

PAA EXTENDED ABSTRACT

SOCIAL MARKETING SALES AND TRENDS IN CONDOM USE IN LESOTHO

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Introduction and Background

Despite improvements in treatment and prevention, HIV/AIDS remains a major problem in Southern Africa, affecting a higher percentage of the population than any other region in the world. In Lesotho, an estimated 23.6% of adults aged 15-49 are living with HIV/AIDS (Lesotho Ministry of Health and Social Welfare, 2011). Male condoms remain a key prevention strategy for HIV prevention in Southern Africa (UNFPA, WHO & UNAIDS, 2009; Karim & Karim, 2010; Commission on HIV/AIDS and Governance in Africa, 2008). Condoms have been widely distributed and marketed in Sub-Saharan Africa for the prevention of both HIV and unwanted pregnancy.

As in most developing countries, the condom market in Lesotho consists of three sectors: the public sector, the commercial sector, and the social marketing sector. The public sector distributes condoms for free, aiming to provide for those who cannot otherwise afford to pay for condoms. This is in contrast to the commercial sector, which aims to sell condoms for a profit. The social marketing sector attempts to provide a third option for condom users who cannot afford to buy branded commercial condoms but who also do not belong to the poorest, neediest populations targeted by public sector distribution (Pollard, 2007). Social marketing condoms are subsidized, making these condoms more affordable than condoms marketed and sold by the commercial sector. Social marketing interventions are responsible for providing more than two billion male condoms per year in 71 countries, with the main objective of increasing condom use through the distribution of branded goods in private sector outlets and the advertisement of products through various types of media. Lesotho has had a condom social marketing program since 2001. The program was launched by Population Services International (PSI) with support from DFID.

The aim of this study is to 1) examine trends in sales of socially marketed condoms for the period from 2001 to 2011, and 2) to analyze trends in condom use using data from three waves of nationally representative surveys. The study describes important changes in the condom market in Lesotho and recommends future direction for social marketing organizations and other stakeholders.

Methods and Measures

The analysis of the trends in social marketing sales is based on condom sales data obtained from DKT International's Contraceptive Marketing Statistics (<http://www.dktinternational.org/publications-resources/contraceptive-social-marketing-statistics/>). Analyses of trends in levels of condom use are based on data from the 2004 and 2009 waves of the Lesotho Demographic and Health Surveys and data from a 2012 survey conducted for the Lesotho Soul City Project. Stata 12 was used to analyze changes in condom use by gender and by socioeconomic status.

Results

Sales of social marketed condoms increased substantially between 2001 and 2011. In 2002, just one year after the social marketing program started, a total of 944,563 condoms were sold. This increased to 1,432,416 units sold in 2003, followed by a slight decrease to 1,259,352 units sold in 2004. The number of social marketing condoms sold increased dramatically for the next two years, to 2,104,884 in 2005 and 3,167,929 in 2006. This number remained stable for the next year and then started slowly increasing. In 2011, units sold jumped to 6,917,745, a 50% increase from the year before.

Our survey data indicate that overall condom use increased steadily between 2004 and 2012. In 2004, 19.5% of women reported condom use at last intercourse. This percentage increased to 36.7% in 2009 and to 45.8% in 2012. A similar increase was observed among males, from 27.5% in 2004 to 46.3% in 2009 and 60.7% in 2012.

Because social marketing programs target the poorer segments of society, albeit not the poorest of the poor, we anticipate that rapid increase in sales of socially marketed condoms will lead to increased condom use among the poor. Examination of the level of condom use for respondents from different wealth quintiles confirms that this is the case. Among women of the poorest quintile, condom use at last sex increased from 6.9% in 2004 to 18.7% in 2009 and 32.3% in 2012. Their male counterparts experienced increases from 10.0% in 2004 to 22.0% in 2009 and finally, 40.6% in 2012. Women in the second lowest quintile reported increases in condom use at last sex from 9.6% in 2004 to 27.7% in 2009 and finally to 44.1% in 2012. Condom use among men in this quintile increased from 18.0% to 38.3% to 57.6% in 2004, 2009 and 2012, respectively. Although condom use at last sex also increased among the wealthier quintiles, these changes were of smaller magnitude. Among women in the wealthiest quintile, condom use increased from 34.0% in 2004 to 45.7% in 2009 and 58.9% in 2012. For men in the

wealthiest quintile, use at last sex increased from 43.5% to 62.0% to 73.2% in 2004, 2009, and 2012, respectively.

Discussion

Trends in condom use have mirrored trends in sales of socially marketed condoms. There is evidence that equity in condom distribution has increased. Condom use increased more than fourfold among women and men of the poorest quintile and women of the second poorest quintile. Although all wealth quintiles experienced increases in condom use over the last decade, these changes were more substantial among those of low socioeconomic status. These findings suggest that condom social marketing has contributed to increased condom use among the poor. At the same time, the increased condom use among wealthier people suggests that there are opportunities for the commercial sector to grow as well. Hence, a Total Market Approach (TMA) is recommended to ensure optimal coordination between the social marketing program, the public sector, and the commercial sector.

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