

GOVERNMENT OF NAMIBIA
MINISTRY OF HEALTH AND SOCIAL SERVICES

GERMAN FINANCIAL CO-OPERATION WITH NAMIBIA

SOCIAL MARKETING OF CONDOMS
FOR HIV/AIDS PREVENTION AND FAMILY PLANNING –
NASOMA

REPORT ON
RAPID ASSESSMENT
RELATED TO HIV/AIDS AND CONDOM USE

GITEC CONSULT GmbH / MSI

in Cooperation with UNICEF, Windhoek

July 2001

TABLE OF CONTENTS

1. Background and Aim of the Assessment.....	1
2. Method and Sample.....	3
3. Condom Use and Exposure to NaSoMa Campaign	6
4. Attitudes Toward HIV/AIDS and Exposure to <i>Take Control Campaigns</i>	15
5. Summary and Conclusions	19
6. Recommendations.....	20

Appendix

Annex 1: Individual Questionnaire	
Annex 2 : List of Interviewers	
Annex 3 : Sample Size According to Location	
Annex 4: HIV Prevalence among Pregnant Women in different sentinel sites, 2000	
Annex 5: Trends in HIV Prevalence among Pregnant Women in different sentinel sites, 2000	

LIST OF TABLES

Table 1: Basic characteristics of respondents	4
Table 2: Marital status and partnerships.....	5
Table 3: Ever use of condoms.....	6
Table 4: Percentage of respondents who ever used a condom, by place	7
Table 5: Sources of condom supply	8
Table 6: Experience with free and commercial condoms.....	8
Table 7: The five best known condom brands in Namibia.....	9
Table 8: Regional variation in experience of respondents in buying „Cool Ryder“ condoms	10
Table 9: Exposure to NaSoMa advertisements, %	13
Table 10: Regional variations in awareness about campaigns: percent of respondents who had never heard of these campaigns.....	15
Table 11: People to talk with about “Take Control”	17

LIST OF CHARTS

Chart 1: Access to free condoms	9
Chart 2: Experience with buying NaSoMa condoms.....	10
Chart 3: Relevance of outlet types for „Cool Ryder“ sales	12
Chart 4: Consumer satisfaction with „Cool Ryder“	13
Chart 5: Relevance of media for “Cool Ryder” advertisements.....	14
Chart 6: Awareness about campaigns.....	15
Chart 7: Sources of information on „Save Sex Saves Lives“	16
Chart 8: Sources of information on „Take Control“	16
Chart 9: Perceptions of risk: Why do respondents believe not to be at risk?	17

ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
HIS	Health Information System
HIV	Human Immune-Deficiency Virus
IEC	Information, Education, Communication
LMU	Logistics Management Unit
MCH	Mother-and-Child-Health
MFMC	„My future – my choice“
MIS	Management Information System
MOHSS	Ministry of Health and Social Services
MSI	Marie Stopes Intl.
NACOP	National AIDS-Co-ordination Program
NACP	National AIDS Control Program
NASOMA	National Social Marketing Program
NGO	Non-Governmental Organization
RA2000	Rapid Assessment 2000
RA2001	Rapid Assessment 2001
STD	Sexually Transmitted Disease
UN	United Nations
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNFPA	United Nations Fund for Population Activities
WHO	World Health Organisation

1. Background and Aim of the Assessment

Namibia is amongst the countries hardest hit by the HIV/AIDS pandemic worldwide.¹ The most recent available data² on HIV prevalence shows a country-wide average of 22.3 percent for the year 2000 (19.4 percent in 1998). AIDS has become the number one killer of Namibians. The share of deaths attributed to AIDS exceeds 50 percent for certain age groups countrywide and in some regions even for all people in age 15 to 49.

Efforts to combat the upcoming pandemic began more than 10 years ago. Yet, they could not prevent the spread of the virus. Projections of future development expect that the HIV prevalence follows an S-shaped curve and levels of at about 24 percent in the year 2005.³ However, this assumes that annual incidence is already declining. Up to now there is no real proof for this assumption.

To achieve a decline in incidence, a significant change in behavior is needed. Individuals can protect themselves only with either sexual abstinence, faithfulness or use of condoms. The general awareness about the disease in Namibia is reportedly quite good. Although it is felt that there are behavioral changes taking place, anthropological research suggest that many people continue risk-taking, dangerous practices.

The National Social Marketing Program (NaSoMa) has been founded in 1999 to give more Namibians easy and affordable access to quality condoms. As part of its mission NaSoMa is also engaged in behavioral change communication in order to overcome behavioral obstacles to condoms use and to raise demand. NaSoMa is part of German financial cooperation with Namibia and is implemented by GITEC Consult GmbH (Düsseldorf) and Marie Stopes Intl. (MSI, London).

In June 1999 the UN Technical Working Group on HIV/AIDS for Communications and Youth conducted a media training workshop. Out of this workshop the Task Force for the Namibian HIV/AIDS Media Campaign was established. Members from various media institutions, ministries, UN agencies, and other organizations cooperated with a wide range of partners. The Task Force chose "Take Control" as the theme for a comprehensive media campaign and "Safe Sex Saves Lives" as its first message. Various channels of communication (such as TV and radio adverts, posters, billboards etc.) had been prepared. On October 21, 1999 the "Take Control" campaign was launched officially.

NaSoMa is one of the institutions collaborating in the Task Force. In April 2000 NaSoMa conducted its first Rapid Assessment of the campaign.⁴ The report showed

¹ see: www.unaids.org

² Ministry of Health and Social Services (MOHSS): Report of the 2000 HIV Sentinel Sero Survey. Windhoek: MOHSS, 2001

³ Projecting the impact of HIV/AIDS in Namibia (Year 2000 projection base). Establishing a national consensus on HIV/AIDS: Impact projections for Namibia. Windhoek: MOHSS, 2001. <http://www.healthforall.net/grnmhss/htm/hivaidsimpdfiles1.htm>

⁴ Ministry of Health and Social Services (MOHSS), German Financial Co-operation with Namibia: Report on KAP Study related to HIV/AIDS. Düsseldorf, Windhoek: GITEC Consult GmbH. (quoted as RA2000 in this report)

that a remarkable share of respondents had heard of the campaigns and its slogans, and the effectiveness of various media. Beyond that, it afforded insights into important aspects of behavior related to the spread of HIV/AIDS. However, the existing obstacles to the personalization of the risk of HIV infection and to condom use could be only partly explained by the applied method.

During the year 2000, NaSoMa commenced sales of its main condom product “Cool Ryder”. Shortly afterwards, “Life’s Choice” and the female condom “Femidom” followed. There had been indications that “Cool Ryder” would achieve a substantial market penetration in the first months, which seemed to be less true for “Life’s Choice”.

A first aim of the 2001 Rapid Assessment had been to gain information about condom use in general and knowledge and experiences with the NaSoMa condoms in particular. This information should be helpful to streamline NaSoMa’s strategy for the next phase of the project.

The second aim of the 2001 Rapid Assessment had be to follow up on major issues of the 2000 study, namely awareness of the Take Control campaigns and changes in attitude towards HIV/AIDS. One major player in efforts to achieve behavioral changes among young people in Namibia is UNICEF, in particular through its “My Future – My Choice” (MFMC) program, which has been attended by over 80.000 young people over the last years. For this reason, attendance of MFMC had been included as background information about respondents, to look at its influence.

The 2001 Rapid Assessment (RA2001) was commissioned and implemented by NaSoMa and conducted in close cooperation with the Youth Health Department of UNICEF, Namibia, which bore the cost of transportation, interviewers and provided computers for data entry, using funds provided by SIDA. Several other individuals supported the research study.

2. Method and Sample

As in the 2000 Rapid Assessment (RA2000), RA2001 used individual interviews. A questionnaire had been prepared in March 2001 and pre-tested in Windhoek on April 5th. Feedback from members of the Task Force had also been taken into consideration. The final questionnaire consisted of 61 questions (see questionnaire, annex, appendix 1). Section 1 asked for the demographic and social background of the respondents, including questions on permanent and casual sexual partnerships. Section 2 enquired about knowledge of the "Take Control" campaign and related matters. It included questions on UNICEF's "My Future – My Choice" campaign. In section 3 various questions were asked on attitudes toward HIV/AIDS and factors related to risk-taking sexual behavior. While section 1, 2 and 3 had been included already in RA2000, section 4 was completely new in RA2001. Therefore compatibility to last years questions was a concern only for section 1, 2 and 3.

Seventeen interviewers had been recruited for the 2001 Rapid Assessment. Most of them had participated already in RA2000. Language skills in Oshivambo, Damara and Herero were an important selection criterion. Most of them were graduates or students of the University of Namibia. Some interviewers were members of the Task Force, employed at other institutions. About half of the interviewers already had previous experiences with surveys. Seven of the interviewers were female.

Prior to the field work, the interviewers had been instructed in a meeting about the purpose of the assessment and problems involved in individual interviewing. All questions had been discussed in detail. All interviewers participated in the pre-test in Windhoek. After the pre-test another meeting was used for feed back and open questions.

During field time (April 9 to 21), four teams of interviewers conducted 1,268 interviews in 27 places in Namibia. One team interrupted field work during Easter, April 13th to 16th.

During the field work, interviewers were brought to places where a lot of young people of the prime target age could be found (e.g. markets, bus stops, youth clubs, shebeens). Then interviewers randomly approached potential respondents. Only in a negligible number of cases was an interview denied. Special efforts were made to get as many interviews as possible during people's lunch breaks.

The highest number of interviews were conducted in the Khomas region (219 interviews in Windhoek). 204 interviews have been conducted in the Erongo region; 207 in Otjozondjupa. During the preparation of RA2001, it had been recommended to focus on fewer places than in RA2000, but in order to maintain comparability, several other places had to be included. That said, RA2001 tried to cover all Namibian regions and to include Katima Mulilo, Rundu and Grootfontein, which had not been covered in RA2000.

Sample size was too small in Ruacana (10) in order to draw useful conclusions about this place. In Ohangwena (20) and Tsumeb (21) sample size had been also quite low.

Table 1 gives basic characteristics of the respondents for individual interviews. 41.2 percent of the respondents were female. As a rule, interviewers were instructed to try to find respondents of their own sex. This was less important for Section 1 and 2, but relevant for some questions in Section 3.

Table 1: Basic characteristics of respondents

		%
Sex	male	58,8
	female	41,2
Age group	12-18	23,9
	19-24	42,5
	25-29	22,0
	30-39	11,6
Language	English	40,3
	Afrikaans	24,3
	Oshiwambo	21,4
	Damara>Nama	9,8
	Otjiherero	3,0
	Other	1,2
Level of education	no education completed	3,7
	Primary	29,7
	Secondary	60,5
	Higher/Tertiary	5,5
	Other	0,6

Almost one fourth of respondents were 18 or younger, 42.5 percent 19 to 24, and 22 percent in the age 25 to 29. The interview asked respondents which language group (as alias to ethnic group) they considered themselves to belong to. 40.3 percent stated English, the second largest group being Afrikaans (24.3 percent), and Oshiwambo, with 21.4 percent, the third largest. All other language groups together comprised 14 percent of the respondents.

Only 3.7 percent of respondents had completed no education at all. Almost 30 percent had completed only primary education, 60 percent had secondary education as the highest completed educational attainment. Only 5.5 percent could claim to have higher or tertiary education completed.

Quite in accordance with the age structure of the sample and marriage patterns in Namibia, only 9.6 percent of respondents were found to be married. 58.6 percent of respondents claimed that they have a long-term sexual partner. More than one-out-of-three respondents recently had a casual sexual partner. None of the married respondents said that they had casual sexual partners. But more than 30.5 percent of those who claimed that they do have a permanent sexual partner confirmed that they recently had casual sexual partners as well. It is not clear if the difference between people living in marriage and people living in consensual agreements is actually a difference in behavior or if this is rather a reflection of perceived social norms.

41.4 percent of RA2001's respondents had been parents.

Table 2: Marital status and partnerships

		%
Marital status	married	9,6
	not married	90,4
In permanent sexual partnership	yes	58,6
	no	41,4
Had recently casual sexual partner	yes	35,1
	no	64,9
Own Children	yes	41,4
	no	58,6

92.2 percent of respondents had been either married, stated that they had permanent or casual sexual partners, had children or stated that they had ever had sex and are therefore considered for this report as sexually active. In the age group 12-18, more than 20 percent of respondents stated they had never had sex.

28 percent of respondents had ever attended the *My Future – My Choice* training conducted by UNICEF's Youth Health Department. Over 80,000 young Namibians have attended these training sessions since 1997. Basic issues of reproductive health and the use of condoms had been taught in MFMC. Of those respondents ever having attended MFMC, 72 percent had completed the training with a certificate. Another characteristic of the sample population is given by the fact, that 59 percent of respondents had experienced the loss of a family member or friend dying of AIDS.

As part of RA2001, field supervisors had conducted a random outlet survey. They had randomly asked shop managers in 57 outlets, who had been recorded as sellers of NaSoMa products, about their sales experiences and stocks.

An additional source of information for this report are interviews conducted by the consultant with key players in Windhoek, Rundu, Oshakati, Karasburg, Mariental, Keetmanshoop and Lüderitz.

3. Condom Use and Exposure to NaSoMa Campaign

Encouraging individuals to use condoms, particularly with new or changing sex partners, is at the center of HIV/AIDS prevention programs. Various estimates about the prevalence of condom use and its dynamics exist for Namibia. However, available empirical evidence is far from providing a consistent and conclusive picture.⁵

When asked if they ever had used a condom, 76.3 percent of all respondents and 80.8 percent of respondents who had ever had sex answered „Yes“ (see Table 3). It is remarkable, how strong ‘ever-use’ of condoms is related to age. While 85 percent of ‘ever’ sexually active respondents in age group 12-18 had personal experience with condom use, only 61 percent of those in age group 30-39 could claim this.

Table 3: Ever use of condoms

Age group	All respondents	ever sexually active respondents
12-18	71,4	85,2
19-24	83,9	86,9
25-29	74,9	76,0
30-39	60,8	61,0
Total	76,3	80,8

There are substantial regional variations in condom usage (see Table 4). This is also reflected in the percentage of sexually active respondents who have ever used a condom by place of interview. The number of valid answers *n* is given in the right column of Table 4.

A high percentage of respondents who ever used a condom could be recorded in Opuwo (97.6 percent), Khorixas (95.2 percent), Otavi (93.9 percent) and Aminus (92 percent). Windhoek has been found to be quite close to the national average (81 percent), probably influenced by the share of immigrants. Remarkably low was the ever use of condoms in Katima Mulilo (60 percent), Tsumeb (65 percent), Walvis Bay (79 percent) and Oshikango (71,1 percent).

⁵ It was not the intention of RA2001 to provide a comprehensive and representative picture of condom use in Namibia in general. To attempt this a much larger sample and also focussed group discussions would have been needed. This would have required additional resources. However, important and valid insights about condom use can be gained from this operations research RA2001.

Table 4: Percentage of respondents who ever used a condom, by place

	% ever used	n
Khorixas	95,2	42
Opuwo	97,6	41
Ondangwa	83,9	31
Oshakati	80,3	66
Oshikango	71,1	38
Ohangwena	85,0	20
Rundu	73,1	26
Katima	60,0	35
Karibib	86,0	43
Omaruru	75,0	44
Swakopmund	82,7	52
Walvis Bay	70,0	50
Grootfontein	46,4	28
Okakarara	88,9	45
Otavi	93,9	33
Otjiwarongo	78,7	47
Outjo	92,3	39
Tsumeb	65,0	20
Windhoek	81,0	195
Aminus	92,0	25
Buitepos	75,0	24
Gobabis	88,9	45
Mariental	72,7	44
Keetmanshoop	85,1	47
Luderitz	86,5	37
Karasburg	73,2	41
Total	80,5	1164

*) only respondents having ever had sex

Respondents who had stated that they ever used a condom had been asked to give the two most common sources of condom supply. Table 5 gives the percentage of total responses named by respondents for each source. The most common source (53.8 percent of all responses) for people to get condoms is health facilities. The second most common source of supply for condoms in Namibia are pharmacies (15.8 percent), followed by supermarkets (14 percent). Gas stations, youth clubs, schools and the workplace proved to be substantially less important for condom supply.

Table 5: Sources of condom supply

Source of supply	%
Health facility, hospital	53,8
Pharmacy	15,8
Supermarket	14,0
Night club or bar	6,2
Gas station	2,5
My partner gets them	2,2
Other	2,0
Youth club	1,3
At workplace	1,2
School	1,0

The supply of free condoms is important for overall condom use in Namibia. This is reflected in the high share of respondents who ever took free condoms (Table 6). 79 percent of those respondents who had ever been sexually active had used free condoms at least once. Experience with free condoms was highest in the age group 19-24 (82 percent) and lowest in the age group 30-39.

Table 6: Experience with free and commercial condoms

	% ever used free condom	% ever bought condom
12-18	78,5	54,9
19-24	82,1	53,1
25-29	75,5	46,1
30-39	75,2	36,7
Total	79,0	49,8

*) only respondents who ever had sex

Despite the traditional dominant position of free condoms in Namibia, almost half of the respondents (49.8 percent) had, at some stage, also bought condoms. It had often been argued, that young people, in particular, would find it difficult to buy condoms, since they usually have little income. However, results of RA2001 show that the percentage of respondents ever having bought a condom, in age group 12-18, is much larger (54.9 percent) than in age group 30-39 (36.7 percent).

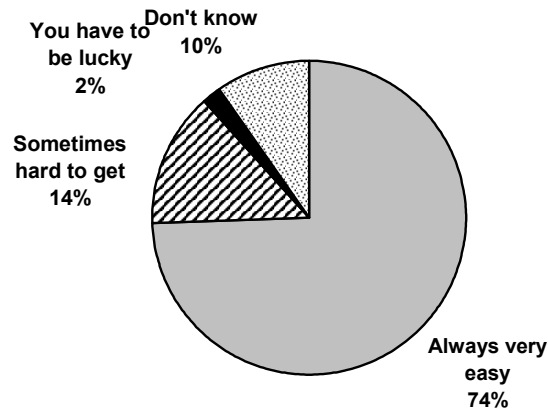
Substantial efforts have been undertaken to make free condoms available all over Namibia. The most important channels of supply are health facilities (see Table 5). Many health facilities distinguish between condoms supplied in a counseling situation (usually called “family planning condoms” and condoms which are in free supply out of a box (often named “prevention condoms”).

For the first category there are statistics on condoms actually supplied at the Health Information System (HIS) of the Ministry of Health and Social Services (MOHSS). The efficiency of the second distribution channel is hard to assess. It has been reported

that in some places the boxes of free condoms at the entrance of hospitals have been removed after young children took condoms out of these boxes to use them as toys.⁶

The large majority of respondents (74 percent) in RA2001 considered it always easy to get free condoms. 14 percent mentioned temporary shortages in the supply of free condoms (“Sometimes hard to get”, see Chart 1). Focused group discussions in RA2000 have shown that there are also behavior barriers to access free condoms on public places like hospitals.

Chart 1: Access to free condoms



In order to make socially marketed condoms easily available throughout Namibia, it was necessary for NaSoMa to create a brand name that is recognized by customers as well as retailers. Respondents in RA2001 had been asked to give some brand names of condoms. Only those brands which had been named by respondents were recorded by the interviewers. A total of five brands constituted 91.7 percent of all responses where a brand name was given (see Table 7).

Table 7: The five best known condom brands in Namibia

	% *)
Cool Ryder	41,2
Rough Rider	18,4
Life's Choice	14,5
Maximum	10,0
Femidom	7,6
5 brands together	91,7

*) % named by those who could give any brand name

Among those top five brands, “Cool Ryder” was on first place in brand awareness during field time in April 2001. 41.2 percent of all responses giving any brand name named “Cool Ryder”. This is clearly a success of NaSoMa marketing and advertisement. On the other hand it might well be that this reflects, to a certain degree,

⁶ Interviews of the consultant with MOHSS personnel in Marienthal, Keetmanshoop, Karasburg, Lüderitz.

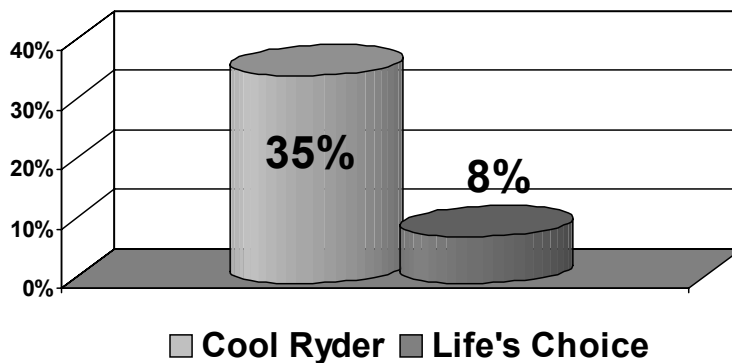
the fact that “Cool Ryder” is a “new kid in the block” among condom brands and could attract a certain amount of initial curiosity because it was the first dotted Namibian condom.

The second place in brand name popularity went to “Rough Rider”, another dotted condom. “Rough Rider” is an imported condom and not easily affordable for many Namibian men. Therefore many respondents may have no personal experience with this product, but just remembered its unique name.

“Life’s Choice”, although still weak in sales during field time, was named in 14.5 percent of responses, followed by “Maximum Gold”. A remarkable 7.6 percent of all brand names given went to “Femidom”, which has been sold only in small numbers at field time, but has been advertised and mentioned in radio shows.

Respondents in RA2001 had been asked also if they ever bought “Cool Ryder” and “Life’s Choice”. 35 percent of all respondents had bought at least one pack of “Cool Ryder” (see Chart 2). This is remarkable, considering the short presence of this product on the Namibian condom market.

Chart 2: Experience with buying NaSoMa condoms



“Life’s Choice”, on the other hand, found his way to only 8% of respondents. This result is quite consistent with NaSoMa’s sales figures and the lower brand awareness (see Table 7).

Table 8: Regional variation in experience of respondents in buying „Cool Ryder“ condoms

	ever bought, %	packs bought in last 4 weeks
Khorixas	34,1	11
Opuwo	43,8	20
Karibib	67,6	24
Omaruru	63,0	17
Swakopmund	56,1	22
Walvis Bay	36,0	9
Okakarara	73,5	25
Otavi	16,2	6
Otjiwarongo	37,0	17
Outjo	35,6	16

Tsumeb	28,6	2
Windhoek	31,8	62
Aminus	53,8	13
Buitepos	48,0	11
Gobabis	68,8	33
Mariental	48,3	14
Keetmanshoop	67,7	22
Lüderitz	38,1	6
Karasburg	32,0	8

There is substantial regional variation in “Cool Ryder” sales and the percentage of respondents ever having bought them (see Table 8). The results of RA2001 indicate that “Cool Ryder” has been well sold in Okakarara, Gobabis, Keetmanshoop, Karibib and Omaruru. More than 60 percent of respondents in these places had, at some time, bought “Cool Ryder”. The number of packs bought by RA2001 respondents (right column in Table 8) indicate that outlets supplying this condom had substantial sales.

However, there are places where only few people have ever bought “Cool Ryder”. This was not surprising for Katima Mulilo and Rundu, due to their remote location, but it was a concerning result for Oshakati and Ohangwena. After establishing a regional representative in Oshakati, NaSoMa had hoped that sales would soar in this densely populated area.

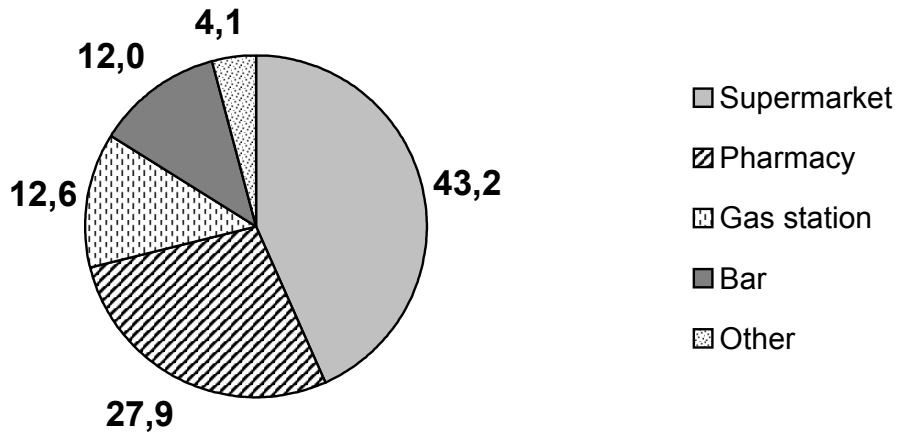
In addition to the individual interviews RA2001, field supervisors had conducted a random outlet survey. They had randomly asked shop managers in outlets who had been recorded as sellers of NaSoMa products about their sales experiences and stocks. Out of 57 outlets 45 sites had, at some point, sold “Cool Ryder”. However, only 26 sites had “Cool Ryder” currently in stock. It was a puzzling result that many outlets in Oshakati and the regions Omusati, Oshana, Ohangwena and Oshikoto had already been out of stock for many weeks. When this result became known NaSoMa immediately send fresh supply from Windhoek and examined the work of its regional representative.

It will be important for NaSoMa to continually analyze sales by location. A management information system (MIS) will extract the relevant information out of the accounting system and provide “early warnings” where necessary.

“Life’s Choice” had only ever been sold by 7 of the 57 outlets investigated in the random outlet survey.⁷ (see recommendation d, p. 20)

⁷ Sales personnel interviewed in various outlets mentioned that the packaging seems to be an obstacle. It does not show clear enough NaSoMa’s unique sales point with “Life’s Choice”: its cheap price.

Chart 3: Relevance of outlet types for „Cool Ryder“ sales

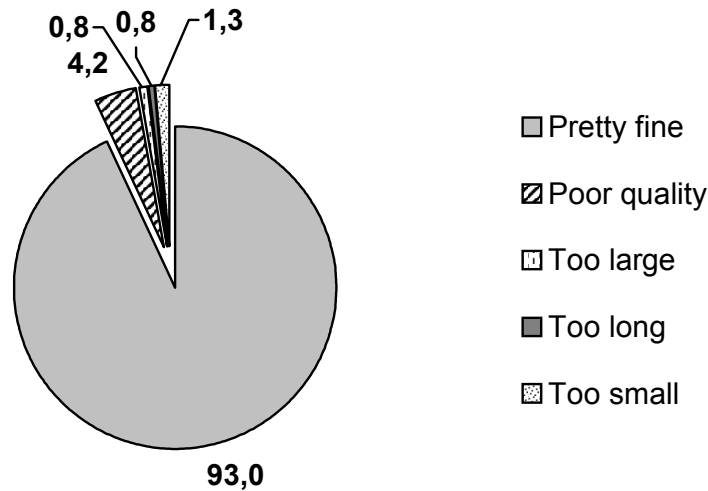


Respondents who had ever bought “Cool Ryder” had been asked for the place where they bought this product. Supermarkets were the most important sales channel. 43.2 percent of respondents bought their most recent pack of “Cool Ryder” in a super market (see Chart 3). Most supermarkets in Namibia belong to a chain. (see recommendation c, p. 20)

The second important channel of distribution for “Cool Ryder” is pharmacies, which 27.9 percent of respondents used to buy this product. Gas stations were found to be less important (12.6 percent), as well as bars (12 percent).

Respondents who bought „Cool Ryder” had been asked about their experiences with this product (“How did you like ‘Cool Ryder’?”), see Chart 4). The overwhelming majority of customers (93 percent) were very satisfied with the product. Only 4.2 percent complained about poor quality. Rumors that “Cool Ryder” could be too large, too long or even too small proved to be irrelevant.

Chart 4: Consumer satisfaction with „Cool Ryder“



Of those respondents having ever bought a pack of “Cool Ryder” 85.1 percent considered its price affordable.

Since only a small number of RA2001 respondents had ever bought “Life’s Choice” (64 respondents) it is not possible to draw useful conclusions about regional coverage, channels of supply or consumer satisfaction for this NaSoMa product.

How successful had the various marketing efforts for the NaSoMa products in 2000 and early 2001 been? RA2001 had addressed this issue by asking respondents when and where they heard NaSoMa advertisements.

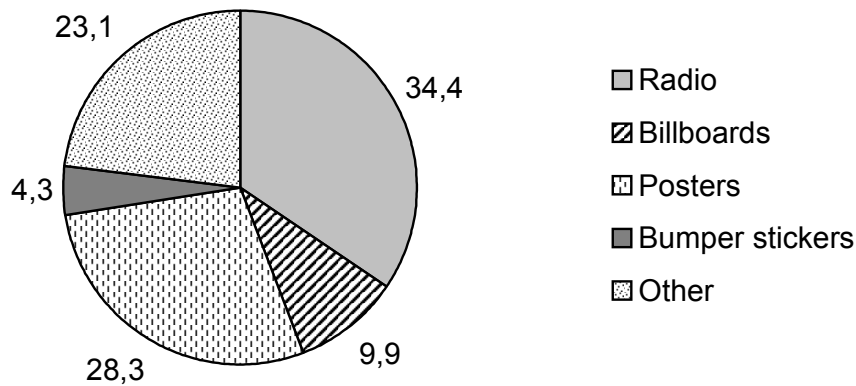
Table 9: Exposure to NaSoMa advertisements, %

	Cool Ryder	Life's Choice
This week	11,9	6,5
Before	31,3	17,0
Never	56,8	76,4
Total	100	100

11.9 percent of respondents remembered hearing or seeing a “Cool Ryder” advertisement that week (see Table 9). Only 6.5 percent believed to have noticed a “Life’s Choice” advertisement. However, there seems to be space to improve the visibility of ads even for “Cool Ryder”: 56.8 percent of respondents did not remember ever having seen or heard these ads.

Radio shows and posters are currently the most effective media in NaSoMa’s advertising campaigns. Respondents were asked where they had heard or seen ads for “Cool Ryder” (multiple response). Of all responses given radio received 34.4 percent (see Chart 5). It has to be noted that this is, to a large degree/largely due to the presence of NaSoMa’s marketing manager, Johannes N. Nanyeni, as “Mr. Cool Ryder” in a popular weekly radio show.

Chart 5: Relevance of media for “Cool Ryder” advertisements



28.3 % of respondents recalled having seen “Cool Ryder” posters. Evidently, they have contributed largely to the brand awareness. “Cool Ryder” bill boards and bumper stickers had gone more unnoticed by respondents. However, it might be too early to consider these media as less effective. Presently, there are only few billboards erected and during the whole field time not a single bumper sticker had been seen by the the consultant.

“Femidom” was already on the market during field time, but NaSoMa sold only 5,300 units from November 2000 to March 2001. Therefore, during preparation of RA2001, it was decided to leave questions on actual market penetration for later rapid assessment and to ask rather general questions on awareness and knowledge in RA2001.

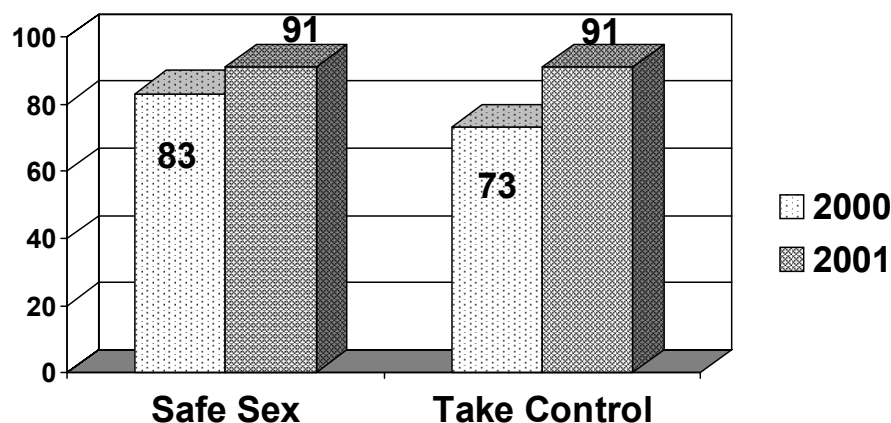
Only 81 percent of respondents believed that a condom used by women actually exists. The age group which is most aware about female condoms is 19-24 (83.4 percent). Of those respondents who knew about the existence of a female condom 45 percent could give “Femidom” as a brand name.

4. Attitudes Toward HIV/AIDS and Exposure to Take Control Campaigns

As in RA2000, each interviewee was asked if they had ever heard or seen “Safe Sex Saves Lives”. Also a card with the “Take Control” logo and slogan was shown by interviewers and then the question asked: “Have you ever seen this logo?”

Responding to these questions 83 percent of the interviewees answered in 2000 that they had either seen or heard of “Safe Sex Saves Lives”. In 2001 91 percent of respondents answered the same question with “yes” in RA2001. A similar change occurred with knowledge about “Take Control. While in 2000 only 73 percent of people had ever heard of “Take Control”, in 2001, 91 percent of respondents were aware of it.

Chart 6: Awareness about campaigns



Obviously knowledge about “Safe Sex Saves Lives” and “Take Control” has become more widespread in Namibia within the last 12 months. Yet, regional variations remain (see Table 10).

Table 10: Regional variations in awareness about campaigns: percent of respondents who had never heard of these campaigns

	2000			2001		
	Safe Sex	Take Control	<i>n</i>	Safe Sex	Take Control	<i>n</i>
Opuwo	18.5	34.4	65	6.3	2.1	48
Oshakati	21.3	46.7	122	8.1	7.1	70
Oshikango	...	...	...	20.9	14.3	42
Rundu	...	...	...	18.5	18.5	27
Karibib	28.0	38.5	26	28.9	15.6	45
Grootfontein	...	...	...	10.3	17.2	29
Windhoek	17.4	27.4	121	11.0	15.6	218
Mariental	8.3	19.4	36	8.7	15.2	46
Total	17,1	27,4	1.254	9,4	9,0	1.251

In Opuwo, Oshakati, Windhoek and Karibib much more people knew about the campaigns in 2001 than in the previous year. However, in Rundu and Grootfontein the percentage of people who had never heard about the campaigns was almost double that of the national average.

Not much has been changing between 2000 and 2001 with regard to the efficiency of the various mass media in spreading news about “Safe Sex Saves Lives” and “Take Control”. TV remains to be the most important media to spread information about these campaigns (see Chart 7, Chart 8). However, the relevance of TV for the two campaigns (awareness) would not guarantee a success for TV ads advertisement of NaSoMa products (commercial ads). For “Take Control” posters appeared to be an efficient media as well.

Chart 7: Sources of information on „Save Sex Saves Lives“

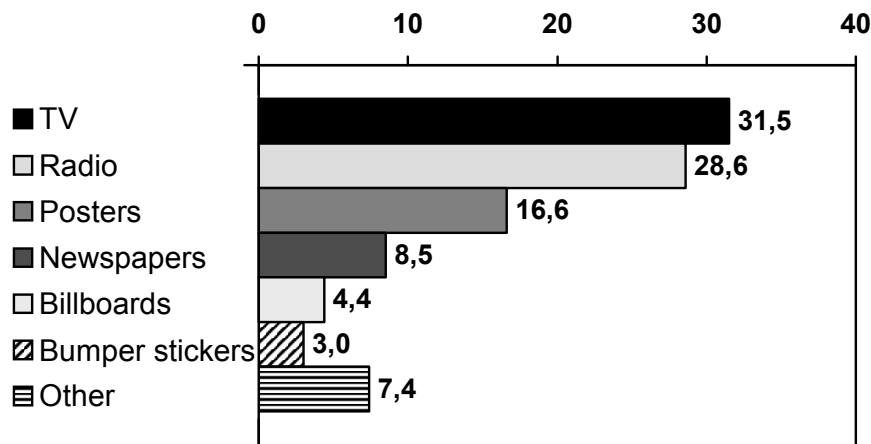
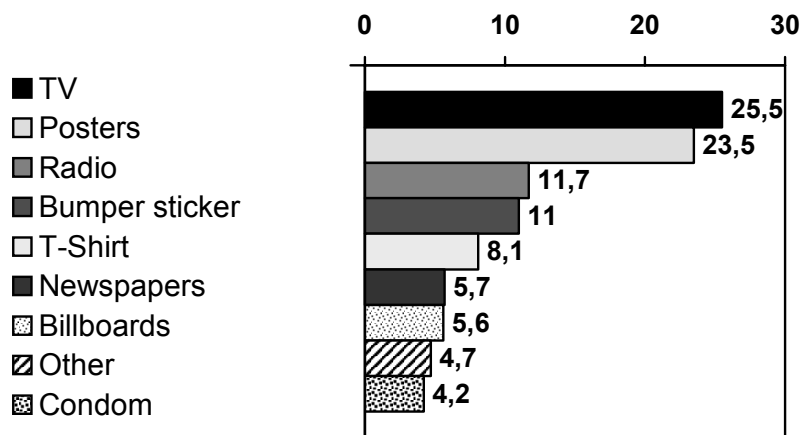


Chart 8: Sources of information on „Take Control“



Peer communication is sometimes more effective than mass media in transporting attitudes and knowledge. A comparison of the results for the same question between 2000 and 2001 (see Table 11) suggests that peers and friends have gained importance and parents and family member might have lost some influence. The exact

implication of this behavioral change might need further investigation with qualitative research methods.

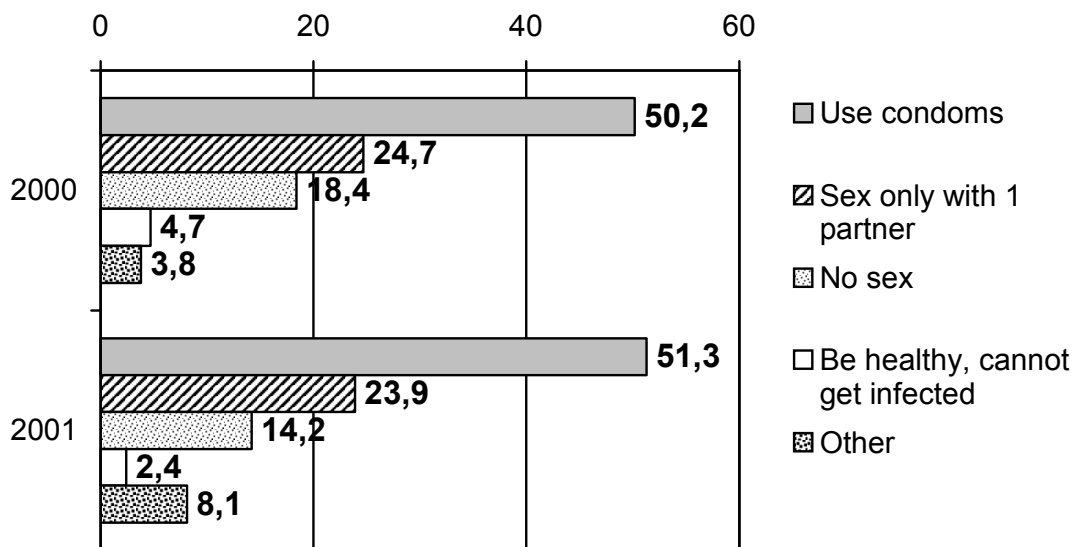
Table 11: People to talk with about “Take Control”

	2000	2001
Partner/Spouse	14,7	15,2
Peers/Friends	45,6	63,5
Parents/Family	22,1	12,4
Health worker	3,2	3,6
Teacher	4,0	2,4
Religious leader	0,3	0,7
Other	10,0	2,2
Total	100	100

Not much change appeared with regard to risk perception between RA2000 and RA2001. In 2000, 90 percent of respondents saw AIDS as a serious problem at the time and this percentage remained almost unchanged (2001: 89 percent). The same applies to knowledge about HIV/AIDS prevalence in Namibia and the fatality of AIDS. In 2001, 93 percent of respondents knew that onetime, unprotected sex could be enough to get infected (2000: 86 percent). Increased condoms use most probably has occurred with people who were already aware about the dangers of AIDS in 2000.

The number of people who saw themselves at risk of getting infected declined slightly from 43 percent in 2000 to 38 percent in 2001. For those respondents who had seen a family member or friend dying of AIDS, this percentage was higher: 43 percent in 2001.

Chart 9: Perceptions of risk: Why do respondents believe not to be at risk?



The reasons, why respondents believe not to be at personal risk of getting infected did not change much between 2000 and 2001. As discussed in the RA2000 report, a

substantial number of respondents might have fooled not only the interviewers with some answers, but also themselves.

5. Summary and Conclusions

1. After less than a year on the market “Cool Ryder”, NaSoMa’s first product, is already quite well known in Namibia. When respondents had been asked to name some brands of condoms, “Cool Ryder” had received 41 percent of all responses among those who could give at least one condom brand name. Second in brand awareness was the commercial product “Rough Rider” (18.4 percent), third “Life’s Choice” (also a NaSoMa product, 14.5 percent).
2. A remarkably high share of respondents already had first-hand experience with “Cool Ryder”. 35 percent of all respondent ever bought this condom, 8 percent ever bought “Life’s Choice”. However, there is a substantial regional variation. In Okakarara 74 percent of respondents had, at some point, bought “Cool Ryder”, 69 percent in Gobabis, 68 percent in Keetmanshoop, compared to only 14 percent in Grootfontein, 13 percent in Oshakati and 5 percent in Ohangwena.
3. The random outlet survey showed that in 45 of the 57 outlets interviewed “Cool Ryder” had ever been sold. However, only 26 sites had it currently in stock. Only 7 places had ever sold “Life’s Choice”.
4. Delivery problems were evident in the regions Omusati, Oshana, Ohangwena and Oshikoto, where NaSoMa had established a regional representative.
5. Supermarkets are the most important sales channel for “Cool Ryder”, with 43 percent of respondents having bought their most recent pack of “Cool Ryder” there. The second most important sales channel were pharmacies (28 percent), and gas stations third (13 percent).
6. NaSoMa advertisements for “Cool Ryder” had been seen by 43 percent of respondents, but in the case of “Life’s Choice” by only 24 percent. As for “Cool Ryder” radio and posters were the most advertising media.
7. This Rapid assessment could document a successful introduction of “Cool Ryder”. It should not be taken for granted that this already implies a stable market share. Additional efforts in advertising and an effective distribution strategy will help to make the initial success stable.
8. “Life’s Choice” had a difficult start and does not yet play an important role in Namibia’s condom market.
9. Knowledge about “Safe Sex Saves Lives” and “Take Control” has become more widespread in Namibia within the last 12 months. While in 2000 only 83 percent of people had ever heard of “Safe Sex Saves Lives” and 73 percent had ever heard of “Take Control”, by 2001, 91 percent of respondents were aware of “Safe Sex Saves Lives” and 91 percent had heard of “Take Control”.
10. TV remains to be the most important medium for “Safe Sex Saves Lives” and “Take Control” to spread information about these campaigns. For the “Take Control” campaign posters appeared to be an effective medium too.
11. Comparison of response to questions in RA2000 and RA2001 shows that risk perceptions about HIV/AIDS have not changed much between 2000 and 2001. 89 percent of respondents had seen AIDS as a serious problem in Namibia in 2001

(2000: 90 percent). 93 percent of respondents knew that one-time, unprotected sex could be enough to get infected by HIV (2000: 86 percent).

12. Risk perception is influenced by personal experiences. While only 38 percent of all respondents had seen themselves at risk of infection, 43 percent of those who had a family member or friend dying of AIDS saw themselves at risk.
13. The large majority of Namibians has at least some personal experience with condoms. 81 percent of respondents who ever had sex had, at least once, used a condom. It is remarkable that this share is much higher among young people (85 percent in age group 12-18) than among mid-aged people (61 percent in age group 30-39). However, patterns of permanent and consistent use are more difficult to measure in a quantitative survey like RA2001.
14. There are substantial regional variations in condom use. While in Grootfontein only 46 percent of the respondents who had ever had sex stated they had used a condom, at least once (Katima Mulilo 60 percent, Oshikango 71 percent and Karasburg 73 percent), in Khorixas it was 95 percent (Opuwo 98 percent, Lüderitz 87 percent). Further research should establish the degree differences in the supply of condoms have contributed to these variations.
15. Until now, health facilities and hospitals are the most common source of condom supply. 54 percent of respondents usually get their condoms there. Another 16 percent of respondents named pharmacies as the most frequent source of supply. Supermarkets rank at third place, with 14 percent.
16. Although three out of four respondents claimed it is always easy to get free condoms, half of respondents had at least once bought a condom. Younger people have even more experience with commercially sold condoms, with 55 percent in the age group 12-18 ever having bought a condom.

6. Recommendations

- a) NaSoMa should look into the reasons for regional variations in condom sales and establish a system to constantly monitor their sales by location with a management information system (MIS).
- b) NaSoMa should analyze the experiences with its first regional representative before defining terms for other regional representatives.
- c) NaSoMa should reconsider its distribution strategy and consider strategic partnerships with other organizations (i.e. wholesalers, NGOs) to make its products available countrywide.
- d) The marketing strategy for "Life's Choice" should be substantially revised. Even a discontinuation of this product should be considered as an option.