</sup> UNAIDS(2000). *Condom social marketing selected case studies*. Geneva: UNAIDS,p.6

<sup>2</sup> John,Y. and Peter, O.(2006). A social marketing frame work for the development of effective public awareness programs. Retrieved November 1, 2009 from <http://www.demogr.mpg.de/papers/>. p,2

<sup>3</sup> USAID (2000). *Social Marketing for Adolescent Sexual health: Results of operation research projects in Botswana, Cameroon, Guinea, South Africa*. Retrieved December 21, 2009 from <http://www.africapote.org/jc282-GlobalDir-E.pdf> ,p.6

Making quality products and services affordable and available is just one part of the social marketing equation. Market research and a strong communications component are essential to the success of a social marketing program.

However, the use of social marketing in response to the challenge of improving the sexual and reproductive health of women and men in developing countries has attracted particular attention. Especially much of the attention has been given to the use of social marketing to respond to the HIV/AIDS epidemic.

Experience has revealed that many sudden appearances of strange diseases in different parts of the world. Sars in China, Ebola in Uganda and the current Swine flue in Mexico can be cases in killing so many productive individuals. Fortunately, scholars seem to manage further devastations that could have been assumed if the diseases were to remain for longer period of time and spread all over the world. This is not the case when it comes to AIDS that remain beyond control in killing people for years. That is why the sector HIV/AIDS epidemic has over the last two decades grown from a localized health concern to a global issue that now looms large in national and international agendas. Together, HIV and AIDS pose one of the largest, most complex threats to human health the world has ever known. Not only people suffer and die from this disease, it robs them of their dignity, their social networks, their families, and their livelihoods. Women bear the greatest risk of infection, stigma associated with illness and burden of ill and their families. In just over 20 years, HIV/AIDS have infected more than 42 million people. By 2011, it is estimated that more than 80 million people will be infected and 25 million children will have been orphaned. HIV/AIDS affect the poor and vulnerable disproportionately. And limited resources prevent poor communities from supporting the millions who suffer<sup>4</sup>.

Ethiopia, one of the Sub-Saharan countries, suffered a lot from the consequences of AIDS. Since the detection of the first HIV infection in 1984 till 2011, more than 1.5 million people were infected with the virus.<sup>5</sup> Huge numbers of families are affected and

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<sup>4</sup> CRS(2000). *Responding to the HIV/AIDS Pandemic*. Retrieved on October 11, 2009 at <http://www.catholicreliefservices.org>.

<sup>5</sup> Ministry of Health (2003), *AIDS in Ethiopia*, AddisAbaba, 4<sup>th</sup> edition.

the HIV/AIDS epidemic poses a significant threat of socioeconomic development of the country.

AIDS have reached critical levels creating a need for innovative prevention programs for vulnerable groups. Condom social marketing is one of such preventive programs. Condoms for male and female are currently the only manufactured products that provide protection against infection from HIV and STDs<sup>6</sup>. Products such as condoms are sold rather than given away so that people will value and use them at prices highly subsidized so as they are affordable to economically disadvantaged people. Generally condoms are subsidized so that prices can not be kept low enough for users to buy them but high enough for merchants to have an incentive to sell them. Condom is highly promoted as an effective means of protection in many parts of the world. Knowledge; perception & proper use of condoms provide an assessment of the impact of CSM programs. Although such programs are focused on the product, concomitant communication and IEC (information, education and communication) activities can significantly contribute to raise awareness of the risk of infection and means of prevention, reaching people, government and institution of all sectors of public and private life. Competitive margins coupled with intensive brand promotion, insured that the product is made widely available in a variety of outlets. This in turn greatly expand the availability of condoms make them more culturally and economically acceptable by potential users.

Condoms as well as accurate information on their use need to be more readily available through out Ethiopia. For doing so, there are a number of social marketing organizations which give emphasis to condom for their HIV/AIDS prevention program. Some of them are DKT Ethiopia, PSI Ethiopia, and Path Finder etc. Condom social marketing programs are most effective if they include carefully designed mix of mass media promotion and interpersonal [face to face] communication. Interpersonal approaches, such as peer education in small groups, are extremely effective in promoting dialogue but have limited

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<sup>6</sup> UNAIDS(1999). *Condom social marketing selected case studies*. Geneva: UNAIDS,p.26

reach and have limited impact –unless they are supplemented by large scale mass media activities<sup>7</sup>.

On the other hand, it is important to educate people about effectiveness of condom for preventing disease and the need to use them in high risk situations. To address this issue, AIDS prevention programs should develop messages and activities that increase the realistic perception of personal risk. Moreover, it is important to associate condoms with positive life styles to reduce the stigma associated with their use.

Commercial sex work is not new phenomenon in Addis Ababa. It has existed as an occupational outlet since the beginning of the century, but it was not until the Italian occupation that the trade expanded and developed in to a survival and entrepreneurial strategy and took on its present commercial features<sup>8</sup>. Commercial sex workers are exposed to numerous adverse conditions such as poor living conditions/housing, social stigma and sexually transmitted infections, including HIV. The presence of large number of commercial sex workers aggravates the spread of HIV and other STDS. Studies conduct for the “African Development Form (2000)” reported that, in Addis Ababa HIV prevalence among sex workers was as follows: less than 1% tested positive in 1985 compared to figures as high as 54% in 1990 increasing all the way to 75% in 1998<sup>9</sup>. Therefore, the spread of HIV/AIDS is very serious and it needs the collaboration of all existing organizations and the people in general to curb the epidemic before it becomes unmanageable. One of the factors known to increase the risk of sex works being infected with HIV is the number of partners they have. This heterosexual mode of transmission necessitates the use of condoms for the prevention of the epidemic. That is the only option available to sex worker to avoid HIV infection from their clients. Hence, condom

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<sup>7</sup> USAID (2000). Social Marketing for Adolescent Sexual health: Results of operation research projects in Botswana, Cameroon, Guinea, South Africa. Retrieved December 21, 2009 from <http://www.africapote.org/jc282-GlobalDir-E.pdf>, p. 17

<sup>8</sup> Pankrist, A. (1941). AIDS the Greatest leadership Challenge. United Nations Economic Communication for Africa, Addiss Ababa: Ethiopia, 3-7

<sup>9</sup> UNECA( 2000). *Africa Development Forum: HIV/AIDS in Ethiopia* , Addis Ababa , , 3-12, page 5

promotion and distribution are absolutely vital to success in the fight against the spread of HIV/ AIDS.

## **1.2. Statement of the problem**

A report by MOH stated that HIV/AIDS is widely spread in urban than rural areas, with a prevalence rate of 13.7 percent as compared with 3.7 percent for the later<sup>10</sup>. Today it is estimated that the HIV prevalence for Addis Ababa, the major urban area, ranges from 17% to 20% of the total population<sup>11</sup>. Above all, extremely high rates of HIV infection have been reported among commercial sex workers in Ethiopia and other African countries.

Despite condom is very effective against HIV; many people at risk do not use it. This is mainly because of fear of partners' reactions, partner opposition, and lack of confidence in the product, lack of access to condoms or decreased pleasure if used.<sup>12</sup> This implies that there is a pressing need to aggressively promote condoms among the high-risk group and the public as a whole in order to develop positive attitudes toward condom and increase their knowledge on HIV prevention methods. In addition, it is more than clear that knowledge alone is not enough: proper use of condoms must be practiced in order to be safe. In this regard, condom social marketing is believed to be one of the most important practices in providing services to the most vulnerable groups to bring behavioral change in relation to their perception, knowledge and utilization of condom.

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<sup>10</sup> Ministry of Health (2007), *AIDS in Ethiopia, AddisAbaba, 5<sup>th</sup> edition*.

<sup>11</sup> City Administration Health Bureau (2006). HIV/AIDS in A.A : Background, Projections, Impacts and Interventions. Addis Ababa, p,20

<sup>12</sup> Spruyt, A. B. and Finger, W.R. (1998). Acceptability of Condoms -User Behaviors and Product Attributes. In McNeill ET, Gilmore CE, Finger WR, et al. *The Latex Condom*. (Research Triangle Park, NC: Family Health International), 12-23.

Hence, the role of condoms social marketing is greatly ineffective when it fails to manage the availability of condom and communication campaigns to raise awareness about condom use, promote the product and encourage healthier behavior.<sup>13</sup>

Study by Amsale revealed that there is evidence of increasing knowledge about HIV/AIDS, change of perception about condom and the practice of condom utilization<sup>14</sup>. However, none of these studies attempted to link these results to the practice of social marketing.

On the basis of the facts stated above, this study aims to assess and examine the role of condoms social marketing in fight against HIV/AIDS in some selected areas of Addis Ababa and other cities which found around the boundary of Addis Ababa.

### **1.3. Objectives of the Study**

The general objective of this research is to assess the role of condom social marketing in preventing and slowing the spread of HIV/AIDS.

The specific objectives of the study are:

- a. To see the existing behavior/practice of Commercial Sex Workers in relation to the use of condom.
- b. To analyze CSWs condom perception as HIV/AIDS prevention means.
- c. To identify the factors those make the CSWs to use condom.
- d. To see the existing practice of CSWs toward the use of condom as HIV/AIDS prevention mechanism.
- e. To examine the relationship between demographic variables of CSWs and the practices of condom use.

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<sup>13</sup> Michael D. Sweat and Julie A. Denison, Systematic Review of the Impact of Condom Social Marketing on Condom Use in Developing Countries. The Johns Hopkins University Bloomberg School of Public Health, Baltimore, USA.

<sup>14</sup> Amsale C.(2002). Perceived Sufficiency and Usefulness of IEC Materials and Methods on HIV/AIDS among High School Youth in Addis Ababa, Addis Ababa, p,28.

## **1.4. Basic Research Questions**

This research will answer the following questions

1. What is the existing behavior/practice of commercial sex workers in relation to the use of condom?
2. How commercial sex workers perceive condom as a recommended response to HIV prevention and its proper use?
3. What are the reasons for commercial sex workers to use and not to use condoms?
4. What is the existing experience of CSWs towards condom as a means of HIV/AIDS prevention?
5. How demographic variables of CSWs links with the practice of condom use?

## **1.5. Significance of the Study**

This study is significant in that it:

Create awareness to the concerned bodies so that they can assess their strengths and weaknesses in relation to the role of condom social marketing to prevent HIV/AIDS.

Assist condom social marketing organizations in understanding how best to allocate their resources for the prevention of HIV/AIDS.

Give a comprehensive idea to the reader about the importance of CSM as a key element in promoting social change in relation to HIV/ AIDS prevention..

Serve as additional information and a base to other interested parties to make a detailed and further study in related areas.

## **1.6. Delimitation of the Study**

This study considered seven selected areas of Addis Ababa and cities which found around Addis Ababa with a particular reference to commercial sex workers. And from different elements of condom social marketing it would be delimited only to the frequently used condom product, its price, its promotion, its accessibility, and

information about it and perception of condom. This study is limited to this number of few areas and samples are for budget and time constraints.

Furthermore, behavioral changes due to other than condom social marketing practices would not be treated in this study.

## **1.7. Limitations of the Study**

The study had the following limitations:

Because of the nature of the topic the respondents found it difficult to provide information. Therefore, the results obtained from this study may not be representative of all Commercial Sex Workers in the specified area. The behavioral outcomes are based on self-reported information, which is subject to reporting errors and biases. Since the study touches very sensitive and intimate issues, the possibility of underestimation cannot be ruled out. Some sort of desirability bias may not be eliminated even though the survey was done anonymously by arranging their employer as interviewer.

## **1.8. Definitions of Key Terms**

Social marketing: is the adaptation of commercial marketing technologies to programs designed to influence the voluntary behavior of target audiences to improve their personal welfare and that of the society which they are a part<sup>15</sup>.

Condom social marketing: is an approach that typically involves branding of condoms in a way that is specific to the local cultural beliefs and preferences in order to increase the amount of use in a particular area<sup>16</sup>

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<sup>15</sup> Andreasen, A.R. (1994). Social Marketing: Its Definition and Domain, *Journal of Public Policy and Marketing*, 44 (4),110-112.

<sup>16</sup> Michael, D. Sweat and Julie, A. (2003). Denison, Systematic Review of the Impact of Condom Social Marketing on Condom Use in Developing Countries. The Johns Hopkins University Bloomberg School of Public Health, Baltimore,USA.

Risk perception: in this study the term Risk perception refers to the possibility of individual being exposed to HIV /STIs according to their understanding and awareness.

Commercial sex workers: are those who are commercializing sex with their patron by charging some amount of money per encounter.

Condom perception: is the process by which people select, organize, and interpret information to form a meaningful picture of condom.

## CHAPTER TWO

### REVIEW OF RELATED LITERATURE

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This chapter reviews secondary data sources from books, journals, annual reports, proceedings, governments publications, and annual abstracts and discusses the necessary issues related to condom social marketing

### **2.1. Social Marketing**

#### **2.1.1. Definition of Social Marketing**

The term social marketing was first introduced in 1971 to describe the use of marketing principles and techniques to advance a social cause, idea, or behavior. It was originally defined as:

The design, implementation, and control of programs calculated to influence the acceptability of social ideas and involving considerations of product planning, pricing, communications and marketing research.<sup>17</sup>

Thus, social marketing was conceived to be application of marketing concepts and techniques to the marketing of various socially beneficial ideas and causes instead of products and services in the commercial sense. ..Synonymous terms might be “Social Cause Marketing,” “Idea marketing”, or “Public Issue Marketing”. It is the explicit use of marketing skills to help translate present social action/efforts into more effectively designed and communicated programs that elicit desired audience response. In other words, marketing techniques are the bridging mechanisms between the simple possession of knowledge and the socially useful implementation of what knowledge allows.

Social marketing, like generic marketing, is not a theory in itself. Rather, it is a framework or structure that draws from many other bodies of knowledge such as psychology, sociology, and anthropology and communications theory to understand how to influence people’s behavior. Like generic marketing, social marketing offers a logical

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<sup>17</sup> Kotler, P., & Dennis, B. Garrentt (1986). *Marketing Management: a Comprehensive Reader*. Cincinnati: South Western Publishing Co.,p. 80.

planning process involving consumer oriented research, marketing analysis, market segmentation, objective setting and the identification of strategies and tactics. It is based on the voluntary exchange of costs and benefits between two or more parties.<sup>18</sup> However, social marketing is more difficult than generic marketing. It involves changing intractable behaviors, in complex economic, social and political climates with often very limited resources.<sup>19</sup> Furthermore, while, for generic marketing the ultimate goal is to meet shareholder objectives, for the social marketer the bottom line is to meet society's desire to improve its citizens' quality of life. This is a much more ambitious - and more blurred - bottom line.

According to the American Marketing Association Social Marketing is the explicit use of marketing skills to help translate present social action efforts in to more effectively designed and communicated programs that elicit desired audience response.<sup>20</sup>

The above noted definition also speaks about the purpose of social marketing as being “to influence the acceptability of social ideas which implies emphasis on furnishing promotional and product planning functions.”

Andreasen's definition of social marketing encapsulates the following points:

Social marketing is the adaptation of commercial marketing technologies to programs designed to influence the voluntary behavior of target audiences to improve their personal welfare and that of the society which they are a part.<sup>21</sup>

This definition highlights the fact that social marketers differ from other marketers in that they take a prescriptive, focused ethical stance toward what the outcome of their efforts

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<sup>18</sup> Kotler, P. and Zaltman, G. (1971). Social Marketing: An Approach to Planned Social Change. *Journal of Marketing* 35 (2),3-12.

<sup>19</sup> Lefebvre RC, Flora J A (1988). Social marketing and public health intervention. *Health Education Quarterly*, 15(3): 299-315.

<sup>20</sup> Richard, D. (1974). Contrasting private and public sector Marketing: Combined Processing. *Journal of Marketing*, 38 (4),70.

<sup>21</sup> Andreasen, A.R. (1994). Social Marketing: Its Definition and Domain, *Journal of Public Policy and Marketing*, 44 (4),110-112.

should be. Social marketers constrain themselves to trying to influence behavior that contribute to individual and collective welfare. Social marketers, therefore, differ from other marketers in that they do not focus only on unleashing and amplifying the forces of the free market so that individual needs, wants and interests are met. They also try to change some of those forces so that their outcomes conform to socially sanctioned definitions of human welfare, and contribute to an optimal balance between individual and social welfare.<sup>22</sup>

Michael J. Baker on the other hand defined social marketing as a social change management technology which offers a frame work with which to change unhealthy or unsocial behavior of others.<sup>23</sup>

### **2.1.2. Elements of Social Marketing**

For a social change campaign or program to be defined as social marketing it must contain the following elements: a consumer orientation, an exchange, and a long term planning outlook.

#### **2.1.2.1. A Consumer Orientation**

Consumer orientation is probably the key element of all forms of marketing, distinguishing it from selling, product and other expert driven approaches.<sup>24</sup> The social marketing program is founded up on the reality (beliefs, attitudes, values, practices, etc) of the target audience. In social marketing, the consumer is assumed to be an active participant in the change process with consumer involvement in the product a primary factor of his/her orientation. The social marketer seeks to build a relationship with target consumers over time and their input is sought at all stages in the development of a program through formative, process and evaluative research. In short, the consumer centered approach of social marketing asks not 'what is wrong with these people why

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<sup>22</sup> University of Cape Town (1998). The IMM South African Marketing Educators' Conference Graduate School of Business. "Social Marketing implications for Tobacco Control Policy", University of Cape Town ,44(4),3.

<sup>23</sup> Michael J. Baker (2001). *The Marketing Book*. 4<sup>th</sup> Ed., Boston: Butterworth Heinemann.

<sup>24</sup> Ibid

won't they understand?' but, 'what is wrong with us? Why don't we understand about our target audiences?'

#### **2.1.2.2. Exchange**

Social marketing not only shares generic marketing's underlying philosophy of consumer orientation, but also its key mechanism, exchange that together with reciprocity underlie marketing thinking.<sup>25</sup> While marketing principles can be applied to a new and diverse range of issues services, education, high technology, political parties, social change each with their own definitions and theories, the basic principle of exchange is at the core of each.<sup>26</sup> Exchange is defined as an exchange of resources or values between two or more parties with the expectation of some benefits. The motivation to become involved in an exchange is to satisfy needs.<sup>27</sup> An exchange situation exists when individuals, groups, or organizations possess something that they are willing to give up in an exchange, Exchange in social marketing puts a key emphasis on voluntary behavior, To facilitate voluntary exchanges social marketers have to offer people something that they really want through negotiation and persuasion.

#### **2.1.2.3. Long-term Planning Approach**

Like generic marketing, social marketing should have a long term outlook based on continuing programs rather than one- off campaigns. It should be strategic rather than tactical. This is why the marketing planning function has been a consistent theme in social marketing definitions. The social marketing planning process is the same as in generic marketing. It starts and finishes with research, and research is conducted throughout to inform the development of the strategy that offer the highest probability of achieving established goals. A situational analysis of the internal and external environment and of the consumer is conducted first. This assists in the segmentation of

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<sup>25</sup>Kotler, P. , Zaltman, G., and Michael J. B. (1971)., *The Marketing Book. 4<sup>th</sup> Ed.*. New York:Butterworth Heinemann,p. 567

<sup>26</sup> Bagozzi, R. (1975). Marketing and Exchange. *Journal of Marketing*, 39(04), 32-39.

<sup>27</sup> Houston, F.S and Gassenheimer, J.B., (1987). Marketing and Exchange, *journal of Marketing*, (51), p.3-18

the market and the targeting strategy. Further research is needed to define the problem, to set objectives for the program and to inform the formulation of the marketing strategy. Research and other mechanisms are used to ensure that the program is implemented as planned and to provide feedback about the program revisions that may be required.<sup>28</sup> The elements of the social marketing mix are then developed and pre-tested, before being implemented. Finally, the relative success of the plan is monitored and the out come evaluated.

#### **2.1.2.4. Moving Beyond the Individual Consumer**

Social marketing seeks to influence the behavior not only of individuals but also of groups, organizations and societies.<sup>29</sup> In this way social marketing can influence not just individual consumers, but also the environment in which they operate.

#### **2.1.3. The Social Marketing Process**

Good social marketing begins with a philosophy deeply rooted in consumer or audience orientation.<sup>30</sup> However, when developing specific programs and strategies based on this philosophy, a social marketer brings to bear central concepts and processes in the planning of a social marketing campaign. The following steps serve as a review of the marketing process itself. The steps are: (1) problem definition, (2) goal setting, (3) target market segmentation, (4) consumer analysis, (5) influence channels analysis, (6) marketing strategy and tactics, and (7) implementation and evaluation.

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<sup>28</sup>Kotler, P. and Andreasen, A.R. (1992).*Strategic Marketing for Non Profit Organization. 4<sup>th</sup> Ed.* New Jersey: Prentice Hall, Englewood Cliffs., P.412.

<sup>29</sup> Murray GG, Douglas RR (1988). Social marketing in the alcohol policy arena. *British Journal of Addiction*, **83**: 505-511.

<sup>30</sup>Kotler, P. and Andreasen, A.R. (1992).*Strategic Marketing for Non Profit Organization. 4<sup>th</sup> Ed.* New Jersey: Prentice Hall, Englewood Cliffs., p.411.

### **2.1.3.1. Problem Definition**

Social marketing cannot be effective unless it is addressed to the right problem. Define the problem and research its key details. Learn about the subject and assess the resources, the things in favor.

### **2.1.3.2. Goal Setting**

The social marketer must set measurable goals that they can reasonably hope to accomplish. They might set an overall goals or separate goals for each segment of the market. These goals are needed for two reasons. First, they enable the social marketers to develop a plan and budget. Second, they establish benchmarks for evaluating the success of the campaign.

### **2.1.3.3. Target Market Segmentation**

The impact of social marketing efforts is enhanced by target market segmentation. Segmentation allows social marketers to do two things: (1) to select specific segments as the focus for their efforts, and (2) to study the behavior of each segment so as to identify the most cost effective marketing strategies. Despite the importance of segmentation, many social marketing programs employ 'undifferentiated' target marketing treating the target group as a relatively homogeneous mass for whom a single strategy is developed, or adopting relatively basic segmentation approach based on simple demographic variables such as age or gender.<sup>31</sup>

### **2.1.3.4. Consumer Attitude Analysis**

A Consumer's feeling about stimuli and events is called consumer attitude.<sup>32</sup> Each target market segment needs to be researched in terms of how they think about their present attitudes and behavior and what process would be necessary to help them move from their present attitudes and behavior to the desired attitudes and behavior.

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<sup>31</sup> Andreasen, A. R. (1995). *Marketing Social Change: Changing Behaviour to Promote Health, Social Development, and Environment*. San Francisco: Jossey-Bass Publications, p174.

<sup>32</sup>Ibid, p176.

### **2.1.3.5. Influence Channel Analysis**

Social marketers need the cooperation of a number of influence channels to carry out their program. Each target channel must be analyzed with respect to its attitudes and likely response to various proposals and incentives. Not all channels are equally important, and the social marketers must choose which channels would be the most important to activate.

### **2.1.3.6. Marketing Strategies and Tactics**

Change agents can now consider possible strategies and tactics. They can review strategies used by other change agents and generate additional strategies by brainstorming and by reviewing the four Ps of the marketing mix. Social marketers would then examine which strategies would be the most cost effective with which target groups. Choices would be made and spelled out in a social marketing plan, which would be the basis for developing the necessary budget to wage the campaign.

### **2.1.3.7. Program Implementation and Evaluation**

The various action have to be assigned to specific individuals to carry out according to a time table, supported by a budget and the controls, which would be used to monitor the implementation of the plan and evaluate its effectiveness. Evaluation is an ongoing process that enables prevention planners to discover strength and weaknesses and to refine the product.<sup>33</sup> Evaluating the full effects of social marketing campaigns is not an easy task.

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33 Center for Substance Abuse Prevention (2001). Substance Abuse and Mental Health Services Administration, Communications and Social Marketing. Retrieved from January 31, 2009 from <http://www.p2001.health.org/THEORY/communications.html>.

## 2.2. Condom Social Marketing

The term social marketing was first coined by Kotler and Zaltman back in 1971 to refer to the application of marketing to the solution of social and health problems.<sup>34</sup> Condom social marketing (CSM) is an approach that typically involves branding of condoms in a way that is specific to the local cultural beliefs and preferences in order to increase the amount of condom use in a particular area.<sup>35</sup> International donors have robustly supported condom social marketing programs based on strong evidence that these programs increase condom sales. A key goal of condom social marketing programs is to promote condom use. In the mid-1980s, condom social marketing (CSM) emerged as an effective tool in combating the spread of HIV/AIDS. Condom social marketing programs have made condoms more accessible, affordable and acceptable in many of the world's poorest countries. It has been said that in the case of condoms social marketing has acted as a "normalizer" of the product, reducing the stigmas popularly attached to it.<sup>36</sup> Until recently in many developing countries, public access to condoms was difficult as the product was often available only in pharmacies and health clinics and generally thought to be more appropriate for use by and with commercial sex workers. Now, thanks to years of persistent social marketing activities, condoms in many countries are widely available from a variety of outlets, openly discussed in public and in the media, and are seen by many, including many of those at high risk of HIV infection, to be common household items. The "de-stigmatization" of condoms in many countries illustrates how social marketing can help populations to overcome social and cultural resistance to practicing effective prevention of STDs and HIV/AIDS.

The fact that condoms can save lives is indisputable. It is also fact that a great many people in every country have no alternative to condom use for protecting themselves or

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<sup>34</sup> Center for Social Marketing: Department of Marketing, About Condom Social Marketing- A Synopsis, (1999-2004), Retrieved on December 11, 2009 at <http://www.marketing.strath.ac.uk/csm/about/synopsis.html>.

<sup>35</sup> . Michael, D. Sweat and Julie, A. (2003). Denison, Systematic Review of the Impact of Condom Social Marketing on Condom Use in Developing Countries. The Johns Hopkins University Bloomberg School of Public Health, Baltimore, USA.

<sup>36</sup> UNAIDS(2000). *Condoms Social Marketing: Selected Case Studies*. Geneva: UNAIDS, P.7.

their sexual partners, wives or husbands from infection. It is therefore essential that everyone have access to the information and tools that enable them to have safe and responsible sexual relations and to negotiate safer sex, including condom use. Public health experts around the globe agree that condoms block contact with bodily fluid that can carry the HIV virus and have nearly 100 percent effectiveness when used correctly and consistently.<sup>37</sup> It is scientifically undisputed that the transmission of HIV during sexual intercourse can be prevented when condoms are used correctly and consistently. Nonetheless, condom use is still much too low, despite decades of promotion for use in the prevention of sexually transmitted infections –including, since 1989s, HIV- and significantly increases in distribution and availability. Insufficient use is due to many factors, among them generally low levels of awareness, poor availability and accessibility, especially for young people, misinformation, and the stigma attached to condoms. In those places where HIV prevention efforts have been successful in reducing prevalence and infection rates, condoms have played a key role. Where they are available, both male and female condoms are increasingly affordable through free or subsidized distribution. Condoms social marketing programs have sold millions of condoms and can claim success in using innovative sales, distribution and communications to promote the consistent use condoms.<sup>38</sup>

Social marketing consists in the use of expertise and resources from the commercial sector to achieve objectives in the social sector. More specifically, social marketing lies on commercial resources—the physical infrastructure of the commercial distribution system, especially distributors, wholesalers, and retailers, and the profit motive of those who participate in these commercially based systems, to achieve a social objective. Thus, the social marketing of condoms calls for:

- The warehousing and transport of condoms by distribution agents, working through wholesalers or directly to shops and stores.

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<sup>37</sup>Nada, C., Kali-Ahset, A. and Michael F. (2002). *Condoms Count: Meeting the Needs in the Era of HIV/AIDS*, Population Action International, Washington DC:USA, p.6.

<sup>38</sup>UNAIDS (2004). *Fact Sheet 8, Social Marketing of Condoms*. Retrieved December 31, 2009 from <http://www.africapote.org/jc282-GlobalDir-E.pdf>, p.3

- The storage and over-the-counter sale of condoms by many thousands of retailers, and
- Mass-media advertising of the (branded) condoms, plus other forms of sales promotion including everything from sporting event sponsorship to mobile film units, to brand advertising on boat sails, shopping bags, T-shirts, base ball caps, key chains, and similar means.

## **2.2.1. Elements of Condom Social Marketing**

### **2.2.1.1. Product and Price**

Social marketing products charge price to the user. Research has demonstrated that people tend to place more value on something they pay for than on something they get for free (perceived value influences use rates). The act of payment implies choice and quality, and people are more likely to sue a condom they decide to buy rather than one that is given away free of charge.<sup>39</sup> Products sold by social marketing programs are generally heavily subsidized. The subsidies are normally provided by donors, governments or nongovernmental organizations, which either supply free condoms or give financial support for program activities. The subsidy enables the program to sell the condoms at a fraction of the normal price while still generating sufficient income to provide a small profit margin for the retailer and, sometimes, to offset some of the running costs of the program. A condom social marketing program must determine the price people can afford and are willing to pay. People will only buy a product that they believe is of good quality and meets their needs. The condom offered by the condom social marketing program must match the quality of those on sale in the commercial sector with design attributes that are acceptable to the target population<sup>13</sup>. If a socially marketed condom does not meet these criteria, sustained use of the product will not be achieved. Hence, every effort must be made to attach to the product those qualities that give the perception of quality and value while still maintaining a price, which is still accessible to the target population(s).

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<sup>39</sup> Yunnan, K. (2001). Reproductive Health Research Literature Review of Condoms Use In China. Retrieved December 13, 2009. at <http://www.psiopl.org/general/condom2.html>.

### **2.2.1.2. Market Research**

Market research is essential for successful marketing and promotion of condoms as well as to determine the most appropriate condom promotion and distribution strategies for populations with varying needs. Carefully planned research gives guidance in product design and selection, package design, advertising and promotion, and distribution. Market research can also help to identify proper pricing—the level at which most people in the target market will be able to afford the condoms, and will value them and use them.

### **2.2.1.3. Packaging**

The brand name and packaging speak to the customer at the point of sale and at the time of use, and it is vital that the messages they convey encourage people to buy and use the condoms. External packaging gives the condom more protection from natural elements as it is channeled through the distribution pipeline. Assigning of a brand name makes the condom more identifiable to marketing techniques. Just as there may be need for different advertising messages for different target groups, different brand names and packaging messages may also be needed in the form of different brands for different target groups. Once again, market research techniques can assist in selecting brand names and package designs.

### **2.2.1.4. Promotion**

Condom promotional messages have to be tailored to emphasize the benefits to the user of the product/condom.<sup>40</sup> Experience over the last decade confirms that advertising combined with a well-organized condom social marketing program works. Mass media advertising, radio, talk-shows, drama, the use of logos, peer group educators, sales agents, puppet shows, traditional storytellers, posters, advertising placards and educational materials are all techniques that contribute to increasing the numbers of consumers who choose to use condoms to protect themselves and their partner. These promotional techniques are designed not only to promote the acceptability of the product, but also to effect behavioral change. They focus on messages that reinforce positive images associated with responsible sexual behavior. This in turn can contribute to de-

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<sup>40</sup>Kotler, P. and Zaltman, G. (1971). Social Marketing: An Approach to Planned Social Change. *Journal of Marketing* 35 (2),3-12.

stigmatizing the use of condoms and making them socially and culturally acceptable. Kotler and Roberto pointed out that the social marketer is not in the business of selling condoms per se, but of selling a change in attitudes (more favorable belief about condom use) or behavior (correct use of condoms) in order to bring about the social or health benefit which condom use can confer-improved reproductive and sexual health and more satisfying relationship.<sup>41</sup>

### **2.2.1.5. Availability**

Promotion has no value if the product is not available on the market at a price people are willing to pay. Social marketing uses the vast commercial sector to make products available to the user in the fastest manner possible and at the least cost.<sup>42</sup> Condom social marketing programs tend to take advantage of the multitude of different retail outlets and their traditional suppliers to ensure that the product is available to the target population. Retail distribution networks are an established part of society. They are responsible for the distribution of most of life's necessities to both rich and poor. As with all commercial transactions, both the retailer and the supplier receive a margin of the profit on the condoms that are sold. The most important aspect of availability is to ensure that a constant supply of condoms is available at an outlet that is acceptable to the target population.<sup>43</sup> Without adequate supplies, retailers and suppliers both lose sales, the condom social marketing program loses a great deal of credibility, and even more resources are required to regenerate demand for the product.

### **2.2.1.6. Accessibility**

Accessibility means not only ensuring a supply of condoms but also ensuring that people have access to condoms when they need them.<sup>44</sup> Recent experience in marketing

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<sup>41</sup> Kotler, P. and Roberto, E.L., *Social Marketing: Strategies for Changing Public Behavior*, The Free Press, New York, 1989, p. 10-11

<sup>42</sup> PSI(2009). *Condom Social Marketing*. Retrieved December 23, 2009 from [www.psiopl.org/general/condom2.html](http://www.psiopl.org/general/condom2.html).

<sup>43</sup> UNAIDS (2004). *Fact Sheet 8, Social Marketing of Condoms*. Retrieved December 31, 2009 from <http://www.africapote.org/jc282-GlobalDir-E.pdf>, 3

<sup>44</sup> CAPS (2005). *Fact Sheet, What is the Role of Male Condoms in HIV prevention*, Retrieved from [www.caps.ucsf.edu/publications/condomsrev.html](http://www.caps.ucsf.edu/publications/condomsrev.html).

condoms for STD/HIV prevention programs suggests that targeted distribution systems have great potential for reaching specific populations and risk groups. For example, funds can be allocated to create a special sales force that ensures stocks of condoms in nightclubs, bars and hotels where high-risk sex is negotiated and takes place. Special youth-friendly outlets can be created for adolescents; women's groups can sell condoms and teach women how to negotiate condom use. Once a market is created it is important to ensure the continuity of supplies; government, donors and program managers share this responsibility. The key role of government and donors in subsidized condom social marketing programs is to ensure that the supply and the subsidy are there when needed. The program managers responsibility is to ensure that sufficient good-quality condoms are available when people want to use them and at an affordable price.

#### **2.2.1.7. Target Marketing**

Condoms must be targeted to the general sexually active population. In addition to this, groups identified as having higher-risk behavior such as prostitutes and their clients should be targeted through specific promotional efforts. Targeted marketing goes further than simply designing media messages; it should also foresee and address the implications and consequences of marketing condoms as a commercial product. For example, adolescents require advertising images that correspond to their perceptions and aspirations. Yet aggressive advertising directed to some special target group might have the reverse effect of drawing negative attention to that particular group, thus making it more difficult for them to have access to condoms. Targeted marketing involves both the strategic planning of accessible outlets and advertising where and when the product is sold in order to let the target group know the availability of supplies.<sup>45</sup> The one great advantage of condom social marketing is the relative anonymity of the retail transaction. The retailer offers a product for sale; the customer exchanges money for it and the deal is done. There is a degree of privacy within social marketing of condoms that should be maintained.

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<sup>45</sup> UNAIDS (2004). Fact Sheet 8, Social Marketing of Condoms. Retrieved December 31, 2009 from <http://www.africapote.org/jc282-GlobalDir-E.pdf>,p.3

### 2.2.1.8. Monitoring and Evaluation

To determine program effectiveness, a monitoring system that will track program progress relative to measurable objectives and an evaluation component that will try to assess impact on the epidemic needs to be initiated. Like any commercial marketing campaign, a condom social marketing program will be planned with expenditure and revenue budgets, sales targets and forecasts. A procedure for monitoring progress and evaluating achievement at key intervals will enable managers to make changes and improvements to the campaign as it progresses. The monitoring activity specifically includes:<sup>46</sup>

- **Product Inventory Status:** number of condoms on order, in the warehouse, in the distribution pipeline. This must be done on a monthly basis and will aid the program in determining sales rates and in forecasting condom needs.
- **Product Sales:** number of condoms sold by outlet type, by geographic area, and average wholesale and retail prices. This must likewise be tracked monthly and will be used in forecasting, and improving promotional efforts on a regional basis.
- **Distribution:** number of outlets where product can be produced, by geographic area, and average inventory level. This should be undertaken quarterly, and will help indicate where efforts need to be improved both in communications activity and in product placement.
- **Media Effectiveness:** analysis on the target rating points amassed by media plan, reach and frequency. This should be based on quarterly review and used to improve/redirect purchase of radio and TV time.
- **Cost Record:** detailed expenditures by spending category should be maintained and reported monthly. This will allow for a strict monitoring of expenses, and analysis of the cost of the program.

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<sup>46</sup>Bagozzi, R. (1975). Marketing and Exchange. *Journal of Marketing*, 39(04), 32-39.

### **2.2.2. Reasons for the Success of Condom Social Marketing**

Social marketing has turned out to be a nearly ideal way of making condoms widely available to people, who want and need them throughout the world. Condoms and social marketing have worked together well for the following reasons:<sup>47</sup>

- Condoms are not restricted to any particular type of retail outlet. In almost all countries, they may be made legally available not only in pharmacies and chemist shops, but also in: food stores, kiosks, supermarkets, barbershops; in the tiniest little shops sometimes selling only condoms, cigarettes, and matches; and in the many retail outlets that maybe associated with high-risk sexual activity, such as bars, nightclubs, hotels and motels and inside brothels.
- Condoms are price sensitive and often an impulse purchase, sometimes-bought one or two at a time. Social marketing can take full advantage of this because social marketers can price condoms at precisely that level where the largest possible number of people can afford them. Even then, the price can still be high enough to keep the profit-oriented interest of the retailer fully engaged, and to impart a quality image to the product.
- Condoms have a long shelf life, normally upwards of three years. This means that, even when demand may be low in a particular area or a particular shop, retailers can keep them on hand without fear of imminent spoilage.
- Condoms are amenable to branding and to brand advertising. Branding works with condoms particularly well. One reason is that people everywhere are still embarrassed to ask for condoms, and brand names, when heavily promoted, often become generic, thus making the product easier to ask for.

### **2.2.3. Challenges in Condom Social Marketing**

Implemented as an integral part of national HIV prevention strategies, condom social marketing has played a critical role in ensuring the supply of condoms to low-income populations in over 50 developing countries. In these countries, condom social marketing

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<sup>47</sup>Philip, D. (2004). Social Marketing of Condoms, DKT International. Retrieved from December 1, 2009 from <http://www.dktinternational.org/html>.

has created demand and opened opportunities for the commercial sector. Social marketing's innovative promotion of condoms has helped to empower consumers by offering them an informed choice. Evidence suggests that condom social marketing is having a significant impact on changing sexual behavior and reducing the prevalence of HIV and other sexually transmitted infection.<sup>48</sup>

In spite of these successes, however, condom social marketing faces major challenges if it is to continually contribute to improved sexual and reproductive health in the face of the rapidly changing HIV/AIDS epidemic. Social marketers need to find ways to improve social marketing and remove obstacles in the way of expanding social marketing programs in developing countries. Condom social marketing faces particular challenges relating to the following: Condom social marketing and the role of the public health sector, condom social marketing and the role of the commercial sector, cost and sustainability, measuring the success of condom social marketing projects in relation to the large objectives of HIV/AIDS prevention.

### **2.3. Condom Use**

In order to protect themselves, men and women need to be well informed about the means available. Knowledge of condom is an important if not sufficient precondition for use. Beliefs about condoms both positive and negative are likely to influence condom use. The level of information among male and female population vary due to the variations on the socio-cultural and economic differentials. Nevertheless education is one of the most important means of empowering with knowledge skill and self confidence thereby addressing the practical needs of one's reproductive health including condom use<sup>49</sup>.

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<sup>48</sup> Pranitha Maharaj, John Cleland (2004). Condom Use within Marital and Cohabiting Partnerships in KwaZulu-Natal, South Africa. *Studies in Family Planning*, 35(2), 116-124.

<sup>49</sup> Markos E. and Seyoum G., (1998). Hand book on population and family life education for secondary school teachers in Ethiopia. DTRC, IDR, AAU

Condom use is a critical element in comprehensive, effective and sustainable approach to HIV prevention and treatment. The male latex condom is the single most efficient available technology to reduce the sexual transmission of HIV and other STIs<sup>50</sup>.

More over, correct and consistent condom use offers the best protection against HIV and other STIs after abstinence and mutual monogamy. Since the consistent and correct use of condoms reduce the risk of HIV infection, HIV/AIDS prevention programs often include the promotion and distribution of condom<sup>51</sup>.

Condom use is central to the prevention of STDs, including HIV among sexually active populations. As such, condom use is dramatically increasing despite the fact that men in particular do not like using them. For example, in a longitudinal study carried out in Kasangati - Uganda among 1990 respondents over a 7 year period (1987-1994), results showed a 7.3 fold increase in condom use over the study period. Ever use of condoms rose from 28% in 1987 to 26% in 1992 and to 41% in 1994. Social marketing campaigns have played a vital role in this together with the increased awareness about AIDS<sup>52</sup>.

A number of studies on condom use in Africa have been carried out to particularly assess condom acceptance and use among different populations. In a Nigerian study among unmarried female trade apprentices, sex risk behaviors were identified and these include low levels of condom use during the first and last sexual intercourse, lack of prompt treatment of sexually transmitted diseases and lack of assertiveness skills. In addition, they had limited knowledge about the benefits of condom use for prevention of HIV. Girls were fearful of unwanted pregnancy and sexually transmitted diseases including AIDS, and expressed problems with using condoms<sup>53</sup>.

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<sup>50</sup> WHO (2004). Position statement on condom and HIV prevention. Retrieved from <http://www.who.int/3by5/en/condom>.

<sup>51</sup> Ashebir Kidane , (2004). Sexuality, Perception of risk of HIV/ STIs and condom use among high school adolescents in south Gondar Administrative zone,

<sup>52</sup> Najjumba Innocent, Mulindwa, Ntozi James, Ahimbisibwe E. Fred, Odwee Jonathan, Ayiga Natal (2003). Risk Perception and Condom Use in Uganda. Department of Population studies, Institute of Statistics and Applied Economics Makerere University, Kampala Uganda.

<sup>53</sup> Najjumba Innocent, (1999) Risk perception and condom use in Uganda African population studies vol.18 No 1.

Recent studies on condom use have also focused on the efficacy, tolerance, and acceptability of the female condom. In Kenya and Brazil, for example, sampled women in both countries praised the female condom for its protection from pregnancy and disease, lack of interference with sexual pleasure, comfort relative to the male condom, and an opportunity for couples to stay together longer after ejaculation<sup>54</sup>.

The major mode of HIV/AIDS transmission in Ethiopia according to MOH in unprotected sex with multiple heterosexual partners which accounts for about 87 percent of infections and mother to child transmission account for about 10 percent of the infections<sup>55</sup>.

However, according to EDHS 2005 respondents who engaged in higher- risk sexual intercourse, only one in four women (24 percent) and half the men (52 percent) reported condom use the last time they had sexual intercourse. And 90 percent of women and 97 percent of men have heard of AIDS. Knowledge of condoms and the role that they can play in preventing transmission of AIDS virus is much less common. Four in 10 women or 40 percent and more than six in ten men or 64 percent are aware of that using a condom during sexual encounters can reduce HIV/AIDS transmission<sup>56</sup>.

The dual method is independently assumed with increased schooling and it occurs when a man's desire to protect himself against HIV or other STIs coincides with his female partner's desire to prevent pregnancy. The implementation of STIs and pregnancy risk assessment and counseling and the promotion of dual protection in primary health care settings have the potential to increase dual method<sup>57</sup>.

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<sup>54</sup> Najjumba Innocent, Mulindwa, Ntozi James, Ahimbisibwe E. Fred, Odwee Jonathan, Ayiga Natal (2003). Risk Perception and Condom Use in Uganda. Department of Population studies, Institute of Statistics and Applied Economics Makerere University, Kampala Uganda.

<sup>55</sup> GOE (2004) Government of Ethiopia, a comprehensive strategic plan to combat HIV/AIDS epidemic in Ethiopia (2004-2007) . Final report Addis Ababa.

<sup>56</sup> CSA/ORC MACRO, (2006). Central statistics Agency (Ethiopia) and ORC MACRO. 2005 Ethiopian Demographic and Health survey (EDHS).

<sup>57</sup> Pranitha Maharaj, (2002). Dual method use in South Africa. International family planning perspectives vol 28 no 2 June 2002.

Findings on condom use and risk perception indicate a significant association between the two variables. Studies conducted in Uganda suggested that half of males at risk of HIV had ever used condoms compared to only 36 percent of who felt they were not at risk<sup>58</sup>.

The behavioral trends (2000 Vs 2005) from EDHS 2005 among the general population reveal high level of awareness; decreases in the prevalence of premarital sex and multiple sexual partners and increases in condom use at high risk sex. However, much remains to be done. Prevalence of behavioral indicators such as condom use is not at optimal level<sup>59</sup>.

There was a large variation in condom use among women by age and residence in Uganda and Zambia and to some extent in Cameroon. In both Uganda and Zambia adolescents aged 15-24 were much more likely than their older counterparts to have used a condom with their partner<sup>60</sup>.

According to EDHS 2005 report, the level of knowledge of preventive methods are higher in urban than in rural areas. Young women age 15-24 are generally somewhat more knowledgeable of the various modes of prevention than older women, while the opposite pattern is observed among men<sup>61</sup>. As it is already known that the severe consequences of sexual activity can largely be avoided through appropriate use of contraceptives for different reasons this is not happening among adolescents. This may be due to the following reasons: lack of awareness, limited access to the services- location, cost, social or cultural barriers; low social status and decision making power<sup>62</sup>.

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<sup>58</sup> Najjumba Innocent, Mulindwa, Ntozi James, Ahimbisibwe E. Fred, Odwee Jonathan, Ayiga Natal (2003). Risk Perception and Condom Use in Uganda. Department of Population studies, Institute of Statistics and Applied Economics Makerere University, Kampala Uganda.

<sup>59</sup> CSA/ORC MACRO, (2006). Central statistics Agency (Ethiopia) and ORC MACRO. 2005 Ethiopian Demographic and Health survey (EDHS).

<sup>60</sup> Ruth B. Priscilla A., Daneil H., (2003) sexual behavior, HIV, and fertility trends: A comparative analysis of six countries Phase I of the ABC study.

<sup>61</sup> CSA/ORC MACRO, (2006). Central statistics Agency (Ethiopia) and ORC MACRO. 2005 Ethiopian Demographic and Health survey (EDHS).

<sup>62</sup> Senderowitz J., (1999). Marketing reproductive health service youth friendly. Focus on young adults.

Study conducted in south Ethiopia indicated that reported condom used rate during the first sexual intercourse was 13.5 percent, while it was 27.6 percent during their recent one, and study conducted in rural town in Ethiopia revealed that, 65.7 percent of sexually active group reported to have used some types of modern contraceptive in the past<sup>63</sup>.

#### **2.4. HIV/AIDS**

HIV/AIDS is unique in human history in its rapid spread, its extent and depth of its impact. Since the diagnosis of first AIDS case in 1981, the world has struggled to come to grips with its extraordinary dimension<sup>64</sup>.

HIV/AIDS epidemic is progressing rapidly and is affecting regions of the world unequally as of the end of 2002; over 70 percent of those infected were estimated to live in sub-Saharan Africa and that region's share of the number of HIV infections world wide as still growing with in Africa. Of the 2003 UNAIDS estimates of people living with HIV/AIDS, about 68 percent were from sub Saharan Africa. When compared to 16 percent (6.4 million) in south East Asia and about 4 percent (1.6 million ) in Latin America, it is obvious that HIV/AIDS marks a severe development crisis in sub Saharan African countries than in other developing regions<sup>65</sup>.

In several countries in southern Africa at least one in five adult is HIV- positive<sup>66</sup>. Furthermore, sub Saharan Africa has one of the world's largest HIV infected people and also ranks first in terms of prevalence. Being a home for about 11 percent of the world's population, the region hosts an estimated 25.8 million people in 2005 with adult prevalence rate of 7.2 percent. This accounts for about two-thirds of all people living with

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<sup>63</sup> Negussie Taffa, Johanne Sundby, Carol Holm-Hansen and Gunnar Bjune, (2002). HIV prevalence and socio-cultural contexts of sexuality among youth in Addis Ababa, Ethiopia Ethiopian journal of health development.vol.16, No. 2.pp:139 - 145

<sup>64</sup> UNAIDS (2004). Report on the global HIV / AIDS epidemic. UNAIDS, Geneva.

<sup>65</sup> UNAIDS (2004). Report on the global HIV / AIDS epidemic. UNAIDS, Geneva.

<sup>66</sup> UNAIDS (2003). Report on the global HIV/AIDS epidemic.

the virus<sup>67</sup>. The most affected population is found in eastern and southern Africa. In a broad band running south wards from Ethiopia, Kenya, Uganda to Namibia and South Africa<sup>68</sup>.

Ethiopia is one of the African countries that are affected by this rapidly spreading pandemic. The first evidence of HIV infection was found in 1984 and the first AIDS case was reported in 1986. The true number of AIDS case since the beginning of the epidemic in Ethiopia is not known. However, it was estimated about 400,000 by the end of 1999. In the same year, it was estimated that there were about 2.6 million people living with HIV/AIDS (2.4 million adults and 250,000 children) this number was expected to grow to more than 3 million by the year 2011<sup>69</sup>.

Under reporting of the AIDS cases in developing countries including Ethiopia masks the real consequence of the disease<sup>70</sup>. Since AIDS related death is more common in the productive age, for example in Ethiopia about 90 percent of and reproductive reported AIDS case occurs in adults between ages of 20 and 49<sup>71</sup>. The role of adults will certainly affect the over all economic development. Past gains in life expectancy an important measure in progress are being eroded in most severely affected countries<sup>72</sup>.

Concerning future trends it is estimated 7 to 10 million Ethiopians will be infected by 2011. This rapid increase is partly attributed to high adult prevalence rate, wide spread poverty and low educational level<sup>73</sup>.

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<sup>67</sup> WHO (2004). Position statement on condom and HIV prevention.  
<http://www.who.int/3by5/en/condom.04/08/07>

<sup>68</sup> UNAIDS (2004). Report on the global HIV / AIDS epidemic. UNAIDS, Geneva.

<sup>69</sup> MOH, (2000). HIV/AIDS Behavioral surveillance Survey (BSS). Round one, Ethiopia.

<sup>70</sup> Bongaarts J. (1996). Global trends in AIDS mortality. Population and development review. Vol.22 No.1 pp 21-45

<sup>71</sup> MOH, (1998). HIV/AIDS Behavioral surveillance Survey (BSS). Round one, Ethiopia.

<sup>72</sup> Zinabu Abera (2005) Knowledge, Attitude and Behavior on HIV/AIDS STDs among workers in the formal sector in Addis Ababa. Ethiopian Journal of healthdevelopment. Vol.17 No.1 pp 55-61

<sup>73</sup> Garbus (2002). HIV aids in Ethiopia, country AIDS policy analysis projects, San Francisco AIDS policy research center, university of California.

The proportion of sub-Saharan African children younger than 5 who die because of HIV/AIDS quadrupled over a decade rising from less than 2 percent in 1990 to 8 percent in 1999. Researchers estimated that 33000 HIV infected children younger than 5 died in the region in 1999<sup>74</sup>. However, the spread of HIV/AIDS in Africa has been devastating, having reached pandemic proportions in most part of the continent. Every day, about 15000 people through out the world became infected with HIV. In Ethiopia, according to MOH the highest prevalence of HIV infection is in the age group 15-24 year<sup>75</sup>.

Older parents were extensively involved with their infected adult child's children through both living and care giving arrangement parent bore substantial financial including care giving; and funeral cost<sup>76</sup>.

A World Bank (2004) reported that AIDS now exists with in all regions of Ethiopia. The most recent estimates issued by the ministry of health put the number of people living with HIV and AIDS at 1.32 million, about a total of 137,500 new AIDS cases, 128900 new HIV infections (353 a day) including 30,300 HIV positive births, and 134,500 (368 a day) AIDS deaths including 20,900 children less than 15 years occurred<sup>77</sup>.

As the level of HIV infection continues to increase in many countries, the condom has an important role to play in curbing the intensity and future impact the pandemic. Studies show that condom is an effective barrier against HIV and other sexually transmitted infections (STIs) if used correctly and consistently<sup>78</sup>.

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<sup>74</sup> Gabriel Jagwe-Wadda, Ann M. Moore, Vanessa Woog, (2006). Abortion Morbidity in Uganda: Evidence from Two Communities Occasional Report No. 26.

<sup>75</sup> MOH, (2006) Ministry of Health /National HIV/AIDS prevention and Control Office. AIDS in Ethiopia, sixth report.

<sup>76</sup> Monasch , Roeland and Nigel Snoad (2003) . The situation of orphans in a region affected by HIV/AIDS. Journal of International Family Planning Perspectives. Volume 28 Number 3.

<sup>77</sup> MOH, (2006) Ministry of Health /National HIV/AIDS prevention and Control Office. AIDS in Ethiopia, sixth report.

<sup>78</sup> Pranitha Maharaj, John Cleland (2004). Condom Use within Marital and Cohabiting Partnerships in KwaZulu-Natal, South Africa, Studies in Family Planning Vol. 35 No. 2 pp: 116-124

Estimates from Addis Ababa indicate that the city has around 300,000 people infected with HIV and the prevalence in the adult population is 16.8 percent. Ethiopia being one of the world's poor nations has not been able to offer suitable social and economic circumstances for transition in to adulthood. Under reporting of the number of HIV positive cases in the country is always a major concern to the MOH and other concerned bodies<sup>79</sup>.

According to EDHS 2000 report educational attainment of the spouse in Ethiopia, about three fourth of women and more than half of men have no formal education. And research shows that discussing sex and sexuality is considered taboo in Ethiopian society. Stigma and discrimination are results of ignorance about the disease and traditional and religious beliefs about the disease and traditional and religious beliefs about sex, sexuality and sexually transmitted disease<sup>80</sup>.

As the epidemic is affecting all nations and all ages, national AIDS control efforts alone are no more adequate in over coming the epidemic<sup>81</sup>.

In country that experiences HIV and AIDS, no higher education can regard itself as an AIDS free enclave. Higher education may well be more severely affected than the surrounding society, because the greater majority of college students are young, in their late teens or early twenties, ages where the prevalence of HIV infection is particularly high<sup>82</sup>.

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<sup>79</sup> Negussie Taffa, Johanne Sundby, Carol Holm-Hansen and Gunnar Bjune, (2002). HIV prevalence and socio-cultural contexts of sexuality among youth in Addis Ababa, Ethiopia Ethiopian journal of health development. vol.16, No. 2.pp:139 - 145

<sup>80</sup> Ashebir Kidane , (2004). Sexuality, Perception of risk of HIV/ STIs and condom use among high school adolescents in south Gondar Administrative zone,

<sup>81</sup> Yared Kifle (2001). Social stigma attached to HIV AIDS and its determinants in Dire Dawa town. (MSc. Thesis) Addis Ababa University.

<sup>82</sup> Laura B., (2002). Determinants of individual AIDS risk perception, knowledge, behavioral control and social influence. MPIDR working paper.

According to the MOH 2004 report there were 1.6 million Ethiopians living with HIV and AIDS, most of whom being are unaware of their status. And close to 1.2 million Ethiopian were reported in the country in 1986. Until recently, HIV mostly affected the major cities and towns in Ethiopia a trend currently changing as more and more rural dwellers are being affected by the epidemic<sup>83</sup>.

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<sup>83</sup> MOH, (2006) Ministry of Health /National HIV/AIDS prevention and Control Office. AIDS in Ethiopia, sixth report.

## **CHAPTER THREE**

### **RESEARCH DESIGN AND METHODOLOGY**

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#### **3.1. Design of the Study**

As the design and methodology of any research should be based on the purpose of the study<sup>84</sup>, the main purpose of this study is identifying and describing the impact of CSM in the prevention of HIV/AIDS. Thus a descriptive survey method was used which was believed to be most appropriate for addressing the intended purpose of the study.

#### **3.2. Variables in the study**

The independent variables considered in the present study were age, education, amount charged per encounter, place/availability, price, information and promotion of condom social marketing towards condom use.

The dependent variable was condom use, because it was influenced by the above mentioned independent variables.

#### **3.3. Study Area and Sources of Data**

This study was conducted in Addis Ababa and cities which are found around Addis Ababa that is Holeta, Debre Zeit, Burayou, and Mojo. It was restricted to established based female commercial sex workers because of the difficulty of using street commercial sex workers as a source of data. Assumption was made that CSWs in Addis Ababa have similarity in their behavior. Thus, Merkato, Piazza, and Kazanchis were assumed to be sufficient for a study of this nature. And to avoid data resemblance CSWs from some selected cities which found around Addis Ababa were used. In addition, relevant documents were also referenced and used.

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<sup>84</sup>Quirck, T.J.(1989). Psychological Research. How to do it. New York: Association for Supervision and Curriculum Development

### **3.4. Sampling Techniques**

The required data for this research was collected from the established based female commercial sex workers. Mapping and census survey of female Commercial Sex Workers for both established based and street based is still unanswered question in Ethiopia. To get CSWs, hotels identified in the selected areas are chosen purposively and questionnaires were distributed to commercial sex workers by using convenience sampling through their employers. A sample of 210 sex workers 30 from each area were taken.

### **3.5. Data Collecting Instruments and Procedures**

This research was depending on both primary and secondary data. As the data gathering instruments for this study were; questionnaires which were employed to obtain relevant information.

#### **3.5.1 Questionnaires**

Questionnaire was used as the major data collection tool. This instrument is selected for the following reasons: filling up a questionnaire doesn't take that much of time so this increases the respondent's willingness to provide more accurate data, respondent's secrecy can be strictly maintained and it is easy to quantify all the data from the questionnaire for quantitative analysis. The questionnaire had both closed-ended and open-ended parts, which was developed by the researcher based on the basic research question as well as the concepts obtained from review of related literatures.

### **3.6 Pilot Study**

After the questionnaire has been primarily prepared in English, the questionnaire to be administered was then translated into Amharic to avoid any possible language barriers and also to increase reliability, clarity and rate of questionnaire returns. The Amharic version questionnaire was translated back to English version to see the agreement of the translation. The researcher and one MA student from language department were involved in the translation .To ensure content validity of the instrument , lecturers and experts in

related areas were consulted .Based on their suggestions, some questions were changed and some new questions were added.

Afterwards, pilot testing was conducted on a total of 30 participants which found in the selected areas.

The respondents were told how to give response to the questionnaire and vague question were made clear and some suggestion forwarded by participants were also considered appropriate. The questionnaires were collected after 5 day. The numbers of participants were nearly proportional..

Finally, the responses of the participants were scored and tabulated to cross check its reliability.

### **3.7. Data Processing and Analysis**

#### **3.7.1. Data Processing**

Data processing is important part of the whole survey operations. It includes editing, coding, data classification, data entry, data cleaning, and tabulating. Data obtained from the questionnaire was entered, cleaned, prepared and tabulated by using statistical data analysis technique called statistical package for social science (i.e. SPSS software version). Once the entry accomplished, cleaning of data and editing were employed for checking whether the designed value in each case can be defined with logical justification. Inconsistency was rectified and corrected for the purpose of analysis.

#### **3.7.2. Data Analysis**

Upon successful completion of data collection process, all information's were entered into a computer. Uni-variate analysis was done for the selected variables. Then the bi-variate analysis technique known by the name chi-square test was used to test possible association of the independent variables with the dependent one. By using frequency distribution, cross tabulations, proportions and percentages were calculated to show the distribution of the respondents. Then verbal explanations were used to elaborate the

figures and to reflect the views of the researcher on the variables under investigation .

For open ended part of the questionnaire, description and explanation had been the method of data analysis.

## CHAPTER FOUR

### ANALYSIS AND INTERPRETATION OF DATA

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In this chapter analysis and interpretation of data collected from the respondents through questionnaires are discussed. A total 210 questionnaires were prepared and distributed to female commercial sex workers. From the whole questionnaires that were distributed 203 of them were filled in properly and returned.

#### **4.1. General Background of Respondents**

In order to give an overview of the general background of all respondents involved in the study, variables such as age, educational level, religion, ethnicity, age to start prostitution, amount charged per encounter, etc have been discussed in the tables given below.

As shown in Table 1, a total number of 203 commercial sex workers living in the study area were participated. The total respondents were females because in Ethiopia male commercial sex workers are not obviously known. As far as age distribution of the respondents is concerned there are 6 main categories of age groups <16, 16-20, 21-25, 26-30, 31-35, and >35. From the total respondents 85(41.9 %) are aged with in 21-25, 70(34.5%) were with in age group 25-34, 18(8.9%) are aged below 18, 24(11.8%) are with in the age category of 26-30, 4(2%) are also with in age group 31-35 and only 2(1%) are in the age group >35. From the table the inflated age of the study population was with in 16-25 i.e. 155 out of 203 respondents.

As far as educational level is concerned 60(29.7%) of the respondents were illiterate (not started), 114(56.2 %) of the study were primary level, 22(10.8%) secondary level and the remaining 7(3.4 %) above secondary level of education.

Concerning religion majority 157(77.3%) of the respondents were Orthodox, 26(12.8 %) were Islam 11(5.4%) were protestant, 1(.5%) was catholic and 8(3.9 %) belongs to other religions. Besides, regarding their ethnicity from the total of the study subjects 104(51.2 percent) were Amhara, 81(39.9%) Oromo, 12(5.9%) Tigre, 3(1.5%) were Gurage and 3(1.5 %) were from other ethnic groups.

Concerning amount charged per encounter, the majority of the respondents 107(52.7%) earn >100 birr, 65(32%) of the respondents charged per encounter with in 51-100 birr, 31(15.3 %) have charged per encounter with in the range 30-50 birr per encounter.

The respondents were also asked their age when they become commercial sex worker. So that the majority of the participants 105 (57.7%) were reported that as they were become in the age with in 16-20, 69(34%) were range with in 21-25, 21(10.3%) started as a commercial sex worker at the age below 16 and the rest 8(3.9%) were at the age of 26 and above.

**Table 1: General Background of Respondents**

Characteristics	Respondents in	
	Number	Percent
1. Age		
Below 16	18	8.9
16-20	70	34.5
21-25	85	41.9
26-30	24	11.8
31-35	4	2.0
above 35	<u>2</u>	<u>1.0</u>
Total	203	100.0
2. Level of Education		
Illiterate	60	29.6
Primary education	114	56.2
Secondary Education	22	10.8
Above secondary education	<u>7</u>	<u>3.4</u>
Total	203	100.0
3. Religion		
Orthodox	157	77.3
Protestant	11	5.4
Islam	26	12.8
Catholic	1	.5
Other	<u>8</u>	<u>3.9</u>
Total	203	100
4. Amount charged per encounter		
30-50	31	15.3
51-100	65	32.0
Above 100	<u>107</u>	<u>52.7</u>
Total	203	100.0
5. Age to start commercial sex work		
Below 16	21	10.3
16-20	105	51.7
21-25	69	34.0
>25	<u>8</u>	<u>3.9</u>
Total	203	100.0
6. Ethnicity		
Tigre	12	5.9
Oromo	81	39.9
Amhara	104	51.2
Gurage	3	1.5
Other	<u>3</u>	<u>1.5</u>
Total	203	100.0

## 4.2. Analysis of Marital Status before Becoming Commercial Sex Worker and Reasons for Becoming Commercial Sex Worker

One of the most critical parts of the study was identifying the respondents' reasons to engage in commercial sex work, and expressing their marital status before becoming commercial sex worker. So that all these has been summarized in table given below.

### 4.2.1. Marital Status before Becoming Commercial Sex Worker

The data set out in Table 2 indicates that about 129 (63.5%) this high risk women who live alone in the surrounding areas are not married and the rest of them come from broken homes. The relative ease of the life of prostitution becomes an alternative mode of life and many of the CSWs find it a way out of inefficient family structures, conflict at home or a life of hardship due to the absence of opportunities.

With regard to the age of marriage, most of them 59(78%) are married at the age of less than 18 years old. This shows that the majority of commercial sex workers were married early so that we can consider early marriage as the reason for becoming commercial sex worker.

**Table 2: Marital Status before Becoming Commercial Sex Worker**

Marital Status before becoming commercial sex worker	Frequency	Percent
Married	74	36.5
Not married	129	63.5
Total	203	100.0
If Married, at what age?		
Below 18	59	78
18 and above	15	22
Total	74	100.0

### 4.2.2. Reasons for Becoming Commercial Sex Worker

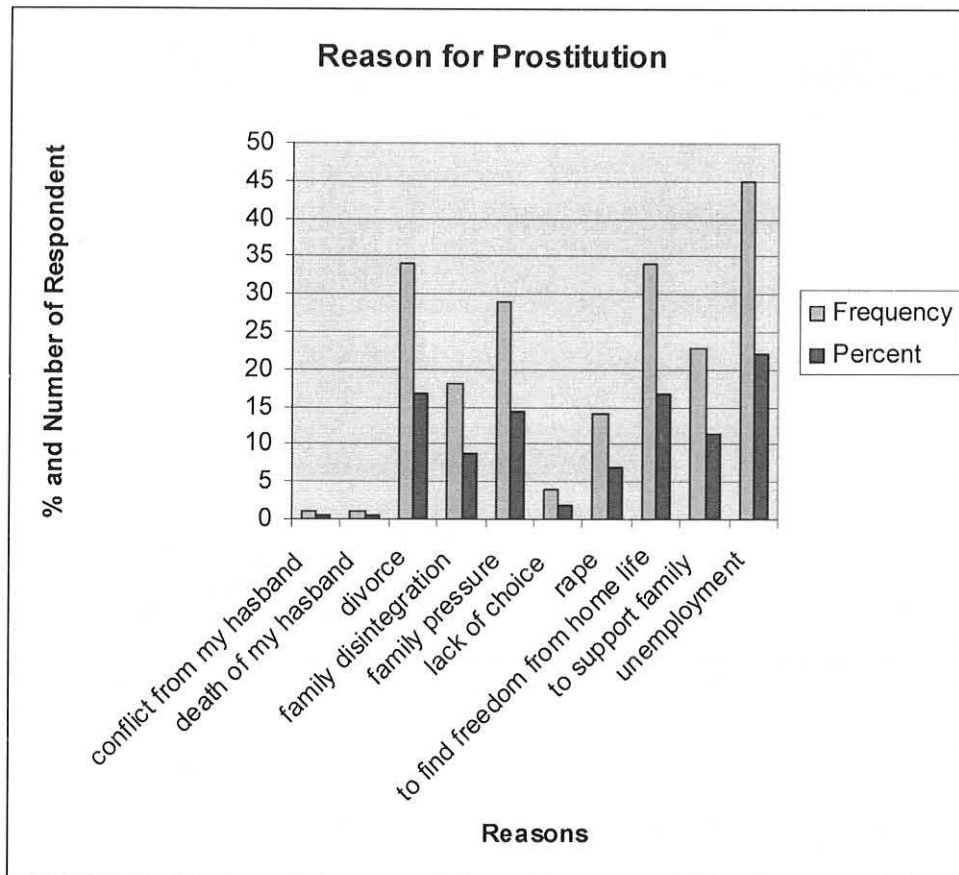
With regard to reasons for engaging in prostitution, the respondents indicated different reasons, the majority of the respondents 45(22%) of them indicated unemployment, 34(16.7%) replied that they engage in prostitution because of divorce, 29(14.3%) respondents are due to family pressure, to support family(16.7%), family disintegration(8.9%), rape

(6.9%), lack of choice (2%), death of husband(.5%), and conflict from husband are the driving force as mentioned by the respondents. Also as indicated by 34(16.7%) of the respondents to find freedom from home life played a significant role for the subjects to engage in commercial sex work.

**Table 3: Reasons for Becoming Commercial Sex Worker**

<b>Reason</b>	<b>Frequency</b>	<b>Percent</b>
Conflict with husband	1	0.5
Death of husband	1	0.5
Divorce	34	16.7
Family disintegration	18	8.9
Family pressure	29	14.3
lack of choice	4	2
Rape	14	6.9
To find freedom from home life	34	16.7
To support family	23	11.3
Unemployment	45	22.
Total	203	100

For better illustration, the responses are summarized in figure 1 below.



**Figure 1: Reasons for Becoming Commercial Sex Worker**

### 4.3: Condom Utilization among Commercial Sex Workers

#### 4.3.1. Condom Utilization Level

Respondents were asked their experience of pressurizing their clients for using condom. Among the respondents 157(77.3 %) had ever forced their clients to use condom. And 46(22.7%) were not. This shows as there is a gap for the consistent use of condom. That is, as mentioned by some of the subjects, to use condoms are depends on the male’s interest than females. This is also supported by the focus group participants the reason as mentioned by the discussants, the decision for condom use is made by males since our culture makes males to be dominant over females and this hinders female not to use condom and even to ask for condom use. Study in Uganda also confirms the differential in condom use between the sexes, with males reporting more condom use (46 %) than the females (27 %).<sup>85</sup>

<sup>85</sup> Najjumba Innocent, Mulindwa, Ntozi James, Ahimbisibwe E. Fred, Odwee Jonathan, Ayiga Natal (2003). Risk Perception and Condom Use in Uganda. Department of Population studies, Institute of Statistics and Applied Economics Makerere University, Kampala Uganda.

**Table 4: Condom Usage Level among Commercial Sex Workers with their Clients**

Question	Response	Number	Percentage
Have you ever pressurized your clients to use condom?	Yes	157	77.3
	No	46	22.7

#### 4.3.2. Extent of Pressurizing Clients to Use Condom

Even if, the majority 157(77.3%) of the respondents pressurizing their clients to use condom as shown in Table 4, there is a gap regarding consistency of utilization. From those who pressurize their client, 21(13.4%) and 22(14%) of the study participants try to force their clients sometimes and mostly respectively.

**Table 5: Extent of Pressurizing Clients to Use Condom**

Item	Yes, Respondents	How often			Total
		Sometimes	Mostly	Always	
	Number		21	22	114
Ever pressurized clients to use condom	Percentage	13.4	14.0	72.6	100

#### 4.3.3. Reasons for Pressurizing and Not Pressurizing Clients to Use Condom

Respondents advanced three reasons for using condoms. Most of the respondents used condoms to avoid STDs including HIV (45.2 %) and STI (7%). Study done in Uganda revealed that Most of the respondents used condoms to avoid STDs including HIV (71% of males and 68% of females). The proportion that uses condoms for contraceptive purposes (avoiding pregnancy i.e. 28 %) and the rest 31(19.8%) of the respondents were using condom for other purposes like to be safe from any of the above mentioned incidents.

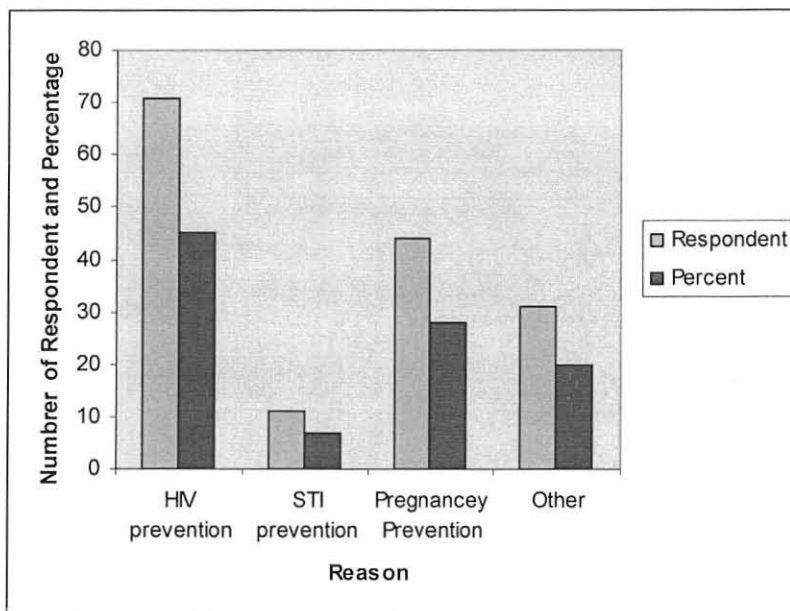
Study subjects gave different reasons for non-use of condom. Among commercial sex workers who are not using condom and not consistently using condom included: not accessible 6(13%), offend customers 11(23.9%), hate condom 9(19.6%) , drunk or stoned

4(8.750, didn't think of it 1(2.2%), don't know how to use 3(6.5%), Religion factor 1(2.2%), customer pay me more 11(23.9%) were among the predominantly mentioned reasons for non- use of condom. From this we imagine, more payment from their customers forces them not to claim utilization of condoms. Also this shows peoples are paying for the unquestionable death.

**Table 6: Reasons for Pressurizing And Not Pressurizing Clients to Use Condom**

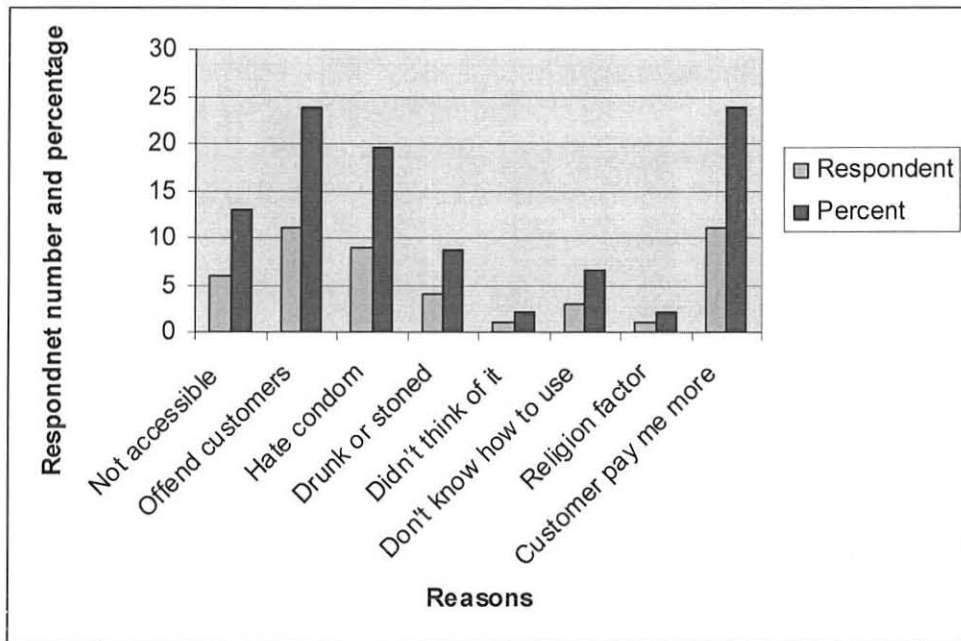
Item	Reason	Frequency	Percent
<b>I pressurize clients to use condom for</b>	HIV prevention	71	45.2
	STI prevention	11	7
	Pregnancy prevention	44	28
	Other	31	19.8
	<b>Total</b>	<b>157</b>	<b>100</b>
<b>I did not pressurize clients to use condom for</b>	Not accessible	6	13.0
	Offend customers	11	23.9
	Hate condom	9	19.6
	Drunk or stoned	4	8.7
	Didn't think of it	1	2.2
	Don't know how to use	3	6.5
	Religion factor	1	2.2
	Customer pay me more	11	23.9
	<b>Total</b>	<b>46</b>	<b>100</b>

For better expression the following two figures were used.



**Figure 2: Reasons for Pressurizing Clients To Use Condom**

The figure shows condom is utilized for the prevention of HIV prevention. Besides to some extent it was used for preventing pregnancy. If this is the case social marketers



**Figure 3: Reasons for Not Pressurizing Clients to Use Condom**

In general, from the condom utilization analysis part we can conclude that there is a discrepancy. Such discrepancies between relatively high knowledge on one side and poor practice on the other hand; in relationships to condom use against HIV/AIDS information has more consequences. The usage gap of condom may be attributable to low perception of risk. If they don't believe that they are at risk of contracting HIV, then there would be no reason for them to feel that they need to use condom. This commonly encountered reality may be indicative of the fact that behavioral changes don't soon follow awareness, particularly in this group of women whose main objective is to earn money and survive. It is true that abstinence and staying with single partner would contribute a lot in reducing incidence of HIV/AIDS infection. However, it is very unlikely that these high risk women will abide by the above principle for the very reason that they have to feed themselves and their dependants by selling sex. On the other hand, vaccines (or drugs which cure the diseases) are not yet ready for mass use. Therefore, besides the development of job opportunities, use of condom continues to be the most effective way of protecting these women against HIV infection. It has become clear that women are both biologically and socio-culturally more vulnerable to HIV infection. So a physical

barrier was often the only option available to women to avoid HIV infection from their male partners. However, as demonstrated through the findings of this study, use of condoms among female CSWSs depends on the client's willingness. If clients refuse to use condom, sex workers simply will not or can not use one. Ignorance and myth contribute to constraints on consistent and correct condom use. Female sex workers often use condoms consistently while working, but not during sexual activity with their lovers or regular partners. However, in many cases it is violence or threats from their lovers/regular partners that forces women to have unprotected sex with them. Unprotected sex is the major risk factor for the transition of HIV/DIDS and other STDs. Study after study has show that condom are extremely effective against STDS if they are used consistently and correctly. However, the effectiveness of condom in preventing disease transmission lies not in the inherent quality of the produce but in its effective use. Inconsistent condom use offers little protection agents HIV, compared with non use.

Over the last decades, female condom has been the subject of expensive studies on acceptability, cost effectiveness, training and gender dynamics. WHO and UNAIDS have encouraged introduction of the female condom as a new method of preventing pregnancy and HIV infection. The introduction of female condom which is not so far known in the present study area could also be an effective method of controlling the spread of this disease. It is true that female condom is relative more expensive than male condom. For instance, the use of female condom will empower women in their negotiation with men over sexual matters. The female condom can be a vital component of reproductive health and HIV/AIDS programs. The concerned bodies should introduce female condom to provide greatest public health impact strategically

#### **4.3.4. Bi-Variate result for condom use practice**

This section examined the association between the dependent variable condom use and the independent variables Age, Education and Amount charged per encounter: As the bi- Variate analysis result indicated in the following Table: Age, Amount charged per encounter and educational level seem to have association with condom use of the respondents. The result indicates as there is relationship between the variables. The same

result also found in a study done in Ghana – Cape Coast which was found those age and education were significant predictors of condom use<sup>86</sup>.

**Table 7. Chi- Square Result on Association of Pressurizing Clients to Use Condom with Selected Demographic Variables**

Variable	Have you ever pressurize your clients to use condom?	Yes	No	Total	$\chi^2$ Value	Sig.
Age	Below 16	16	2	18	24.4	.000
	16-20	60	10	70		
	21-25	53	32	85		
	26-30	24	0	24		
	31-35	2	2	4		
	Above 35	2	0	2		
	Total	157	46	203		
Education	Illiterate	51	9	60	10.6	.014
	Primary education	79	35	114		
	Secondary Education	21	1	22		
	Above secondary	6	1	7		
	Total	157	46	203		
Amount charged per encounter	30-50	28	3	31	6.1	.048
	51-100	53	12	65		
	above 100	76	31	107		
	Total	157	46	203		

Chi-Square statistic (24.4) and its significance level ( $p < .001$ ) indicate that it was very unlikely that these variables are independent of each other. Thus, we can conclude that there is a relationship between a CSWs age and their condom utilization. The same is true for other variables.

<sup>86</sup> Opiyo, Asimwe-Okiror G., Musinguzi J., Kaweesa-Kisitu D., Madraa, E., Nsubuga P.,(1997). "Condom Use in Two Rural Districts of Lira and Soroti in Uganda". AIDS Vol.15 No.11:pp 546-548.

#### **4.4. Respondents Perception towards Condom**

##### **4.4.1. Perception towards Condom**

Respondents were asked their perception toward, if used properly and consistently condoms are effective means of HIV/AIDS prevention. Accordingly, 90(44.3%) think that condom are effective if properly and consistently used, 11(5.4%) do not think that it is effective, while the majority 102 (50.3%) not sure whether condoms are effective or not.

When it comes to the respondents response to the question of condom decreases sex satisfaction, most of the respondents 86(42.4%) are not sure about it, 67(33%) of the subjects are disagree for condom decreases a satisfaction which gained from sex, but the rest 50(24.6%) of the respondents are agreed to the statement. Out of the total of the respondents 108 (53.2 %) agree with the statement “To protect themselves against HIV and STIs married can use condom every time they have sex” and 84(41.4 percent) were not sure but 11(5.4%) were disagree. And 79(38.9%) of the respondents do not believe that it is acceptable to use condom with clients, 92(45.3%) of them were not sure and 32(15.8) of them agreed. But 91(44.8%) of the respondents believe that CSWs can ask their clients to use condom and 97(47.8%) of the respondent not sure. But 15(7.4%) Of the respondents were disagree. Condom use is one of the protective measures suggested by the respondents hence they were also asked if condom use is a sign of mistrust or not. From the total 55(27.1%) agreed, 106 (52.2%) of the respondents disagree and 42(20.7%) were not sure. During the discussion with selected respondents, one of the discussants said “Discussion with partners is very important matter to use condom otherwise it will be a sign of mistrust without communicating with a person to use condom but if there is a frank discussion between partners condom use is not only used to protect HIV it is also used to prevent pregnancy and other STDs”.

**Table 8: Perception of condom by the respondents**

Condom prevent HIV/AIDS	Frequency	Percent
Disagree	11	5.4
Not sure	102	50.3
Agree	90	44.3
Total	203	100.0
<b>Condom decreases sex satisfaction</b>		
Disagree	67	33.0
Not sure	86	42.4
Agree	50	24.6
Total	203	100.0
<b>CSWs can use condom</b>		
Disagree	11	5.4
Not sure	84	41.4
Agree	108	53.2
Total	203	100.0
<b>It is acceptable to use condom with clients?</b>		
Disagree	79	38.9
Not sure	92	45.3
Agree	32	15.8
Total	203	100.0
<b>CSWs can ask for condom use?</b>		
Disagree	15	7.4
Not sure	97	47.8
Agree	91	44.8
Total	203	100.0
<b>Using condom is the sign of mistrust</b>		
Disagree	106	52.2
Not sure	42	20.7
Agree	55	27.1
Total	203	100.0

#### 4.5. Analysis of respondents experience towards to the four P's of CSM

This part of data analysis and interpretation is about frequently used condom brand and problems encountered by CSWs while using condoms with their clients, source information, its availability and accessibility, price and promotion, and the chi-square test.

##### 4.5.1. Source Information for Commercial Sex Workers

As indicated in table 9, 151 (74.4%) of Commercial Sex Workers revealed that they had information about condom but the rest were out of condom information. This shows that as there is information gap so that condom social marketing organizations are expected to promote condoms for creating awareness about condom.

Various sources of information were cited about condom and its proper use and most of the commercial sex workers 49(32.5%) reported that they had heard (learned) about condom and its proper use from radio, 47(31.4%) from television, 27(17.9%) from Posters and pamphlets 27(15.9%) form Friend and relatives, 3(2%) from magazines, 1(.7%) from news paper. At the open ended question part some of Commercial Sex Workers reported a combination of television, radio and news pares/ magazines as the source of information about condom and its proper use.

**Table 9: Source Information for Commercial Sex Workers**

<b>Have you ever heard of about condom and its usage?</b>	Frequency	Percent
Yes	151	74.4
No	52	25.6
Total	203	100.0
<b>If yes, which one of the following is your source of information?</b>		
News paper	1	.7
Television	47	31.4
Magazines	3	2
Friend and relatives	24	15.9
Posters and pamphlets	27	17.9
Radio	49	32.5
Total	151	100

It was noted that the majority of commercial sex workers receive their information from radio. But radio serves as an effective media for disseminating information about condom while it lacks the vital visual contact needed for condom use demonstration. Even if pictorial condom use demonstration information is incorporated in the condom package, a significantly small number of the total study population sited it as source information on condom and its proper use. This shows the need for utilizing effectively other alternative media outlets in combination with practical demonstration to ensure transmittal of this vital information. Improper or incomplete information on condom and its proper use will hamper the concerned organizations effort for attaining a higher level of consistent and correct condom use.

The other important fact demonstrated in the above table is that most of the commercial sex workers learned about condom and its proper use from television. But in my observation, most of condom social marketing organizations like DKT Ethiopia frequently use printed media in their condom social marketing interventions, thus this demonstrates that there is a gap between what the target population uses and what condom marketers utilized. Thus future studies should focus on the media habits of commercial sex workers and learn what languages they are capable of using and understanding. Mass media play an important role in promoting attitudinal changes and popularizing safer behaviors.

#### **4.5.2. Frequently used condom Brand and problems Encountered by CSWs While Using Condoms with their clients**

Table 10, shows the different responses of the target population regarding frequently used brand of condoms and frequently encountered problems while using condoms. Most of the respondents 53 (33.8%) frequently use Hiwot Trust condom, 96(61.2%) use Sensation and the rest 8(5%) use other like French feeling, Durex etc. In addition whether they encountered a problem when using condom or not, question was asked. As a result the majority 130(82.8%) of the user replied as they face a problem and the other are not. When we come to the type of the problem that they encountered, 64(49.2%) of the respondents reported that breakage, 30(23.1%) reported slipperage, 16(12.3%) informed

leakage, 20(15.4%) reported falling off to be the most frequently encountered problems while using condoms.

**Table 10. Condom Brand and problems Encountered by CSWs While Using Condoms**

<b>Most frequently used brand</b>	Frequency	Percent
Hiwot trust	53	33.8
Sensation	96	61.2
Others	8	5
Total	157	100
<b>Is there any problem in using condom?</b>		
Yes	130	82.8
No	27	17.2
Total	157	100
<b>If yes, specify the problem</b>		
Breakage	64	49.2
Slipper age	30	23.1
Leakage	16	12.3
Falling of	20	15.4
Total	130	100

The finding of the above table reveals that Hiwot Trust condom and Sensation condom has high brand recognition among the study population. This high level of brand recognitions believed to be the result of condom promotion activities which targets to attain high level of product accessibility and affordability.

The other important point highlighted in the above table is that all of the subjects have encountered one or all of the mentioned problems while using condoms. This might be due to poor quality of condoms or improper use. Using condoms consistently is a start, but using them correctly is another key to protecting oneself. People are influenced by subjective factors in the practice of condom use, in addition to their own personal knowledge and attitudes regarding condoms. Most people who use condoms once they gain experience with them, rarely experience breakage or slippage. Studies suggest that certain behaviors are associated with increased breakage or slippage, including improper

storage, rough handling of condoms, improper technique in putting on a condom, not encouraging natural vaginal lubrication, using excessive added lubricant(especially oil-based), lengthy or vigorous sex, anal intercourse, loss of erection prior to withdrawal, and re-use of condoms. Some failures may be prevented through counseling to avoid obvious problems like opening condom packages with sharp objects.

#### 4.5.3: Condom availability and Accessibility

As indicated in table 11, for the majority 174(85.7) of the respondent condoms were readily available when ever they want to use with their clients. The rest 29(14.3%) reported that they were not easily get condoms whenever they want to use. Concerning the placement of condom, most of the commercial sex workers who used condoms frequently and less frequently 64(31.5%) reported that they got condoms from street vendors, 57(28.1%) from market/private shops,48(23.6%) from hotel/bar, 25(12.3%) from pharmacy,7(3.4%) from health facility, 3(1%) reported that they get condoms from other source i.e. distributors.

**Table 11: Condom availability and Accessibility**

<b>is condom easily accessible</b>	Frequency	Percent
Yes	174	85.7
No	29	14.3
Total	203	100.0
<b>Where do you mostly get?</b>		
Health center	7	3.4
Pharmacy	25	12.3
Hotel	48	23.6
Shops	57	28.1
Street vendors	64	31.5
Other	2	1.0
Total	203	100.0

Unlike the findings from other studies, all commercial sex workers in the present study who had used condoms reported that condoms were readily available. An increased

tendency of not bothering about the reactions of others while buying condoms from the nearby private shops is observed in commercial sex workers. Embarrassment and fear in buying condoms from exposed places, such as, shops was reported to be one of the major obstacle of using condoms. The other important reason for the readily availability of condoms may be attributed to the success of the condom social marketing program conducted the beholders which has made condoms very visible and easily available. However, the program is not yet successful in increasing the use of condoms to a level corresponding to that of people who may be at risk of HIV infection.

For the comprehensive response, it is important to improve access to and availability of condoms in all community. However, a condom social marketing program that primarily reaches the lower-risk general population may not have a significant impact on reducing HIV transmission. Hence, distribution of condoms to targeted populations must take place through multiple approaches, such as free targeted distribution, community based distribution programs and dissemination via health facilities and other commercial outlets.

Condom social marketing programs combine greater condom accessibility with affordable prices. Estimating condom requirements is essential to ensure that that supply condoms keep up with an expanding demand. Educating the public on the proper use of condom and ensuring its distribution through all possible outlets at affordable prices and on a continuous basis are among the general strategies stipulated in both the national HIV ADIS policy document of Ethiopian Government and other concerned parties strategic plan.

#### **4.5.4. Commercial sex workers about condom Price**

Respondents were asked if whether they know about the price of condom or not, except 2(1%)of CSWs almost all of them were familiar with the price of condom. To express the commercial sex workers attitude towards to condom price i.e. condom price is reasonable was asked. And, the majority 105(51.7%)of the respondents were agreed,59(29.1%) of them stated as they were disagree with reasonability of the price of condom , 39 (19.2%) stated that as they were not sure whether it is reasonable or not.

**Table 12: Commercial sex workers about condoms price**

<b>Do you know the price of condom</b>	Frequency	Percent
Yes	201	99.0
No	2	1.0
Total	203	100.0
<b>Condom price is reasonable</b>		
Disagree	59	29.1
Not sure	39	19.2
Agree	105	51.7
Total	203	100.0

From the open ended question though the cost of a pack of condom differs from place to place and during day and night time, many of the commercial sex workers involved in the study considered the cost for a pack of condom to be cheap (fair/not expensive) and pointed out that they are faced with little problem in getting condoms from various sources. This is an indication of the positive perception most people have regarding the cost of condoms to the study population. However, condoms are not being used as much as they should be, mainly because of negative perception among users and health-care providers alike.

#### **4.5.5. Condom promotion and commercial sex workers**

##### **4.5.5.1. Attending condom promotion**

109 (53.7 %) of the total commercial sex Workers surveyed have not exposure to condom promotions and behavioral change campaigns, 94(46.3%) have no exposure to condom promotion and behavioral change campaigns.

**Table 13: Attending condom promotion**

<b>Have you ever attend any condom promotion</b>		
Yes	94	46.3
No	109	53.7
Total	203	100.0

**4.5.5.2. Attending condom promotion role for knowledge, perception and practice of condom use Cross tabulation**

The great majority of the commercial sex workers who attend condom promotion 60 (63.8%) agreed with that condom promotions have an impact on their knowledge, perception and practice of condom use, 20 (21.3%) do not think that condom promotions have an impact on their knowledge, perception and practice of condom use. In addition, another 14 (14.9%) of the commercial sex workers were not sure whether condom promotions have an impact on their knowledge, perception and practice of condom use.

The finding from the above tables revealed that less than half of the subjects have an exposure to condom promotions. But if they do have an exposure condom promotion campaigns, there will be a general awareness among the commercial sex workers about the impact of condom promotion on knowledge, perception and practices of condom use. Despite the high levels of exposure to condom promotion , which is supplemented by wide belief of the ‘effectiveness of condom promotion on CSW knowledge, perception, and practice of condom use , the effort has not been successful in bringing about a substantial change in the level of actual condom use in a correct and consistent manner. Several interventions have made use of the media, usually radio, and educational materials as health promotion tools.

**Table 14. Attending condom promotion role for knowledge, perception and practice of condom use Cross tabulation**

Item	Yes, Respondents	condo promotions have an impact on your knowledge, perception and practice of condom use			Total
		Disagree	Not sure	Agree	
	<b>Number</b>	20	14	60	94
<b>Have you ever attend any condom promotion?</b>	<b>Percentage</b>	21.3%	14.9%	63.8%	100%

#### **4.5.6. Bi-Variate result for condom use practice and condom experience**

This section illustrated the association between the dependent variable commercial sex workers pressurizing their clients for condom use and the independent variables. Condom awareness, Condom price knowledge, condom promotion and condom accessibility: As the bi- Variate analysis result indicated in the following table: All CSWs condom usage experience related variables have association with condom usage of the respondents. That is the result indicates as there is relationship between the variables.

Chi-Square statistics (9.1, 6.9, 4.8 7.8) and their significance level ( $p < .003, .009, .029$  and  $.005$ ) respectively indicate that it was very unlikely that these variables are independent of each other.

**Table 15: Chi- square results on association of pressurizing clients to use condom with selected variables from four P's of condom social marketing.**

		Have you ever pressurized your clients to use Condom?		Total	$\chi^2$ Value	Sig.
		Yes	No			
Have you ever heard about condom?	Yes	124	45	157	9.1	.003
	No	33	1	46		
Have you ever know the price of condom?	Yes	157	44	157	6.9	.009
	No	0	2	46		
Is condom easily accessible?	Yes	130	44	157	4.8	.029
	No	27	2	46		
Have you ever attend any condom promotion?	Yes	81	76	157	7.8	.005
	No	13	33	46		

## CHAPTER FIVE

### CONCLUSIONS AND RECOMMENDATIONS

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This part of the study presents the conclusions drawn based on the analysis carried out and findings reported in the previous chapter. Additionally, recommendations are made.

#### **5.2. Conclusions**

On the basis of this study, it was found out that majority of the respondents were young people under the age of 30, who are single and who have not completed secondary education. This clearly demonstrates that the onset of CSW as a life style come very early among the study population.

As far as age of becoming commercial sex worker is concerned, half of the study subjects begin at the age of 16-20. This indicates the age to start commercial sex work is how much dangerous. When we come to marital status of the respondents, about 74% this high risk women who live alone in the surrounding areas are not married and the rest of them come from broken homes. With regard to the age of marriage, most of them 59(78%) are married at the age of less than 18 years old. This implies most of them were married early.

It was indicated from this study that almost all of the study subjects were compelled to be engaged in such undesirable activity because of poverty, due to unemployment, divorce, rape, to find freedom from home life and family disintegration which pointed the fact that economic problems and instability are potent factors which pushed many of the CSWs to prostitution where they can survive and support them selves.

Among the study participants the majority claimed their clients to use condom. According to this study, the main reason of CSWs to use condom is to avoid STIs/HIV and for pregnancy prevention. There is little doubt that condoms were being used by CSWs and their clients primarily for disease prevention. Most of the participants were not consistently pressurize their clients to use condom i.e. not consistent users (non- users, mostly users and sometimes users). These indicate as there is inconsistencies regarding condom utilization. Accordingly, those who are not pressurize their clients were because refused by and more payment from their clients.

Perception of condom positively by the target group is a necessary requirement for any condom social marketers. Research has demonstrated that perceived value influences use rates. But this study showed that almost half of the respondents were not perceive condom positively in its all dimensions i.e. they are not sure for any cases of condom utilization. Simply there was confusion among the study population about the effectiveness of condoms in preventing HIV/AIDS of used correctly and consistently. Thus, we conclude that as there is education gap to upgrade commercial sex workers beliefs on condom perception.

It is believed that different condom products should be available to the most HIV/AIDS vulnerable groups. However, the studies indicated that Hiwot Trust and Sensation condoms were highly available and had high brand recognition among the study population. Thus, the high level of brand recognition is believed to be the result of condom social marketing organizations condom placement and promotion activities which targets do attain high level of product accessibility and affordability.

Commercial Sex Workers are the target groups which were expected to have condom utilization experience and were should not encountered problems while using condoms with their clients. But the result of the study found out that most of the subjects have encountered one or all of the mentioned problems while using condoms. From this, it is concluded that there is poor quality of condoms as perceived by respondent and improper use of condom.

Efficient information and promotion is another area that cannot be ignored if best practice of condom utilization is to be maintained. Like other functional areas of CSM organizations, well practice of the two elements play a key role in achieving desired goals. And the result indicates, the CSWs receive their information from radio, television and their friends. From the three sources information a large number of CSWs in the present study heard about condom and its proper usage from radio. While it lacks the vital visual contact needed for condom use demonstration, radio serves as an effective media for disseminating information about condom.

Readily availability of variety of condoms is the backbone to ensure CSWs with their clients' consistent condom usage. Almost all CSWs in the study who had pressurized their clients to use condoms reported that condoms were readily available. Important reason for the availability of condoms may be attributed to the success of the condom social marketing program conducted. However, most of them obtain condoms from shops, street vendors, and hotels. It is concluded that the place where condoms available were limited.

Research has demonstrated that people tend to place more value on something they pay for than on something they get for free (perceived value influences use rates). The study found that many of the CSWs considered the cost of condom is reasonable. This is an indication of the positive perception of most people regarding the cost as well as about fair, economic and physical availability of condoms.

An exposure to condom promotions by commercial sex workers is an essential tool by which they could upgrade their level of knowledge perception and practice of condom use. However, the study indicated that most of the respondents have never been exposed to condom promotions and were not benefited from that. This implies that the effort of condom social marketers had not been successful in bringing a substantial behavioral change in the level of actual condom use in a correct and consistent manner.

### **5.3. Recommendations**

Until there is a major structural change in Ethiopian economy, which provides CSWs with an upbringing environment which can secure their interests and which can provide viable employment opportunities for them, it is impossible to eliminate prostitution. The major reasons which channels large number of young girls in Commercial Sex Works are related to poverty. Young girls, dissatisfied with their lives either because of family disintegration or because of extremely poor personal conditions follow Commercial Sex Work in hope of a better life. In some cases young girls are pushed in to prostitution by their parents in order to pay for their unkept and lodging life. This study demonstrates gaps that need urgent filling in order to save people who are at risk of HIV/AIDS. It is evident that keeping people from risky behavior and helping them to correctly asses their risk and finally

helping them to take correct measures needs the development of a range of innovative strategies to bring significant behavioral changes. Based on the findings of this study, the following points are recommended.

- Condom Social Marketing organizations should initiate poverty alleviation programs that would genuinely and practically change the living standards of the majority of CSWs. This measure will undoubtedly reduce the number of women engaging in Commercial Sex Work.
- Consistent messages from legitimate sources should be disseminated in an interactive fashion to effect behavior change among commercial sex workers regarding condom utilization.
- Condoms should be available every where. For doing so condom social marketers are expected to work together with other concerned institutions.
- More stress should be given to those who are married and clients of CSWs to be faithful to their wives and unmarried one's should be encouraged to avoid pre marital sex.
- Information, education and communication among the target population on healthy sexual behavior should be intensified. In addition health education on the advantages of condom utilization should be given due consideration.
- To promote and create awareness about condom among CSWs, and bring behavioral changes, socially and culturally appropriate strategies should be employed by the concerned condom social marketing organizations.
- The use of female condom will empower CSWs in their negotiation with their clients over sexual matters. So that the concerned bodies should introduce female condom to provide greatest public health impact strategically.
- Information, education and communication programs should be also established and emphasis should be put on reproductive health in order to encourage the Commercial Sex Workers to negotiate condom use with their clients.
- Condom perception from commercial sex workers view point must not be seen in isolation. Hence, a broad based comprehensive drive has to be taken to enhance positive perception in condom, as a backward linkages of condom utilization

- Since condom use must be reported from both sexual partners conducting further research on CSWS and their clients sexual behavior and risk perception should be give more emphasis.

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# Appendixes

**ADDIS ABABA UNIVEERSITY**  
**SCHOOL OF GRADUATE STUDIES**  
**DEPARTMENT OF BUSINESS EDUCATION**

Dear and respected respondents, this instrument is developed for the sake of gathering information for a study that attempts to understand the impact of CSM in the prevention of HIV-AIDS in the case of commercial sex workers in some selected area of Addis Ababa.

Expressing my gratitude in advance, I would kindly like to ask you to share me your view based on your experiences by taking some moment from your precious and valuable time schedule. Since you are to represent many CSWs who have similar experiences, your true cooperation and responses are very much necessary. Your responses are highly helpful in deciding the success of this investigation. In addition, I would like to assure you that your responses are going to be treated confidentially and will be used only for the purpose of this study.

The questionnaire has three parts and each part has its own direction and instructions. Please give your responses according to the direction and instructions provided for each part.

Sincerely thank your in advance, for your cooperation.

**Note:**

- **There is no need to write your name**
- **Respond to the questions by encircling the letter of your choice among the alternatives**
- **You may choose one or more alternatives**

## Part one: Demographic and Socio-economic issues

1. Your age is?

- a. Under 16
- b. 16-20
- c. 21-25
- d. 26-30
- e. 31-35
- f. Over 35

2. Education level:

- a. Not started
- b. Primary education
- c. Secondary education
- d. Above secondary education

3. What is your religion?

- a. Orthodox
- b. Islam
- c. Protestant
- d. Catholic
- e. Others, specify

4. How much is your average daily income?

- a. 30-50birr
- b. 51-100 birr
- c. Above 100 birr

5. How old were you when you first begin this occupation?

- a. Below 16
- b. 16-20
- c. 21-25
- d. Above 25

6. What is your ethnic group?

- a. Amhara
- b. Tigre
- c. Oromo
- d. Other, specify

7. Marital status

- a. Married
- b. Not married

8. If married, year of marriage was?

- a. Below 18
- b. 18 and above 18

9. Why did you begin working as commercial sex worker?

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**Part Four: The experience of CSWs towards condom's regarding its availability, the product nature, its price, its promotion and the information about it**

1. Which of the following brand is used frequently?

- a. Hiwot trust
- b. Sensation
- c. Durex
- d. French flings
- e. others, specify \_\_\_\_\_

2. Have you ever encountered problems when using condom?

- a. Yes
- b. No

3. If yes, which of the following problems have you faced?

- a. Breakage
- b. Slippage
- c. Leakage
- d. Falling off
- e. other \_\_\_\_\_

4. **Have you ever heard of about condom and its usage?**

- a. Yes
- b. No

5. **If yes, which one of the following is your source of information?**

- a. News paper
- b. Television
- c. Friend and relatives
- d. Posters and pamphlets
- e. Radio
- c. Magazines

6. Do you easily get condoms when you want to use

- a. yes
- b. No

7. Where do you can get condom if you want to use?

- a. Health center
- b. Pharmacy
- c. Hotel
- d. Shops
- e. Street vendors
- f. Other \_\_\_\_\_

6. Do you know the price of condom?

- a. Yes
- b. No

9. The price of condom is reasonable

- a. Agree
- b. Not sure
- c. Disagree

10. Have you ever attend any condoms promotion?

a. Yes

b. No

9. Condom promotions do have impact on your knowledge of, perception for and practice of condom use?

a. Agree

b. Not sure

c. Disagree

10 .Regarding place, promotion and price what is your attitude towards to condom social marketing organizations in Ethiopia?

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11. In your point of view what is expected from condom social marketing organizations to prevent HIV/AIDS

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**በአዲስ አበባ ዩኒቨርሲቲ**  
**የስነ ትምህርት ፋኩልቲ**  
**የንግድ ስራ ትምህርት ክፍል**

ይህ የመጠይቅ ቅጽ የኮንዶም ማህበራዊ ግብይት ሴተኛ አዳሪዎችን ከኤች አይ ቪ / ኤድስ ለመከላከል የሚያደርገውን እገዛ ለማወቅ ለሚደረግ ጥናት የተዘጋጀ ነው። ስለዚህ የእርስዎ ይህንን የመጠይቅ ቅጽ እውነተኛ በሆነ መልኩ ለመሙላት መተባበር የኮንዶም ማህበራዊ ግብይት ኤች አይ ቪ/ ኤድስን ለመከላከል የሚደረገውን ትግል በተቀላጠፈ መልኩ የሚያግዝ መሆኑን ለማየት በሚደረገው ጥረት ላይ ጉልህ አስተዋጽኦ ያደርጋል።

የሚሰጡት መረጃ በሚስጥር እንደሚያዝና ለጥናቱ አገልግሎት ብቻ እንደሚውል ላረጋግጥልዎ እወዳለሁ።

ይህንን የመጠይቅ ቅጽ በመሙላት ለተባበራችሁኝ ሁሉ በቅድሚያ አመሰግናለሁ።

- ማስታወሻ:-
- ስምዎን መጻፍ አያስፈልግም
  - ምርጫዎን በማክበብ ያመልክቱ
  - ለተጠየቁት ጥያቄ ከአንድ በላይ መልስ መስጠት ይችላሉ

**ሀ. የመላሾች የግል ሁኔታ መግለጫ**

**1. እድሜ**

- |                |            |
|----------------|------------|
| ሀ. ከ16 አመት በታች | መ. 26 — 30 |
| ለ. ከ16 — 20    | ሠ. 31 — 35 |
| ሐ. ከ21 — 25    | ረ. ከ35 በላይ |

**2. የትምህርት ደረጃ**

- |                       |                      |
|-----------------------|----------------------|
| ሀ. መደበኛ ትምህርት አልጀመርኩም | ለ. 1ኛ ደረጃ ጨርሻለሁ      |
| ሐ. 2ኛ ደረጃ ጨርሻለሁ       | መ. ከ2ኛ ደረጃ በላይ ደርሻለሁ |

**3. በአሁኑ ሰአት ከሚከተሉት የትኛውን እምነት ይከተላሉ?**

- |            |             |
|------------|-------------|
| ሀ. ኦርቶዶክስ  | መ. ካቶሊክ     |
| ለ. ፕሮቴስታንት | ሠ. ሌላ _____ |
| ሐ. መስለም    |             |

**4. በየቀኑ የሚያገኙት አማካይ የገቢ መጠን ምን ያህል ይሆናል?**

- |             |              |                |
|-------------|--------------|----------------|
| ሀ. 30-50 ብር | ለ. 51-100 ብር | ሐ. ከ100 ብር በላይ |
|-------------|--------------|----------------|

**5. ሴተኛ አዳሪነት ሲጀምሩ በግምት ስንት አመትዎ ነበር?**

- |            |            |
|------------|------------|
| ሀ. ከ16 በታች | ሐ. 21-25   |
| ለ. ከ16-20  | መ. ከ25 በላይ |

6. የየትኛው ብሔር ተወላጅ ነዎት?

- ሀ. ትግሬ                      ለ. ኦሮሞ
- ሐ. አማራ                    መ. ጉራጌ                      ሠ. ሌላ ከሆነ ይጥቀሱ \_\_\_\_\_

7. ሴተኛ አዳሪነት ከመጀመርዎ በፊት አግብተው ነበር?

- ሀ. አዎ                                      ለ. አላገባሁም

8. ለሰባተኛው ጥያቄ መልስዎ አዎ ከሆነ ስንት አመትዎ ነበር?

- ሀ. ከ18 አመት በታች                      ለ. 18 እና ከዚያ በላይ

9. ሴተኛ አዳሪነት የጀመሩበት ምክንያት ምንድነው? \_\_\_\_\_

**ክፍል ሁለት : የሴተኛ አዳሪዎች የኮንዶም አጠቃቀም**

1. ደንበኛዎ ኮንዶም እንዲጠቀም አድርገው ያውቃሉ?

- ሀ. አዎ                                      ለ. አላውቅም

2. ለአንደኛው ጥያቄ መልስዎ አዎ ከሆነ ምን ያህል ጊዜ?

- ሀ. ሁል ጊዜ                      ለ. በአብዛኛው                      ሐ. አልፎ አልፎ

3. ደንበኛዎ ለምን ኮንዶም እንዲጠቀም ይፈልጋሉ?

- ሀ. ከኤች አይ ቪ. ኤድስ ራሴን ለመከላከል                      ለ. የአባላዘር በሽታዎች ለመከላከል
- ሐ. እርግዝና ለመከላከል                      መ. ሌላ ካለ ይጥቀሱ \_\_\_\_\_

4. ከደንበኛዎ ጋር ኮንዶም የማይጠቀሙ ከሆነ ምክንያትዎ ምንድን ነው?

- ሀ. በቀላሉ አይገኝም                      ረ. እንዴት መጠቀም እንዳለብኝ ስለማማውቅ
- ለ. ደንበኞቼ ይቃወማሉ                      ሰ. በሃይማኖቴ ስለማይፈቅድ
- ሐ. ኮንዶም ያስጠላኛል                      ሸ. ደንበኞቼ ብዙ ስለሚከፍሉኝ
- መ. ብዙ ጊዜ መጠጥ ስለምጠጣ                      ቀ. ሌላ ካለ ይጥቀሱ \_\_\_\_\_
- ሠ. አስቤው አላውቅም

**ክፍል ሦስት፣ ሴተኛ አዳሪዎች ስለኮንዶም ያላቸው አመለካከት /Perception/**

1. ኮንዶም ኤች አይ ቪ. / ኤድስን ይከላከላል

- ሀ. እስማማለሁ                      ለ. እርግጠኛ አይደለሁም                      ሐ. አልስማማም

2. ኮንዶም መጠቀም ከግብረ ስጋ ግንኙነት የሚገኝ ደስታን ይቀንሳል

- ሀ. እስማማለሁ                      ለ. እርግጠኛ አይደለሁም                      ሐ. አልስማማም

3. ሴተኛ አዳሪዎች ኮንዶም መጠቀም ይችላሉ?

- ሀ. እስማማለሁ                      ለ. እርግጠኛ አይደለሁም                      ሐ. አልስማማም

4. ሴተኛ አዳሪዎች ኮንዶም መጠቀም ቢፈልጉ ከደንበኞቻቸው ተቀባይነት ያገኛሉ?

ሀ. እስማማለሁ ለ. እርግጠኛ አይደለሁም ሐ. አልስማማም

5. ሴተኛ አዳሪዎች ኮንዶም ለመጠቀም ደንበኞቻቸውን መጠየቅ ይችላሉ?

ሀ. እስማማለሁ ለ. እርግጠኛ አይደለሁም ሐ. አልስማማም

6. ኮንዶም መጠቀም አብሮን ግብረ ስጋ ግንኙነት የሚያደርግ ሰው አለማመንን ያመለክታል።

ሀ. እስማማለሁ ለ. እርግጠኛ አይደለሁም ሐ. አልስማማም

**ክፍል አራት፣ ሴተኛ አዳሪዎች ለኮንዶም ያላቸው የአቃቀም ልምድ ከአይነት፣ ከዋጋ**

**ከመረጃ፣ ከአቅርቦት እና ከማስታወቂያ አንጻር**

1. ከሚከተሉት የኮንዶም አይነቶች አዘውትረው ከደንበኛዎ ጋር የሚጠቀሙት የትኛው ነው?

- ሀ. ህይወት ትረስት
- ለ. ሰንሴሽን
- ሐ. ዱሬክስ
- መ. ፍረንች ፍሊንግስ
- ሠ. ሌሎች ካሉ ይጥቀሱ \_\_\_\_\_

2. ኮንዶም ከደንበኛዎ ጋር በሚጠቀሙበት ጊዜ ችግር ገጥሞት ያውቃል?

- ሀ. አዎ
- ለ. አላውቅም

3. ለሁለተኛው ጥያቄ መልስዎ አዎ ከሆነ፣ ከሚከተሉት መካከል የትኞቹ ችግሮች አጋጥሞት ያውቃል/ያውቃሉ?

- ሀ. መቀደድ
- ለ. መንሸራተት
- ሐ. መፍሰስ
- መ. መውለቅ
- ሠ. ሌላ ከሆነ ይጥቀሱ \_\_\_\_\_

4. ስለኮንዶም እና አጠቃቀሙ መረጃ አግኝተው ያውቃሉ?

- ሀ. አዎ
- ለ. አላውቅም

5. ስለ ኮንዶምና አጠቃቀሙ መረጃ ያገኙት

- ሀ. ከጋዜጣ
- ለ. ከቴሌቪዥን
- ሐ. ከመፅሔት
- ሠ. ከጓደኞቹ
- መ. ከፖስተሮች / በራሪ ወረቀቶች
- ሰ. ከራዲዮ
- ቀ. ሌላ ከሆነ ይግለጹ \_\_\_\_\_

6. ኮንዶም ለመጠቀም በሚፈልጉበት ጊዜ በቀላሉ ያገኛሉ?

- ሀ. አገኛለሁ
- ለ. አላገኝም

7. ኮንዶም የሚያገኙት ከየት ነው? (አዎ ወይም አይደለም በማለት ከሚከተሉት ያመልክቱ)

- ሀ. ከጤና ተቋማት
- ለ. ከፋርማሲ
- ሐ. ከሆቴል
- መ. ከሱቅ
- ሠ. መንገድ ላይ ከሚሸጡት
- ረ. ሌላ ከሆነ ይግለጹ \_\_\_\_\_

8. ስለኮንዶም ዋጋ ያውቃሉ?

ሀ. አዎ

ለ. አላውቅም

9. የኮንዶም መሸጫ ዋጋ ሚዛናዊና ምክንያታዊ ነው?

ሀ. እስማማለሁ

ለ. እርግጠኛ አይደለሁም

ሐ. አልስማማም

10. የኮንዶም ማስታወቂያዎች ተከታትለው ያውቃሉ?

ሀ. አዎ

ለ. አላውቅም

11. የኮንዶም ማስታወቂያዎች እርስዎ ስለኮንዶም ባለዎት እውቀት፣ አመለካከት እና ልምድ ላይ ለውጥ ያመጣሉ?

ሀ. እስማማለሁ

ለ. እርግጠኛ አይደለሁም

ሐ. አልስማማም

12. በኮንዶም ማህበራዊ ግብይት ስለሚሰሩ ድርጅቶች ያለዎት አመለካከት ምንድን ነው

(ከአይነት፣ ከዋጋ፣ ከአቅርቦት፣ ከመረጃ እና ከማስተዋወቅ አንጻር)

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13. ኤች አይ ቪ/ኤድስን ለመከላከል ባለድርሻ አካላት ለምሳሌ በኮንዶም ማህበራዊ ግብይት ላይ የሚሰሩ ድርጅቶች ምን መስራት አለባቸው ብለው ያምናሉ?

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## Declaration

I, the undersigned, declare that this thesis is my original work, has not been presented for a degree in this or another university and that all sources of materials used for this thesis have been fully acknowledged.

Name: Kefele Dessalegn

Signature: : \_\_\_\_\_

Date: : \_\_\_\_\_

This thesis work has been submitted for examination with my approval as university advisor.

Name: Dr. Wanna Leka (PhD)

Signature: \_\_\_\_\_

Date: 03/03/2010

