
By
Fungai Mlambo
R093689E

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Master in Business Administration Degree.

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University of Zimbabwe
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Supervisor: Mr. G. Magaramombe
DECLARATION

Student’s Declaration- I, Fungai Mlambo, do hereby declare that this dissertation is a result of my own investigation and research, except to the extent indicated in the acknowledgements, and by comments included in the body of the report, and this dissertation is therefore, my original work and has not been presented in the part or in full for any other degree in any other University.

Signature…………………………….    Date…………………

NAME OF STUDENT: FUNGAI MLAMBO
STUDENT NUMBER: R093689E

Supervisor’s Declaration- I Mr. G. Magaramombe confirms that the work reported in this dissertation was carried out by the candidate under my supervision as a school supervisor. This dissertation has been submitted for review with my approval as a school supervisor.

Signature…………………………….    Date………………………

NAME: MR. G. MAGARAMOMBE

GRADUATE SCHOOL OF MANAGEMENT
UNIVERSITY OF ZIMBABWE
DEDICATION

This research project is dedicated to my wife and children.
ACKNOWLEDGEMENTS

My sincere gratitude goes to my academic supervisor Mr G. Magaramombe for his guidance and encouragement and above all for the effort and time. Your assistance was invaluable and was greatly appreciated.

My commendations would be incomplete if I omit the invaluable support I got from the management of PSI Zimbabwe for granting me the opportunity to conduct this research in the organisation, special mention goes to the national sales manager and the programme assistant in sales department. The researcher would like to thank the employees at PSI Zimbabwe for their unwavering support towards this dissertation.

I would also want to thank all members of my family for the tremendous support throughout the MBA programme particularly my wife; and children. My tremendous gratitude also goes to my one and only niece, Victoria Varaidzo Chizana.
ABSTRACT

The study sought to investigate the causes for fall in demand of Protector plus male condom brand at Population services international-Zimbabwe (Psi-Zim) from January 2009 to December 2012. Against this background the researcher developed the following research objectives; to assess the causes of fall in demand for Protector Plus male condoms, to identify the customer perceptions towards Protector Plus male condom brand, to assess the impact of the price increase on Protector Plus and to make any necessary recommendations following findings from the study. The researcher used survey and case study as the main strategies for collecting data. The researcher used self-administered questionnaires as a research instrument. In collecting the results the researcher used a population of 178 liquor outlets and managed to sample 80 respondents from 4 different clusters namely Budiriro (20), Mufakose (20), Kuwadzana (20) and Dzivarasekwa (20).

The researcher’s key findings were that Protector plus male condom brand was of poor quality. Protector plus condoms are not always available in other shops. Results revealed that cultural, personal and social factors also had an effect on the purchase behaviour of Protector plus male condoms. PSI Zim does not have different marketing plans that meet different cultural needs due to different beliefs, values and customs, religions, nationalities and geographical regions and social classes. The researcher recommended that PSI Zim should improve on the quality of the Protector plus male condom so that it becomes competitive with competitor brands and meets higher standards. Although, PSI Zim has a wide distribution network it should ensure that the product is available in all outlets where regular users frequent. PSI Zim should closely watch trends in personal income, savings and interests and from their observations redesign, reposition and reprice their products. PSI Zim should reintroduce road show advertising, print and electronic media to educate people on HIV/AIDS and encourage people to use protector plus male condom brand. Further studies are recommended into the use of socially marketed condoms in Southern African countries.
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LIST OF ACRONYMS

PEST- Political, Economic, Social and Technology.
SWOT- Strength, Weaknesses, Opportunities and Threats.
PSI Zim- Population Services international Zimbabwe.
VMMC - Voluntary Medical Male Circumcision.
HIV- Human Immunodeficiency Virus.
AIDS- Acquired Immune Deficiency Syndrome.
TFGI-The Futures Group International.
HAPP-HIV/AIDS Prevention Project.
GDP-Gross Domestic Product.
NAC- National AIDS Council.
MCAZ- Medicines Control Authority of Zimbabwe.
SSA - Sub-Sahara Africa.
ZNFPC - Zimbabwe National Family Planning Council.
MAP - Measuring Access Performance.
PSA - Public Service Advertising.
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CHAPTER ONE

INTRODUCTION

1.0 INTRODUCTION
This study sought to investigate the causes of a fall in demand for Protector plus male condom brand at Population Services International Zimbabwe (PSI Zim) from January 2009 to December 2012. This chapter provides the background to the study, statement of the problem, research objectives and questions, research proposition and the researcher’s scope and justification.

1.1 BACKGROUND TO THE STUDY

1.1.1 PEST Analysis
A macro environmental analysis of PSI Zim is best presented through the PEST analysis. According to Murray-Webster (2010) the PEST analysis is a tool used to capture and understand the aspects of the environmental context. Murray-Webster (2010) further explained that this is a technique that facilitates a wide scan of the environment or potential factors that would affect objectives of the organisation if not managed. These factors are summarised as PEST analysis implying Political, Economic, Social and Technological analysis (Murray-Webster 2010).

Politics
From 2000 Zimbabwe has been experiencing political problems that have affected the country as a whole. The Zimbabwean government experienced a negative publicity from the western media and sanctions were imposed by the western nations citing bad policies implemented by the government (McGregor & Primorac, 2010). Some NGOs which had allegiance to western nations had their operations suspended by the government. These political problems resulted in many NGOs seeking funding from donors to meet the need that was created as a result of government’s in ability to meet certain financial obligations (McGregor & Primorac, 2010).
The country got stability in the economy due to the coming together of the three main political parties by appending their signatures to the global agreement (GPA) on the month of September 15 2008 (Kanyenze & Kondo, 2011). Before this period (2007-2008) many donors had withdrawn their funding to several NGOs in Zimbabwe, due to power crisis between the two main political parties: ZANU PF and MDC.

**Economic factors**

The deterioration in political stability affected many firms that were operating in the country. Many people were retrenched from their jobs due to poor performance of firms in the industry. This affected the country in a way that it slowly started to experience a hyperinflationary environment from 2000 until 2009. The highest figure of inflation recorded was 2.4 million percent. Most NGOs were instrumental in providing social services to meet the need emanating from the problems to do with the poor economic conditions. Things improved slightly with the introduction of the multi-currency system in February 2009. There is however, still high unemployment rate and low disposable income and more people are living below the poverty datum line of $571 (Kanyenze & Kondo, 2011).

In 2009 there was global recession in America and Europe which affected the disbursement of adequate funding towards social marketing project in Zimbabwe (Kanyenze & Kondo, 2011).

**Social factors**

In Zimbabwe people have different cultural beliefs, values and norms towards the use of condoms. Some view it as taboo to use the condoms and in some areas it is more to do with lack of information about the advantages of the product and the lack of adequate formal sexual and reproductive health education. Some people associate use of condoms with sexual promiscuity.

According to the Ministry of Health and Child Welfare (2009) Zimbabwe has one of the highest statistics of Human Immunodeficiency Virus (HIV) in Sub-Sahara Africa
(SSA). An estimated 1.1 million adults and children were living with HIV. National AIDS Council (NAC) reports that 15 percent of the country’s population aged 15-49 years is infected with HIV (NAC, 2011). Heterosexual contact accounts for 92 percent of all HIV infection in the country and remains the principal mode of HIV transmission (NAC, 2011).

**Technological factors**

Technological advancement in Zimbabwe in many sectors of the economy is still very low. In the NGO sector technology is generally high in aspects of the business communication but however low in aspects to do with some operations for example, PSI Zim has not fully integrated its information technologies (IT) systems on packing of Protector plus branded condoms in the warehouse. There is a lot of manual work in the warehouse which is costly and does not address variances of stocks. The whole process of packing is not automated, for example dating and coding of expiry dates is done manually which does not last for a long period. It makes it very difficult in reconciliations of stocks i.e. what have been produced and stocks which would have been issued out (PSI Zim strategic management plan document, 2011).

**1.1.2 Industry analysis**

The researcher used Porter (1979) 5 Forces Model to conduct the industrial analysis of PSI Zim. Porter’s five forces model is a framework that can be used by organisations to evaluate the competitiveness of the business in an industry (Porter, 1988). According to Porter (1988) the framework is very important as it helps to discover who would be holding power in the business environment. On the other hand, the framework of Porter five forces is valuable in appreciating the strength and the current competitive position of an organisation and also what the organisation is opting to venture into. The framework helps in identifying the strengths and weaknesses so that the organisation can stay away from mistakes (Porter, 1988).
Intensity of Rivalry

Condoms are marketed and distributed to customers using different means that is; commercial, social and free distribution as elaborated in table 1.1. All suppliers focus on the same target markets made up of individuals who are sexually active hence they strive to move large volumes to realise profit and satisfy donor targets. Therefore, the intensity of rivalry in this industry is high (PSI Zim strategic management plan document, 2011).

Table1. 1 Players in the condom distribution industry in Zimbabwe

<table>
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<tr>
<th>Organisation</th>
<th>Product</th>
<th>Commercial/Social/Free Distribution</th>
</tr>
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<tbody>
<tr>
<td>1 Greenwood Pharmaceutical</td>
<td>Contempo</td>
<td>Commercial</td>
</tr>
<tr>
<td>2 Elecare Pharmaceutical</td>
<td>Carex</td>
<td>Commercial</td>
</tr>
<tr>
<td>3 Enjoyable safe pleasure(ESP) Marketing</td>
<td>Enjoyable safe pleasure(ESP) condoms</td>
<td>Commercial</td>
</tr>
<tr>
<td>4 Zimbabwe National Family Planning Council(ZNFPC)</td>
<td>Public sector condoms</td>
<td>Free Distribution</td>
</tr>
<tr>
<td>5 PSI Zim</td>
<td>Protector plus</td>
<td>Social Marketing</td>
</tr>
<tr>
<td>6 Pharmaceutical and chemical distributors</td>
<td>Casanova</td>
<td>Commercial</td>
</tr>
<tr>
<td>7 Blissful Enterprises</td>
<td>Moods</td>
<td>Commercial</td>
</tr>
<tr>
<td>8 Graniteside Chemicals</td>
<td>Choice</td>
<td>Commercial</td>
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</table>

**Threats of new entrance**

The threats of new entrants to this industry are high. One of the key barriers to entry is capital that is required to procure condoms and register with Medicine Controls Authority of Zimbabwe (MCAZ). While the capital investments are high, the variable costs associated with distribution are also high (PSI Zim strategic management plan document, 2011). The economies of scale in running the business are high because of mass procurement of condoms that is required for an organisation to be able to realise its objectives (profit and social) (PSI Zim strategic management plan document, 2011).

**Bargaining Power of Suppliers**

The bargaining power of suppliers is low because there are few buyers but many suppliers. Many suppliers are from Asia where most of the manufacturing plants are automated hence condoms are produced in large volumes. The variable cost of producing a single condom is very low and that makes their prices attractive yet there are few buyers to purchase the product (PSI Zim strategic management plan document, 2011).

**Bargaining Power of Customers**

All the sexually active adults in the world are potential customers of condoms. Condoms are distributed through supermarkets, Liquor outlets, Service stations, Pharmacies, Lodges and Hotels, Tuck shops and Wholesalers. These small distributors buy directly from the players listed in Table 1.1 and further distribute the product directly to the final users. The bargaining power of these customers is high because there are many different types of condoms in the market. Whether the distributor’s objective is social or commercial, the distributors compete in terms of the volumes they supply to the market (PSI Zim strategic management plan document, 2011).
Threats of Substitutes

Behaviour change through abstinence and being faithful to one partner are critical to stem out the number of new and re-infections of HIV and other sexually transmitted infections. Another way of protecting oneself from such diseases is through male circumcision, which medically has been proven to be 60% safe. In terms of birth control contraception pills can be used to reduce unwanted pregnancies (Ministry of Health and Child Welfare, 2009).

1.1.3 Background of PSI Zimbabwe

PSI-Zim was established in 1997 as a social marketing organisation. The organization’s ultimate goal is to compliment government’s efforts in fighting the spread of Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS). PSI Zim is a non-governmental organisation which does not endeavour to make profit but focusing on health impact through social marketing of its products and services. PSI- Zim socially market a wide range of products and services such as Protector plus male condom brand, Care female condom brand, Postinor2 pills, Water guard, a water purification solution, voluntary counselling and testing of HIV/AIDS and voluntary medical male circumcision (VMMC) (PSI Zim strategic management plan document, 2011).

According to PSI Zim strategic management plan document (2011), the mission statement and the organisation’s vision are as follows:

Mission

PSI Zim’s mission is to promote sustained behaviour change that improves the health of Zimbabweans through social marketing of affordable products and services.
Vision

PSI Zim’s vision is:

(1) To significantly contribute to public health impact with special emphasis on STIs / HIV prevention and control, malaria prevention, family planning and reproductive health.

(2) For social marketing to be recognized and valued by stakeholders as an important component of public health providing a vital link with the private sector.

(3) To be recognized as a successful, committed Zimbabwean organization with highly motivated and skilled staff practicing the best social marketing techniques.

The main thrust of PSI Zim is to distribute and socially market Protector plus male condoms in Zimbabwe so that the product will be affordable to every citizen.

1.1.3.1 SWOT Analysis of Population services international-Zimbabwe.

A SWOT analysis is an analytical tool that is used by organisations to critically analyse the strengths, weaknesses, opportunities and threats from a strategic audit (Kotler, Armstrong, Saunders and Wong, 1999). Kotler, et al (1999) asserts that swot analysis helps to identify areas where the organisation is strong, weak, the main opportunities the organisation can focus on and the threats that the company is likely to face. Swot analysis is essential in scanning the environment that the organisation will be operating in and also evaluates the situation of the business. Swot analysis has been used to analyse and scan the environment for PSI Zim.

Strengths

PSI Zim has got a large pool of skilled personnel to provide support in the execution of the business’s objectives (PSI Zim strategic management plan document, 2011). The skilled personnel have been instrumental in creating a well-known brand,
Protector plus, which is available in all parts of the country. PSI Zim also command the largest distribution network in Zimbabwe. PSI Zim is financially viable and acquires funding from international donors for the execution of projects. When funding is made available it is distributed to all projects to satisfy the donor’s targets (PSI Zim strategic management plan document, 2011).

Weaknesses

According to UNAIDS (2012) as a result of increasing awareness about AIDS and STIs, many people have opted to use condoms during sexual encounters. The AIDS pandemic has resulted in an increase in the distribution of social marketed Protector plus male condom brand to the public (UNAIDS 2012). However, sales of Protector plus male condoms have significantly declined from 2009 to December 2012 as illustrated in figure 1.1 (PSI-Zim Financial Reports, 2012).

![Trend analysis of sales from 2005 to 2012](image)

**Figure 1.1** Trend analysis of sales from 2005 to 2012

**Source:** PSI Zim Financial Reports (2012)
Figure 1.1 above indicates a comparison of sales for Protector plus male condoms during the era of hyper-inflation and the period of multiple currencies. However, the figure indicates that sales have been declining from their peak in 2008 from approximately 69 million pieces to 28 million pieces in 2012 (PSI Zim Financial reports, 2012).

**Opportunities**

Locally, PSI Zim partnered with Coca Cola and Concern Worldwide in delivering Protector plus male condoms to areas that the company could not reach (PSI Zim financial reports, 2012). The organisation can source low cost/cheap packaging material from China in order to mitigate the continuous price increases of locally produced packaging material (PSI Zim, strategic management plan document, 2011).

PSI Zim is receiving funding from donors for expansion into new health products such as water guard solution for water purifications and male circumcision (PSI Zim financial reports, 2012). The organisation is also planning to develop a new scented condom brand to counter competition from private players in the industry (PSI Zim Strategic management plan document, 2011).

**Threats**

During the hyperinflationary period from 2000 to 2008 the condom industry was dominated by mainly two players, Zimbabwe national family planning council (ZNFPC) and PSI Zim, (PSI Zim, strategic management plan document, 2011). After the adoption of the multicurrency system in 2009, new players entered the market on the commercial end and introduced premium brands such as carex and choice, only to mention a few (PSI Zim, strategic management plan document, 2011).
1.2 STATEMENT OF THE PROBLEM

According to PSI Zim strategic management plan document, (2011) measuring access performance (MAP), means each socially marketed product is given a target in order to measure results and accessability. PSI Zim should achieve 30 million pieces of condoms annually. Socially marketed condoms are distributed in high risk outlets, encampment, mines, border towns and growth points (PSI Zim, strategic management plan document, 2011).

The research problem that the researcher sought to address was that of the fall in demand for Protector plus male condoms distributed by PSI Zim in the period 2009 to December 2012. The organisation’s annual reports have shown a decline in sales volumes from 51 million pieces in 2009 to around 28 million pieces in December 2012 against a donor target of 30 million pieces per year. If this problem of fall in demand is not addressed, donors may be left with no choice but to withdraw their funding from the project. In order to win the war against HIV and AIDS prevention social marketing of condoms must remain a top priority (PSI Zim strategic management plan document, 2011). UNAIDS (2012) stated that above 80% of people between 15-49 years of age are living with HIV/AIDS and 20% are aware of their HIV status. Therefore, if the problems to do with the fall in demand of Protector plus male condoms are not addressed by PSI Zim; the country may be faced with an increase in HIV/AIDS prevalence in the long-term and this will affect the health delivery system of the country. This study will assist in addressing the challenges of low sales, customer perception and the impact of price on the product.

1.3 OVERALL RESEARCH OBJECTIVE
The overall objective of this study was to investigate causes of a fall in demand for Protector plus male condom brand at PSI Zim from January 2009 to December 2012.

1.4 SPECIFIC OBJECTIVES
The specific objectives of the study were -:

1. To assess the causes of fall in demand for Protector plus male condoms.
2. To identify the customer perceptions towards Protector plus male condom brand.
3. To assess the impact of the price increase on Protector plus male condoms.
4. To make any necessary recommendations following findings from this study.

1.5 RESEARCH SUB QUESTIONS
1. What are the causes of fall in demand for Protector plus male condom?
2. What are the customer perceptions towards Protector plus male condom brand?
3. What has been the impact of a price increase on Protector plus?
4. What recommendations can be derived from findings of this study?

1.6 RESEARCH PROPOSITION
The study sought to test the proposition that:

The fall in demand for protector plus male branded condom over the period of the study was caused by the continuous price increase of this product, customer perceptions and new competitor products.

1.7 SIGNIFICANCE OF THE STUDY
This study will inform management at PSI-Zimbabwe about customer perceptions and the causes of fall in demand of Protector plus male condom brand. The recommendations derived from this study will assist in improving sales of Protector plus male condom. Management at PSI Zim will also be able to come up with strategies that deal with customer perceptions towards Protector plus male condom brand.

The study will bring in new information that might be beneficial to other lines of business such as voluntary medical male circumcision (VMMC), distribution of water purification solutions and at the same time, contribute to the body of knowledge of PSI-Zim and the Ministry of Health and child welfare with regard to condom use. Academic researchers will also benefit accordingly. The study will also help this researcher to meet the MBA requirements, at the Graduate school of management university of Zimbabwe.
1.8 SCOPE OF THE STUDY
The study sought to investigate the causes of the fall in demand for protector plus male condom brand from January 2009 to December 2012.

The study covered respondents drawn from Harare’s western high density suburbs of Budiriro, Mufakose, Kuwadzana and Dzivarasekwa.

1.9 DISSERTATION OUTLINE
The outline of this research comprises the following chapters;

CHAPTER ONE; Provides the introduction of the research, focusing on the background of the study, statement of the problem, research objectives, research questions, the study’s proposition, and justification of the study and scope of the research.

CHAPTER TWO; Reviews the existing literature relevant to the topic of the study and creates a basis for the discussion of results in chapter four.

CHAPTER THREE; Focuses on discussing the research methodology, and design used in carrying out the study.

CHAPTER FOUR; Establishes and discusses the research findings.

CHAPTER FIVE; Provides the research conclusions, policy recommendations and areas of further study.

1.10 CHAPTER SUMMARY
This chapter looked into the background of PSI Zim and the problems that are affecting the organisation in the country and in relation to fall in demand of Protector plus male condom brand. The chapter also provides the research objectives, questions, the study’s propositions and scope of the study. The next chapter reviews literature from different authors relevant to the topic of the study.
CHAPTER TWO

LITERATURE REVIEW

2.0 INTRODUCTION
This chapter reviews literature relevant to the topic of study. The review of literature was done under the following sub headings; Definition of terms, Market demand, Consumer buying behaviour influences, Social marketing and the empirical evidence from case studies on socially marketed condoms. Electronic or web-based information was used and searches were done on Google search engine and PubMed websites. Saunders, Lewis & Thornhill (2000) assert that literature review forms the basis from which research is built and the major thrust is to establish a better understanding and to have an insight into the preceding researches and trends that would have emerged. According to Afolabi (1992) “literature review is a body of text that aims to review the critical points of current knowledge on a specific subject. Its final objectives is to draw the reader up to date with recent literature on a subject and forms the basis for another goal, such as prospect research that may be needed in the area” p.21. The review was also used as a source for discussing results in chapter four.

2.1 DEFINITION OF TERMS
- Customer perception is defined as a marketing concept that involves a customer’s feelings, awareness or consciousness about a company or its offerings (Strydom, Jooste & Cant, 2000).

- Kotler (2000) defined market demand as the collective of the demand of all possible customers for a particular product over a period of time in a particular market.

- Andreasen (2002) defined social marketing as a procedure of conversing and conveying rewards that an intended audience desires in place for audience’s
actions that promote the general public with no monetary earnings to the marketer.

- Armstrong & Kotler (2009) defined consumer buying behaviour as the behaviour displayed by the final consumer of a product. Consumers buy the product for their personal use/consumption.

2.2 MARKET DEMAND
Kotler (2000) asserted that marketers are fundamental in organisations as they are in charge for creating demand for products/services. Marketers are also responsible for the demand creation for a range of company products (Pride & Ferrell, 2011). Marketers have to handle low demand or negative demand of product/services which means the product may have been avoided by customers (Kotler, 2008). When the product/service has no demand this may mean that people lack understanding and curiosity in the product (Kurtz, 2008). In order to attain organisational objectives marketing managers try to influence the level, timing, and the composition of these different demand states (Kotler, 2000). Demand for a product is the total quantity that would be bought by the specific customers in a particular area at a stated time period in a distinct marketing environment under a certain marketing programme (Kotler, 2008).

Glencoe (2008) stated that consumers have got a bargaining power on the purchase of products/services. Marketers must consider what people decide to buy and at what price (Pride & Ferrell, 2011). The price is therefore influenced by consumer demand.
According to Jain & Khanna (2007), a shift to the right on the curve indicates an increase in demand of a product. This is represented by a move from D1D1 to D2D2 as shown in Figure 2.1 above (Madan, 2006). For example, the first demand curve can be regarded as the demand curve for soft drinks (Madan, 2006). Given a price of 15 cents; consumers would buy 6,000 soft drinks (Madan, 2006). A stagnant in price of soft drinks would also result in the purchase of 13,000 soft drinks, which represent higher demand as shown on the first curve (Madan, 2006).

A reduction in demand is indicated by a shift to the left on the demand curve (Delaney & Whittington, 2010). In Figure 2.1 above indicates a move from D2D2 to D1D1 which shows a decrease in demand. 8,000 soft drinks could be purchased at a price of 13 cents (Madan, 2006). A fall in demand would result in the purchase of 7,000 soft drinks at the same price (Madan, 2006). Market demand does not represent the total market demand over a longer period of time (Hoxie, 2012) .The
curve indicates different forecasts of market demand in alliance with the level of marketing effort in the existing industry at a time period (Kotler, 2000).

2.2.1 Determinants of quantity demanded

2.2.1.1 Income
According to Glencoe (2008) the demand for most goods and services depends on income. Income is a significant influencer of demand for a given product. Goods and services are regarded as normal goods and income determine the rise in consumption of these products/services and the opposite is true (Madan, 2006). The demand for inferior goods is negatively affected by a rise or fall in income (Delaney & Whittington, 2010). For example, an inferior good might be the use of a landline telephone, an increase in income results in more people using cell phones than landline telephones (Lee, 2004).

There is a correlation between the demand of a product and income such that it has an influence on the Gross Domestic Product (GDP) of any given country (Jain & Khanna, 2007). It is very important to monitor trends in GDP so as to appreciate the future demand of a product (Madan, 2006).

2.2.1.2 Price
According to Madan (2006) consumers tend to purchase more of a product at lower prices than at high prices. It is of paramount importance for a manager to monitor the price when evaluating demand of a product (Jain & Khanna, 2007). When a firm has more stocks, it may consider reducing the price to stimulate quantity demanded of a product (Madan, 2006). For example, products such as complimentary and substitute also contribute in shaping demand of various products using the price. Glencoe (2008) further stated that substitutes are alternative goods that compete with each other. If two goods complement each other a price decrease in one of the good will results in more quantity demanded of that good and a reduced demand for the other good (Glencoe, 2008). For example, butter and margarine they substitute each other (Lee, 2004). For instance a stagnant price of butter and a price fall of margarine will
result in more people purchasing larger quantities of margarine and smaller quantities of butter (Mankiw, 2011).

2.2.1.3 Tastes or Preferences
The demand of a product is determined by consumers’ taste and preferences (Mankiw, 2011). Glencoe (2008) defined tastes and preference as what people choose to buy over other goods/services. Psychological status of an individual contributes to the liking or disliking of a product (Jain & Khanna, 2007). The most preferred good tends to be in higher demand than the least preferred good (Lee, 2004). Peer groups have got an influence towards the choice of a product/service that an individual consumes (Madan, 2006). Advertising plays an important role in developing and changing of consumers’ taste and preferences. Advertising helps in creating demand for a product by raising awareness about a particular product with respect to how the product is used, how much the product cost, where to find the product, benefits derived from the product (Lee, 2004). Advertisements are designed to cause a direct purchase on consumers. Turker (2010), states that it is not easy to identify all things that may influence tastes and preference and difficult to measure those that will be identified.

2.2.1.4 Expectations
These expectations affect demand for many products (Jain & Khanna, 2007). For example, people commonly buy stock or foreign monies because they anticipate the prices of the stock or of the foreign money to rise soon (Lee, 2004). Demand is affected by different expectations where an individual anticipates an immediate product shortage which causes the rise in quantity demanded of a particular product today (Madan, 2006). For an example, in the case of shortages of gasoline in the 1970, customer expected gas service station to run dry and buyers rushed to buy and stock up (Turker, 2010). On the other hand, if income is expected to decrease, the demand for a product will follow suit (Lee, 2004).

2.2.1.5 Population
Glencoe (2008) asserted that when there is more population, this brings more opportunities to buy and sell of products. When there is more population demand for
a product increases (Glencoe, 2008). This supports the notion as highlighted by Lee (2004) that market demand is simply the sum of the individual demands. Market demand is directly proportional to more buyers (Lee, 2004).

According to Lee (2004), demand for a given product will rise if the following happens:

1. When income rises for product?
2. When there is a decrease in inferior product.
3. If the prices of complimentary goods is reduced.
4. When there is an increase in the price of substitute.
5. When there is an increase in the number of people who will like the product.
6. When people anticipate a price increase soon.
7. When people expect shortages of a product.
8. When consumers anticipates an increase in their income.

The opposite is true and will cause a fall in demand for a product (Jain & Khanna, 2007). This may apply to Protector plus male condom brand in which there is a fall in demand.

2.3 CUSTOMER’S EXPECTATIONS AND PERCEPTIONS OF PRODUCTS AND SERVICE.

2.3.1 The definition of customer expectations
According to Lai & Cheng (2009) “Customer expectations may be described as the desires or wants of the consumer” (p.53). They went further to explain that customer expectations are what the customer expects from the firm and its range of products or services, for example, what customers feel the firm should offer them (Lai & Cheng, 2009). Brink & Berndt (2005) viewed these expectations, in most situations, as dissimilar from what the consumer gets in real-life situations from the firm. It is
therefore critical to centre attention on the customer perceptions (Brink & Berndt, 2005).

2.3.2 The definition of customer perceptions
Customer perceptions is defined by Strydom, Jooste & Cant (2000) as a process of receiving, organising and assigning meaning to stimuli noticed by the customer’s five senses in relation to the surroundings of a customer. Customer’s observational results of their surroundings can be described as customer perception (Tassiopoulos, 2008). Customers are more concerned about the quality of services they get and the degree of satisfaction achieved (Hayes, 2008).

According to Lovelock & Wright (2002), customers have a tendency of comparing products and the service expected to what actually was received. On the other hand, customers choose how satisfied they are with service delivery and outcomes, and they also make final comments about the quality (Ennew & Waite, 2012). Lovelock & Wright (2002) stated that scores of researchers consider that customers’ perceptions about quality are based on long-term, cognitive evaluation of an organisation’s service delivery and viewed customer satisfaction as a short-term emotional reaction to a particular service experience. Customers have got to experience a service before they can be satisfied or dissatisfied with the outcome (Brink & Berndt, 2005). Hemon & Altman (2010) noted that customers may assess the level of satisfaction or dissatisfaction and may use this information to keep informed perceptions of service quality. Beliefs about quality do not necessarily reflect personal experience as people often have quality views about services that were never consumed, basing these evaluations on comments by acquaintances or on advertising messages (Brink & Berndt, 2005). Figure 2.2 below shows the relationship between customer expectations, customer satisfaction and service quality.
Figure 2.2 The relationship among expectations, customer satisfaction and service quality.

Source: Lovelock & Wright, 2002

With reference to figure 2.2 above managing a business to optimize customer satisfaction is a strategic importance in various organisations since the cost of ordinary service quality may be as high as forty percent of revenues in some service organisations (Lovelock & Wright, 2002). The majority of organisations recognize that, by improving performance on service attributes, customer satisfaction should increase customer retention and improved quality (Brink & Berndt, 2005).

2.4 CONSUMER BUYING BEHAVIOUR

Armstrong & Kotler (2009) defined consumer buyer behaviour as actions displayed by consumers who make use of the final product. Schiffman & Kanuk (2007) further defined consumer buyer behaviour as behaviour exhibited in seeking for purchasing, using, assessing and disposing of services and products that they anticipate to suit their needs. Consumer behaviour is mainly concerned about what consumers want to buy, where they can buy the product, the reasons for buying the product, time of buying the product, the frequency of buying the product, assessment of the product after purchasing it and the influence of such assessment in the future and how they dispose of it (Armstrong & Kotler, 2009).
The perception of consumer buyer behaviour appeals to a number of diverse areas of information/aspects: psychosocial and culture (Braynt, 2010). For example psychology affects beliefs, emotion and attitudes. According to Watson & Spence (2007) studies done on feelings in marketing have developed the following approaches: the cognitive appraisals approach, the category approach, and the dimension approach. The category approach places emotions with exemplars and deem their different impact on consumption related behaviours (Braynt, 2010). The major factors that have an impact on consumer buying behaviour include cultural factors, personal factors and psychosocial factors (Armstrong & Kotler 2009). Figure 2.3 below extracted from Kotler, Armstrong, Saunder &Wong (1999) explain these factors that influence consumer buyer behaviour.

Figure 2. 3 Factors influencing consumer buyer behaviour
Source: Kotler, Armstrong, Saunder & Wong, (1999)
2.4.1 Cultural factors
Armstrong & Kotler (2009) stated that cultural factors use the broadest and the deepest influence on consumer behaviour. A marketer must have an appreciation of the task played by the buyer’s culture, subculture and social class (Braynt, 2010).

Cultural issues have the widest and deepest impact on consumer behaviour (Armstrong & Kotler, 2009). A marketer should have an understanding of the buyer’s culture and social class.

2.4.1.1 Culture
Culture is defined as the sum total of learned beliefs, values and customs that serve to direct consumer behaviour of members in a particular society (Armstrong & Kotler 2011). According to Nwanko & Gbadamosi (2010), culture is the most essential reason of a person’s desires, requirements and actions and human behaviour is learned from members in a society. A child learns essential values, perceptions, requirements and behaviours from significant organisations and family members (Braynt, 2010). A person learns when he is exposed to the following standards; activity and involvement, accomplishments, effectiveness and practicality, advancement, prosperity, distinctiveness and uniqueness, autonomy, humanitarianism, health and youthfulness (Armstrong & Kotler, 2009). Culture has an impact on consumer buying behaviour in any specified society (Armstrong & Kotler, 2011).

2.4.1.2 Sub culture
There are smaller subcultures in each culture with people who share ordinary life experience and circumstances (Shah, 2010). Racial groups, religious groups and geographic locations are included in subcultures (Nwanko & Gbadamosi, 2010). Sometimes subcultures can form significant market sectors and give decision reference on product design and market promotions for marketing persons to serve the demand of consumers (Jen, 1990).

2.4.1.3 Social Class
Nearly in every society there is some kind of social class structure (Sarangapani, 2010). The author stated that social classes in a society are rather permanent and
well-organised divisions whose members share common morals, interests and actions. Social class are determined by a combination of education, earnings, professions, prosperity and other variables (Armstrong & Kotler, 2011). In some instances, members of different social classes are raised for specified roles and cannot change their social positions (Sarangapani, 2010). According to Armstrong & Kotler (2011) people prefer goods and services that symbolize their roles and status in the society. Marketers are curious about social class because persons in a given social class tend to display similar buying behaviour (Braynt, 2010). Different products and brand preference are shown in areas of leisure pursuits, motor vehicles, clothing and home furnishings (Armstrong & Kotler, 2009).

2.4.2 Social factors
Armstrong & Kotler (2011) asserts that social factors are important in understanding consumer behaviour and it also centres on the understanding of individual’s behaviour in the company of their individual groups. In addition, consumer behaviour is also influenced by family, reference groups and social class (Sarangapani, 2010). On the other hand, social awareness, social control, social incentives, peer pressure, social cues, social consent to actions are also the concepts which shed light on consumer behaviour (Armstrong & Kotler, 2011). Social factors is premised on the reasoning that consumer behaviour takes place within and in the presence of individuals’ which influences consumer’s processing information and decision making (Engel, 1968).

2.4.2.1 Family
According to Kotler et al (1999) a family unit is an essential constitution of consumer buying organisation in society. Reference groups act as the main influencer in a family unity (Braynt, 2010). Consequently marketers seek the roles and influence of children, husband and wife (Armstrong & Kotler, 2011). Married women are the mostly targeted if marketers understand and know of the influence of a women’s buying decision on a product (Sarangapani, 2010). However, buying roles of consumers change with adjustments in their lifestyles (Shah 2010).
2.4.2.2 Reference groups
Armstrong & Kotler (2009) stated that reference groups have potential influence in shaping a person’s actions and manner. The influence of reference groups on different products and services is diverse (Armstrong & Kotler, 2011). For instance, the influence of reference groups on noticeable goods such as a car is very high (Sarangapani, 2010). A person whose opinion is valued by the majority of people in his society also influences consumer buyer behaviour (Shah, 2010).

2.4.2.3 Roles and status
People perform different roles in society according to the groups and institutions to which they belong (Armstrong & Kotler, 2011). According to Braynt, (2010), social status and roles can be used to define an individual’s position in the society. The author defined roles as activities people perform in the society and are expected of them by the society (Braynt, 2010). A woman working as the Chief Executive Officer (CEO) of a company plays role of a mother, wife and CEO. Thus her buying decisions will be influenced by her status and roles (Shah, 2010).

2.4.3 Personal Factors
Personal qualities such as occupation, income, age and life-cycle stage, self-concept, personality affect buyer’s decisions (Braynt, 2010).

2.4.3.1 Age and Life-Cycle Stage
Goods and services bought by people change over their life time (Armstrong & Kotler, 2011). Age influences the kind of goods and services that a person buys such as clothes and furniture (Kotler et al, 1999). Stages that people go through as they mature form the buying decisions. Armstrong and Kotler, (2009) noted that frequently, marketers target their market in terms of life-cycle stage and they come up with age-appropriate marketing strategies for each age group.

Psychological statuses in life-cycle stages have been known. People go through changes as they mature in life (Armstrong & Kotler, 2011). For instance, a man may shift from being a satisfied brand manager and husband to being an unsatisfied individual who is looking for new ways to fulfil himself (Kotler et al, 1999). Thus
marketers should be more interested in the changing buying interests of people as they pass different stages of adulthood (Armstrong & Kotler, 2009).

2.4.3.2 Occupation
The profession a person has affects the goods and services he/she buys (Armstrong & Kotler, 2011). White-collar workers tend to buy more suits and ties and Blue-collar workers buy more work clothes (Kotler et al., 1999). Marketers classify occupational groups that have an over-average curiosity in their goods and services (Armstrong & Kotler, 2011). A company can dedicate itself to make goods meant for certain occupational group (Braynt, 2010).

2.4.3.3 Economic Circumstances
Product choice of a person is affected by his economic situation (Armstrong & Kotler, 2009). More disposable income means more expensive products are most likely to be bought (Armstrong & Kotler, 2011). For example, a person can buy an expensive car if he has more disposable income or borrowing power (Braynt, 2010). Advertisers of income sensitive products monitor peoples’ personal income savings and price their products in accordance to peoples’ income (Kotler et al., 1999).

2.4.3.4 Lifestyle
According to Braynt (2010) people of the same background, social class, and occupation might have different lifestyles. Botha, Strydom, Bothma & Brink (2006) further explained that “lifestyle is a person’s pattern of living as expressed in his or her activities, interests and opinions” (p.72). A person’s lifestyle includes things that are more than that person’s social class or character (Armstrong & Kotler, 2009). It outlines an individual’s total pattern of performing and relating within the society and the world at large (Shah, 2010).

2.4.4 Psychological Factors
Psychology can be used to understand consumer’s behaviour (Armstrong & Kotler, 2011). Psychology is defined as the study of the degree to which behaviour is caused by chemical and physical properties within the human body (Morris, 1996). Physiological elements of the body give rise to cognitive and psychological elements (Kroeber-Riel, 1980) Psychology helps to explain consumer behaviour (Armstrong &
Kotler, 2011). For example, the food consumption is controlled by the hypothalamus (Zimbardo & Gerrig, 1996). Food consumption cause chemical changes in the blood stream that triggers further consumption controlled by the blood (Braynt, 2010). Therefore the person would eat more food. Thus action is supported by the results of the research and the role of the hypothalamus and the entire brain (Valenstein, Cox & Kakolewski, 1970) and (Zhang, Proenca, Maffel, Barone & Friedman, 1994). Psychology gives patterns to assist the understanding of consumer behaviour more clearly (Braynt, 2010). Perception, beliefs and attitudes, learning and motivation are the psychological factors that influence consumer buying behaviour (Armstrong & Kotler, 2011).

2.4.4.1 Perception
Choosing, classifying and interpreting information to construct meaningful understanding of the world is called perception (Shah, 2010). Three different perceptual processes have been identified and these are: selective attention, selective distortion and selective retention. In instances of selective attention, consumers’ attention is attracted by advertisers (Armstrong & Kotler, 2011). While in selective distortion consumers interpret information provided by the advertisers in a way that supports their beliefs (Armstrong & Kotler, 2011). Whereas in selective retention, advertisers retain or keep some information that supports their already held beliefs (Braynt, 2010).

2.4.4.2 Motivation
The degree of motivation affects the buying behaviour of consumers (Sarangapani, 2010). Each person has a diversity of biological, physiological and social needs (Armstrong & Kotler, 2011). Some of these needs are more demanding while some are less demanding (Armstrong & Kotler, 2011). Thus a need turns out to be a motive when it is more demanding that it causes a person to search for gratification (Braynt, 2010).

2.4.4.3 Learning
Learning takes place through the interaction of drives, stimuli, cues, responses, and reinforcement (Armstrong & Kotler, 2009). According to Talloo (2007) when people
act, they learn. Learning describes changes in an individual's behaviour arising from experience (Sarangapani, 2010). Learning theorists say that most human behaviour is taught (Armstrong & Kotler, 2007).

A drive is strong internal force of stimulus that seeks for an action (Kotler, 1999). It can become a motive when it is directed towards a specific object (Sarangapani, 2010). For example, an individual's drive for self-actualization becomes a motive that calls for him to buy a car (Armstrong & Kotler, 2011). The person's response to the thought of buying a car is habituated by surrounding cues (Armstrong & Kotler, 2009). Cues are small stimuli that determine a person's way, where, what and how to do things (Sarangapani, 2010). For example, a person might see different car brands in a car sale; however, a discussion with a friend about cars' fuel consumption rate might lead him to buy a particular car (Armstrong & Kotler, 2011). All these cues might interfere with a consumer's response to his interests in buying goods and services (Kotler, et al, 1999).

2.4.4.4 Beliefs and Attitudes
Some consumers have certain attitudes and beliefs towards a variety of goods and services (Majumdar, 2010). These beliefs and attitudes add up to the brand image of a product and they influence the buying behaviour of consumers (Armstrong & Kotler, 2009). Thus advertisers have interests in beliefs and values (Armstrong & Kotler, 2009). Advertisers have the potential to change consumers' beliefs and attitudes through certain advertisement and campaigns in this regard (Braynt, 2010).

2.5 SOCIAL MARKETING
Andreasen (2002) defined social marketing as a procedure of conversing and conveying rewards that an intended audience desires in place for audience’s actions that promote the general public with no monetary earnings to the marketer. Another definition of social marketing according to Kotler & Lee (2007) is the application of programmes designed to influence the voluntary behaviour of the target audience in order to improve their personal welfare and that of society.
Krishnamacharyulu & Ramakrishnan (2011) differentiated commercial marketing from social marketing thus;

“A commercial marketer aims at creating a customer by influencing him or her to like and purchase a product or service whereas a social marketer seeks to influence clients to create a change in behaviour reducing negative behaviours such as promiscuity or encouraging positive behaviours such as condom use (p.476)”.

Andreasen (2002) stated that social marketing achieves its goal in behaviour changes through the use of facilitation, promotion and incentives. Lahtinen (2010) highlighted that social marketing can also cause alterations to the intended community whose supportive activities can include, but not limited to, the media, family members, policy makers and sponsors.

2.5.1 Elements of Social Marketing
Andreasen (2002) highlighted elements of social marketing below:

1. Consumer orientation - in social marketing consumer is understood to be an active participant in the change process. Kotler, Armstrong, Saunder and Wong, (1999) stated that consumer orientation is the key element of social marketing that differentiate it from other forms of marketing.

2. Behaviour - Social marketing has a focus on behaviour, based on a strong behavioural analysis with specific behavioural goals through research.

3. Insight - based on a development of a clearer understanding approach. Focusing on what motivates and move the target audience.

4. An exchange - Exchange is defined as an exchange of resources between two parties with an expectation of some benefit. Kotler & Zaltman (1971) as cited in Lahtinen (2010) stated marketing “does not occur unless there are two or more parties, each with something to exchange and both are able to effectively communicate and distribute their goods and/ or services based on a voluntary behaviour.” p.4.
5. Competition - It incorporates competition analysis so as to understand what competes for the attention and time of the audience and source of competitive behaviours.

6. Segmentation - It avoids the use of blanket approach but apply a well developed segmentation approach.

7. Method Mix - This concern a mix of methods that is appropriate to the audience, including price, product promotion and marketing methods.

8. Long - term planning Approach- Lawther (1997) explained that planning process of social marketing begins and ends with research. Research is conducted throughout to inform strategy development and it also important in the market segmentation and target strategy.

9. Moving beyond individual consumers- According to Lawther (1997) social marketing aims to influence the change in behaviours not only to individuals but also to the society at large organisations and groups. Zaltman (1975) suggested a six fold classification of the types of change sought in social marketing, incorporating two dimension of time, for example, short and long-term. The three dimension of the level society (micro, groups and macro).This helps social marketing to influence behaviour change not to individuals but the environment in which they operate.

According to UNAIDS (2000), Social marketing has surfaced as the most effective and direct approach to health communication and education especially in developing countries, in many cases replacing community outreach and participation programmes. UNAIDS (2000), stated that the intensifying of HIV/AIDS crisis in Zimbabwe corresponded with the rise and application of social marketing. Western non-governmental organisations (NGO) and their donors came to Africa with social marketing in order to embark upon HIV/AIDS prevention in a way that could be integrated into on-going economic reforms programmes that emphasized “cost-effectiveness” as the foundation for main concern setting in health promotion (UNAIDS 2000).
Strategies to promote the Protector plus male condom brand involve encouraging demand, augmenting distribution channels and lowering prices (UNAIDS, 2000). The most effective way to combat the wide spread of HIV is to intensify the distribution of socially marketed protector plus male condom brand in high-risk groups such as sex workers. However, free condoms given to the general public often remain unused (Hughes, 1995). Welsh (2001) stated that social marketing appears to be the best move towards to health promotion because of its power to use the media and the private sector in modernizing the world to encourage health behaviour change. Studies have revealed that people have a tendency to place more value on something they would have paid for than something they would have been given for free (Cisek, 1992).

Condom availability through social marketing has assisted in cutting transport costs and time required to obtain condoms (Lamptey, 1998). Gardner (1999) highlighted that Social marketing is the best way to increase condom accessibility among the poor because of low prices charged to the socially marketed products.

2.5.2 Pricing products in Social Marketing

According to Sharma & Romas (2011, p.207) “price refers to the tangible and intangible things that the target audience has to give up in order to adopt a new idea (product)”. The price may be of financial value, or it requires the consumer to forego intangibles, such as time or effort, or to risk embarrassment and disapproval (Weinreich, 2011). The perceived worth of the contribution will be low and it will be unlikely to be adopted if the costs overshadow the benefits for an individual (Lahtinen, 2010). However, if the benefits are perceived as greater than their costs, chances of trial and adoption of the product is much greater (Weinreich, 2011).

“In setting the price, particularly for a physical product, such as contraceptives, there are many issues to consider. If the product is priced too low, or provided free of charge, the consumer may perceive it as being low in quality. On the other hand, if the price is too high, some will not be able to afford it. Social marketers must balance
these considerations, and often end up charging at least a nominal fee to increase perceptions of quality and to confer a sense of “dignity” to the transaction. These perceptions of costs and benefits can be determined through research and used in positioning the product” (Weinreich 2011, p.16-17).

In other words, in coming up with a nominal fee, a formative research should consider the price that specific customers want to adopt in the new phenomenon and it includes the assessment of all barriers that comfort the intended population (Sharma & Romas, 2011).

2.5.3 Criticism of Social Marketing
According to Raftopoulou (2003) social marketing campaigns have been often criticized in terms of the tactics used, unwanted consequences, conflicting interests or the legitimacy of the premises of specific campaigns. According to Evans (2010) social marketing centre their attention on the “product” rather than “process.” He observed one direction communiqué process, which generates limited authentic feedback, which provided a speedy solution (Ewing, 2012). This is in contrast to process oriented approaches that seek to establish exchange of ideas with communities on health or other social related problems (Wisner, 1987).

Social marketing concentrates on communicating messages to individuals liberated from their social context by assumptions of the free market (Buchanan, Reddy & Hossain. 1994). Wallack and Dorfman (1996) have provided one of the most substantial critiques of social marketing in their promotion of an alternative approach they call “media advocacy”.

Wallack & Dorfman (1996) further contrasts the “information gap” that social marketing seeks to fill with the “power gap” that underlies most health behaviour problems. Lahtinen (2010) further noted that “Social marketing tends to reduce serious health problems to individual risk factors and ignore the proven importance of the social and economic environment as major determinants of health” (p 422). In
echoing other critiques of social marketing, the two authors suggested that a two-way dialogue is critical in delivering health promotion (Kosenko, 2008).

### 2.5.4 Barriers to condom use

According to Sarkar (2008) condoms have a dual function: as a means of contraception and also the most valuable easily reached means for reducing the risk of transmission of sexually transmitted infections (STIs) including HIV. UNAIDS (2006) reported that the number of condoms distributed to the Sub-Sahara Africa by donors was equivalent to 10 for every man compared to 4.6 for every man in 2001. Agweda (2010) stated that there are problems related with condom use that were reported by respondents and these include lack of enjoyment of sexual intercourse with a condom and persistence by one of the partner on not using condoms. The stigma associated with condom hampers the condom use in extramarital sexual relationship for HIV transmission prevention (Wijgert, 1999). Financial support compromise the use of condoms in cases where young women exchange sex for economic assistance (Kulcrycki, 2004). According to findings of a study conducted by Hebling & Guimaraes (2004) women face challenges with their partners due to the lack of discussion about sexual issues and men constantly have the final say in decision making. The same author also noted that many people involved in on-going relationships confessed non condom use due to dread of being suspected of being unfaithfulness (Hebling, & Guimaraes, 2004).

Kulcrycki (2004) stated some people associate condoms with promiscuity because of their widespread advertisement in HIV/AIDS awareness programmes both in the electronic and print media. Due to these assertions both men and women would find it difficult to initiate the use of condoms in relationships due to the condom-associated stigma (Kulcrycki, 2004). Findings from a study conducted in Mozambique by Manuel (2005) showed that condoms were not used in relationships built on reciprocal love and trust because such relationships were seen to be immune from HIV/AIDS. The author also acknowledged perceived reduction in pleasure, lack of correct
information, and lack of sex education to reduced or non condom use among the youth in Mozambique (Manuel, 2005).

Sri Krishnan (2007) reported that young men in Mumbai indicated that lack of privacy in stores and condom-associated social stigma were noteworthy barriers to condom use. The other problems associated with condom use is the feeling that condoms compromise the naturalness of sex, the perception that condoms are chiefly a birth control rather than a prevention tool against HIV, the awareness of immunity to HIV, association of condoms with casual sex and not with intimacy and trust and wish of others to conceive particularly in married women (Varga, 1997). Some men view men’s emotional achievement with satisfaction accomplishment through direct penile-vaginal contact. Condom use is thus viewed as a barrier in this regard (Khan, 2004).

Sarkar (2008) stated that the Roman Catholic Church bans the use of contraceptives because it is considered a sin against nature and a contravention of the divine law. This means that Catholics cannot use a condom to prevent pregnancy as well as preventing contracting HIV. Schenker (1993) and Anonymous (2006) cited by Sarkar (2008) stated that under the Islamic law condom use is not allowed for prevention of both unwanted pregnancy and HIV/AIDS. Other problems associated with condom use acknowledged by Crosby (2005) were: usual condom slippage during sexual intercourse, forcefully fitting condoms for men, vaginal irritation for women and loss of feeling for both male and female during sexual intercourse.

2.6 EMPIRICAL CASE STUDIES ON SOCIAL MARKETED CONDOMS.

2.6.1 Tanzania
PSI/Tanzania is engaged in the social marketing of a range of health products that directly address one of the most significant health concerns faced by Tanzanians – HIV/AIDS (PSI Tanzania, 2009). PSI Tanzania had been facing a declining in sales of its socially marketed Salama condoms due to competition from companies that distributed scented and flavoured condom brands. The organisation then sought to increase its product range by introducing other flavoured condom brands in order to
address the fall in demand of Salama condom brand (PSI Tanzania, 2009). The organisation introduced the following flavoured condom brands; Salama Studs, Salama 3 Bomba, Familia, and Care Female condoms. Table: 2.1 below presents a summary of PSI/Tanzania condom market portfolio.

Table 2.1 PSI Tanzania condoms market portfolio.

<table>
<thead>
<tr>
<th>Brand</th>
<th>Presentation</th>
<th>Consumer Price per unit</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salama Regular</td>
<td>Three Pack costing 100 Tsh</td>
<td>33.3 Tsh</td>
<td>Flagship brand, launched 1993, targeted at youth aged 15-24</td>
</tr>
<tr>
<td>Salama Studded</td>
<td>Three Pack costing 200 Tsh, studded texture</td>
<td>66.6 Tsh</td>
<td>Premium brand variant launched 2006, targets older men, urban areas</td>
</tr>
<tr>
<td>Salama 3 Bomba</td>
<td>Three Pack costing 200 Tsh, scented condoms</td>
<td>66.6 Tsh</td>
<td>Premium brand variant launched 2007, targets youth in urban areas</td>
</tr>
<tr>
<td>Familia</td>
<td>Ten Pack costing 500 Tsh, scented</td>
<td>50 Tsh</td>
<td>Family planning brand launched 2008, targeting couples and those in long term relationships</td>
</tr>
</tbody>
</table>


These products are distributed through a variety of outlets, primarily employing Tanzania’s commercial distribution network. PSI Tanzania has also engaged the community in distribution network mechanisms and institutional/NGO (PSI Tanzania 2009).
Figure 2.4 National market penetration for PSI Tanzania condoms


The organisation employed various strategies to address the fall in demand which also included market penetration in specific locations, targeting the high risk areas (hotspots) and hot zones for condom distribution. According to Figure 2.4 above national market penetration for Salama regular in hot zones has increased from 39% in (2007) to 43% in 2008, Salama Studs increased from 35% to 39% and Salama 3 Bomba also increased from 34% to 43% in high risk areas respectively (PSI Tanzania, 2009). Generally, when all the Salama extensions are combined (any Salama) market penetration in high risk areas of Tanzania increases from 63% during baseline survey to 65% (PSI Tanzania, 2009).

According to PSI International (2012) PSI Tanzania united with mobile phone providers to change the way HIV interventions are targeted to reach communities in need the most. By using mobile phone networks to build closer relations with private retailers and wholesalers who distribute its Salama condoms, the organisation guaranteed its products reach all corners of the country (PSI Tanzania, 2010). Shop
owners in Tanzania have high levels of personal mobile phone ownership and use. Data from a PSI Tanzania retailer survey in 2009 showed that 70 percent of rural and 80 percent of urban retailers had a mobile phone (PSI Tanzania, 2009). According to PSI International (2012) the three largest mobile phone providers in Tanzania support PSI, and by March 2010, nearly 1,000 retailers had registered in the system. PSI Tanzania anticipated registering 30,000 retailers by the end of 2010 in order to increase awareness, coverage of condoms and the life saving messages on HIV preventions. PSI Tanzania ensured to increase condom distribution and communications activities to reach areas that brings low sales to the organisation (PSI International, 2012).

2.6.2 Indonesia
The HIV/AIDS epidemic in Indonesia is classified as concentrated prevalence with the infections ranging from 80,000 to 120,000 (PSI Indonesia, 2009). The condom distribution industry comprised of the government sponsored condoms, socially marketed condoms and commercial marketed condoms. DTK international socially market condoms in Indonesia complimenting government efforts in fighting HIV/AIDS through distribution of socially marketed condoms, imparting information about the effects of HIV/AIDS and promote behaviour change (Leavell & Schneider, 1997).

DTK Indonesia was established in 1997 as part of this effort to increase condom distribution, focusing on shifting behaviours and distribution of subsidized condoms. The organisation socially market Sutra male condom brand in Indonesia where the condom industry is dominated by government sponsored condoms and commercial marketed condoms (Leavell, et al 1997)

According to Nielsen (2001) in the early 1998, Indonesia experienced a turbulent economic downturn that disrupted all sectors of the economy including distribution networks of condoms. The demand for condoms including socially marketed Sutra male condom declined by 20% and remained stagnant until the year 2000. This economic crisis reduced consumer purchasing power and this compelled Indonesian consumers to make difficult choice in what they buy resulting in decreased available
spending for condoms. These factors impacted negatively on the condom market causing a 20% contraction in a matter of months.

DTK International adapted itself to a number of measures in order to increase demand of its Sutra male condom brand. The organisation adapted to consumer needs and manipulated market demand by increasing the number of outlets that sells condoms. On the other hand, the organisation realized a critical barrier to condom use where potential users felt embarrassed when purchasing Sutra condoms in supermarkets and pharmacies. In trying to address this situation the organisation opened other channels where Sutra condoms was made available in less official outlets where consumers felt more comfortable in purchasing condoms. This has ensured that Sutra male condoms were increasingly available when and where customers need them most for example, at night, at nearby, easy to reach outlets. DTK International also focused on non-traditional outlets and these efforts have opened the condom market and increased access and the availability of Sutra male condom to consumers. According to Nielsen (2001) DTK International employed mass advertising (TV, Radio and Print) in trying to create awareness of its Sutra male condom brand. After the impact of the economic crisis, Sutra condoms were the driving force in shaping and directing the total market. During the same period the value of the condom market expanded to 195% from 878 million Rupiah to 2.596 billion Rupiah (HAPP Report, 2000).

According to The Futures Group International (TFGI) (2000) there are Lessons learned on condom social marketing in Indonesia and that include:

- The Futures Group International (TFGI) implemented an extensive communications programme in collaboration with private partners, including communications service firms and condom manufacturers and with NGO Implementing Agencies. The programme was considered to augment condom use among the commercial sex workers with their clients and to increase sales of socially marketed condoms. Public service advertising (PSA) campaign was
incorporated such as TV, Radio and in printed publications so as to increase awareness of socially marketed condoms.

- Increased access of socially marketed condoms was achieved and sales increased and some measures were implemented in cutting down on distribution costs of socially marketed condoms.
- Increased on the number of outlets that were not stocking condoms.
- Mass market approach was embraced in distributing socially marketed condoms and prices set in tandem with the socioeconomic classes and also in considerate of the most vulnerable groups such as commercial sex workers.
- To change the image that is portrayed by the society on the use of condoms and increases their acceptability among end-users.
- Mass media proved to be effective in trying to reach every client no matter the distance. This form of advertising helps to create demand for condoms, remove the stigma associated with the use of condoms, improves on the purchasing environment and growth of the condom market by increasing sales from the retail outlets.

2.7 CONCEPTUAL FRAMEWORK OF STUDY

The conceptual framework of the research is based on the topic of an investigation into the causes of fall in demand for Protector Plus male condom brand: A case of Population Services International-Zimbabwe (Psi-Zim) January 2009 to December 2012. The framework is illustrated in Figure 2.5 below:
Jabareen (2009) defined a conceptual framework as a set of connections and concepts that give a broad understanding of an event or phenomenon. According to figure 2.5 the conceptual framework seek to address the problem associated with the fall in demand of Protector plus male condoms at PSI Zim. This framework works in conjunction with the researcher’s objectives to justify the study (Cargan, 2007). Based on the objectives of the study, the researcher had to use existing literature and gathered primary data using a questionnaire. This was meant to determine if fall in demand for Protector plus Male Condoms at PSI Zim from 2009 to 2012 could be explained by existing theories. These results were therefore used to answer the research proposition and determine the research conclusion and recommendations.
2.8 CHAPTER SUMMARY

From literature reviewed, factors that contributed to the fall in demand for protector plus male condoms were determinants of demand, consumer buyer behaviour influences and social marketing. Determinants of demand are: income, price, tastes and preferences, expectations and population. Income of consumers influence demand for goods and services. Price has an effect on consumers’ choice for product. Consumers’ tastes and preferences are what consumers prefer to buy. Goods/ services that are most preferred by consumers are in high demand. Consumer buyer behaviour influences also affect the fall in demand for Protector plus male condoms. The factors that influence the purchase of a product/ service are cultural, social class, personal and psychological. The determinant of each factor depends on the nature of the product/ service for example, Protector plus male condom brand. Social marketing focuses on behaviour change target audience using mass media campaigns at no profit to the business.
CHAPTER THREE

RESEARCH METHODOLOGY

3.0 INTRODUCTION

This chapter highlights the research methodology that was used to conduct the research and collect the necessary data. Creswell (1994) cited in Patton (2002) stated that research methodology is a procedure, plan or device for assembling information, analysing and reporting activities in a research. Saunders, Lewis & Thornhill (2007), explained that research is what people get concerned about in order to find out things in an organized way thus expanding their base of knowledge.

3.1 RESEARCH DESIGN

A research design is a framework of the research plan action that states the methods and actions for collecting and analysing the needed information (Zikmund & Babin, 2012). However, according to Roberts (2007) a good research is a thinking individual’s game therefore it is important for a knowledgeable researcher to depend on a distinct set of rules for selecting, designing, and carrying out research. Kumar (2008) further explained that the design assists the researcher to organise his ideas in a form whereby it will be possible for the researcher to look for flaws and inadequacies that can be used in drawing credible conclusions.

There are three types of research designs according to Andrew & Halcomb (2009), and these are the quantitative, qualitative and the mixed methods of research. Creswell & Plano Clark (2010) defined a mixed research as research in which quantitative and qualitative techniques are mixed in a single study.

The researcher opted for a mixed methods approach, focusing on the case study of PSI Zim. The mixed method assisted the researcher to gather both qualitative and quantitative data. The use of one source of data (either quantitative or qualitative) was not sufficient enough to generalise the findings of the research study.
3.2 RESEARCH PHILOSOPHY

The main reason for designing a study and gathering data is to allow the researcher to create and present findings (Baker 1999). According to Baker (1999), the analysis can be prepared in a number of ways and will differ according to whether or not the data is quantitative or qualitative.

According to Saunders, Lewis and Thornhill (2003) there are two research approaches which are: quantitative and qualitative. Quantitative research encompasses the goal of studying things whereas qualitative research is subjective way of studying things. The positivist research describes what is experienced through seeing and observation.

3.2.1 The Quantitative Methodology

Bruce, Pope & Stanistreet, (2008) characterised quantitative methodology as a deductive way of explaining descriptions of observed phenomena, possibility of relationships between correlation and ex-post research designs and descriptive studies and longitudinal developments.

3.2.1.1 Advantages of the quantitative approach

Singh (2007) stated that emphasis is placed on numerical analysis and objectivity, reliability and reputation which are the advantages of quantitative research. The quantity approach is fast and economical and can provide a wide coverage of the range of situations (Singh, 2007). Singh (2007) further stated that, the method is also suitable when time and resources are limited. The approach is more advantageous when statistics results are being stressed (Singh, 2007).

3.2.1.2 Disadvantages of the quantitative approach

Millsap and Maydeu-Olivares (2009) asserted that the disadvantage of quantitative research is not always suitable for social sciences and the degree of validity from findings is minimised. The quantitative approach gives a limited understanding towards the actions demonstrated by people and as a result, the approach make it difficult to foresee any changes in the future and somewhat inflexible and artificial (Millsap and Maydeu-Olivares, 2009).
3.2.2 The Qualitative Methodology
Klenke (2008, p.7) defined “qualitative research as a multi-method in focus, involving and interpretive researchers study things in their natural settings, attempting to make sense of or interpret phenomena in terms of meanings people bring to them”. According to Walsh & Wigens (2003), qualitative research presumes a more naturalistic approach than a quantitative approach does. This qualitative approach is inductive and attempts to appreciate meanings that people give to their social phenomena (Stainton & Willig, 2007).

3.2.2.1 Advantages of the qualitative approach
Bruce, Pope and Stanistreet, (2008) emphasized that qualitative approach gives people a way of trying to understand knowledge about numbers and fixed laws of science and offer a clearer understanding of social circumstances.

3.2.2.2 Disadvantages of the qualitative approach
Subjectivity inherent in studying social circumstances and limited generalisation of findings are the disadvantages of qualitative research approach (Singh, 2007).

The research included both qualitative and quantitative approaches. Qualitative approach was used to ascertain facts on the ground with respect to the fall in demand for Protector plus male condoms on open-ended questions in the survey questionnaire. Quantitative approach was used for closed-ended questions in the questionnaire so as to quantify data more simple. The uses of qualitative and quantitative approaches have advantages of triangulation, which allows the researcher to substantiate the results from one type of data analysis with the evidence from another type.

3.3 RESEARCH STRATEGY
Saunders, Lewis, & Thornhill (2009), stated that research methodology outlines the foundation of how the research would be carried out and diverse types of research designs which include case study, surveys, and exploratory, descriptive and explanatory studies. The case study approach has been selected as the most
appropriate for this research study due to the nature of research problem outlined in chapter one. Saunders, Lewis, & Thornhill (2009) explained that diverse strategies of carrying out a research have advantages and disadvantages. Therefore the researcher opted the case study due to the how questions of which the researcher had no control over.

### 3.3.1 Grounded Theory
The grounded theory is best used in the medical field whereby information collected is used to develop theories (Strauss,1976) as cited in (Smith,2007).

### 3.3.2 Participative Enquiry
The researcher acts as a participant in the research while collecting information through observations. The participants are in their natural environment and sometimes they are not aware that they are being researched on (Saunders, Lewis &Thornhill, 2009).

### 3.3.3 Longitudinal Method
According to Smith (2007), longitudinal method is a study of a group of subjects over a long time.

### 3.3.4 Cross Sectional
Cross sectional is a process made to get information on variables in diverse contexts but over a short period of time (Denzin and Lincoln, 1998).

### 3.3.5 Surveys
According to de Vaus (2013) a survey is defined as a data collection tool used to gather information concerning a large group of people. Glasow, (2005), suggests that surveys produce data valuable for a great range of study topics and lend themselves to wide-ranging forms of analysis. The surveys give the researcher a set of responses, frequently to fixed-choice questions, which can be collectively used to determine the features and attitudes of a definable social group (Baker, 1999). Glasow, (2005), asserted to the substance of material gathered in a survey research which comprises of responses to the questions and combined across various respondents.
3.3.5.1 Types of surveys
There are three types of surveys which include, face to face, Telephone and self-administered surveys (O’Leary, 2004). Types of surveys are explained below as:

**Face-to-face surveys**
Face to face surveys permit the surveyors a chance to create, build trust, encourage respondents, explain questions, read non-verbal cues and investigate appropriately (Babbie, 2010). The response rate tends to be higher (Gwartney, 2007). Face-to-face surveying is time-consuming, expensive, does not allow confidentiality, it may require surveyor training and may be influenced by interviewer bias (Babbie, 2010).

**Telephone surveys**
Gwartney (2007) highlighted that telephone surveys are not expensive, less time-consuming, covers wide geographic areas and it allows confidentiality. The weaknesses of using a telephone survey are that the survey is limited to those with telephones only; participants may hang up on the interviewer if they choose to and the respondents’ rate is lower than that of face-to-face surveys (Maxfield & Babbie, 2011).

**Self-administered surveys**
Self-administered surveys allow confidentiality of the respondents covers a large geographic area and provide respondents with a chance to complete questionnaires on their own (Babbie, 2010). Respondents may retain the questionnaires if the surveyor does not make a follow-up on the questionnaires (Gwartney, 2007).

**Advantages of surveys**
Surveys are not expensive but efficient, swift and perfect means of collecting information about the population (Zikmund, 1993). Surveys are important to the manager if they are rightly done due its flexibility (Zikmund, 1993). According to Maxfield & Babbie (2011), data is collected from the respondent’s mouth in a
determined and planned manner and survey research allow measurements and observation in the usual settings and leads to quantitative data analysis.

**The Disadvantages of surveys**

Failure by the respondents to understand some sections of the questionnaire, responding in time and denial by some respondents to partake in the research are some of the disadvantages of surveys (Zikmund, 1993).

According to Baker (1999), “survey research tends to be the method of choice for those who want to look at the broad patterns of social life or describe widespread social reactions” (p.235).

**3.3.6 Case study**

According to Jones & Hill (2012), “a case study presents an account of what happened to a business or industry over a number of years” (p.1). It archives the events that executives had to deal with, for example changes in the business or corporate level strategy over a period of time (Maxfield & Babbie, 2011). Jones & Hill (2012) asserted that a case study is an empirical inquiry that investigates a contemporary phenomenon within its real life context usually when the boundaries between phenomenon and context are not clearly evident. Maxfield & Babbie, (2011) gave an account of the How and Why questions are explanatory and these led to the use of case studies as a preferred research strategy. The major reason of associating case studies with how and why question is that the questions deal with the operational link which need to be traced over time, rather than mere incidences (Maxfield & Babbie, 2011). A case study entail a variety of evidence which include artifacts, documents, interviews and observations and the qualitative method is flexible hence its suitability as it allowed the researcher to probe the respondents by further asking how and why questions (Jones & Hill ,2012) . According to Jones & Hill, (2012) a case study helps the researcher to retain holistic and meaningful characteristic or real life events with some techniques as observation and
interviewing being used. Case studies are important for the following reasons by (Jones & Hill, 2012):

- The research is being conducted in an area where few, if any, previous studies have been undertaken.
- It is necessary to study the phenomenon in its natural setting.
- The researcher can ask how and why questions so as to understand the nature and complexity of the processes taking place.

This researcher adopted a case study strategy focusing on the fall in demand for Protector plus male condoms over the period January 2009 to December 2012. To establish the findings the researcher used the survey strategy by use of a self-administered questionnaire in English for data collection.

The researcher used the cross sectional method considering that the study was carried out within a period 6 months (August 2012 to February 2013). Some of the limitations of the case study are:

The Case study lacks the rigor as the investigator sometimes may not follow systematic procedures and may allow biased views to influence the direction of the findings and conclusions.

Case studies provide little basis for scientific generalization as the focus is mostly on a single case.

A case study is regarded as weak as they are typically restricted to a single organisation and it is difficult to generalize findings and they take too long to complete the study.
3.4 POPULATION AND SAMPLING TECHNIQUES

3.4.1 Population
Easton & McColl (2013) state that, “population is the entire group a researcher is interested in; the group about which the researcher wishes to draw conclusions” p.1. Population in a research must be clearly defined and should state what is being included and excluded for example companies, hospitals, stores, colleges, students or the like that share some set of characteristics (Mudimu & Muchengetwa, 2002). The total population that was used for the research constituted 178 liquor outlets situated in Budiriro (49), Mufakose (60), Kuwadzana (40) and Dzivarasekwa (29). The research was done in the high density areas of Budiriro, Mufakose, Kuwadzana and Dzivarasekwa because there are high concentration of outlets which sell Protector plus male condoms as well as the population is easily accessible. The target population under study is illustrated in table 3.2 below.

Table 3.2: Target population

<table>
<thead>
<tr>
<th>POPULATION COMPOSITION</th>
<th>TARGET POPULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUDIRIRO</td>
<td>49</td>
</tr>
<tr>
<td>MUFAKOSE</td>
<td>60</td>
</tr>
<tr>
<td>KUWADZANA</td>
<td>40</td>
</tr>
<tr>
<td>DZIVARASEKWA</td>
<td>29</td>
</tr>
<tr>
<td>TOTAL TARGET POPULATION</td>
<td>178</td>
</tr>
</tbody>
</table>
3.4.2 Sample selection and Sample size

Zikmund & Babin (2012) defined “a sample is a subset or some part of a larger population” p.312. According to Easton & McColl (2013), sampling is a technique where a small group of subjects (a sample) is selected from a larger group (a population) for the purpose of the study. Sampling enables researchers to estimate some unknown characteristics of the population (Zikmund & Babin, 2012).

Wegner (2001) stated that it is not always feasible to collect all the data on all potential observation in the population and thus a sample is collected in the random variable. A target of less than 1% of the population can give better and consistent results (Kothari, 2009). However, it is stated differently by Wegner (2001) where in terms of statistical analysis a sample size (n) should not be less than 30 to allow the researcher to make inferences. The researcher selected a sample size which is greater than 30 (n>30) for the reasons that in using 1% and below of the population does not offer a minimal number of respondents to be considered for the study (Wegner, 2001)

They are two basic methods of sampling as indicated below.

1. **Non-probability sampling methods**

   Sapsford (2006) highlighted that means of non-probability sampling are any ways in which there is no random selection of observations. Randomness is the bases for selecting observations from the population for example; convenience sampling, judgmental sampling and quota sampling (Coolican, 2009).

2. **Probability, sampling methods**
The procedure consists of random selection from the population of all observations to be contained in the sample (Wegner, 2001). Four methods of randomly selecting observation are: stratified random sampling, systematic random sampling, simple random sampling and cluster random sampling (Wegner, 2001).

3.4.3 Sampling and sampling methods
The six methods of gathering data are: simple random sampling, stratified sampling, systematic sampling, multi-stage sampling, cluster sampling and quota sampling (Mudimu & Muchengetwa, 2002).

3.4.3.1 Simple random sampling
Wegner (2001) asserted that the sampling criterion is used when it is understood that the population is homogeneous and each element has an equal chance of selection.

3.4.3.2 Stratified sampling
Mudimu & Muchengetwa (2002) stated that the population is assumed to be heterogeneous and the population is separated into segments or strata to ensure homogeneity before a sample can be selected.

3.4.3.3 Systematic sampling
Wegner (2001) explained that sampling begins by randomly selecting the first observation and after that subsequent observations are picked at a consistent period relative to their first observation.

3.4.3.4 Multi-stage sampling;
Multi stage sampling is mainly used for projects where sampling can be put into sections, one of the example is the opinion survey carried out before a general elections (Cooper & Schindler, 2001).

3.4.3.5 Cluster sampling;
According to Wenger (2001), the entire population is broken up into groups which are all alike. The sampling units within these randomly selected clusters are then randomly selected for sampling (Mudimu & Muchengetwa, 2002).
3.4.3.6 Quota sampling
According to Wegner (2001), the population is segmented and interviews are done on a specific number of respondents according to specified characteristics of the respondents.

3.4.3.7 Advantages of sampling
Sampling has the following advantages shared by (Wegner, 2001) and (Cooper & Schindler (2001)):

1. This is a cheap way of gathering the sample data.
2. Sample data can be collected in instances where quick decision making is required.
3. Correct and quality data may be produced from a sample due to improved control of data collection processes in a sample than in a census.
4. Data on certain random variables may be well generated only by using or destroying the sampling unit and in such cases, a census is not appropriate under such data gathering techniques.

3.4.3.8 Disadvantages of sampling
Sampling has a tendency of generalising findings which brings subjectivity to research as compared to a census (Wegner, 2001).

3.5.4 PSI Zim`s Sample selection and size
The total population for PSI Zim was 178 liquor outlets in Budiriro, Mufakose, Kuwadzana and Dzivarasekwa.

The researcher used cluster random sampling and simple random sampling methods since the population is divided into different areas. The clusters were divided into 4 different areas that were Budiriro, Mufakose, Kuwadzana and Dzivarasekwa. In the cluster samples, simple random sampling was used to select 4 liquor centres in each cluster because all liquor outlets had customers with common characteristics such as income and social settings. In each outlet 5 customers were again selected to be respondents using simple random sampling technique. The researcher randomly
selected possible users or customers (Adults) because they are the ones who use the product and have detailed information on the brand. Shop attendants in liquor stores had a high possibility of providing false or biased information detrimental to the research.

In coming up with sample elements the researcher calculated using the normal distribution formulae that specify that \( n > 30 \), where \( n \) is the sample size (Wegner, 2001). Table 3.3 shows the total number of the sample population (sample of 80 customers).

Table 3.3; Sample size.

<table>
<thead>
<tr>
<th>POPULATION COMPOSITION</th>
<th>SAMPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUDIRIRO</td>
<td>20</td>
</tr>
<tr>
<td>MUFAKOSE</td>
<td>20</td>
</tr>
<tr>
<td>KUWADZANA</td>
<td>20</td>
</tr>
<tr>
<td>DZivarasekwa</td>
<td>20</td>
</tr>
<tr>
<td><strong>TOTAL SAMPLE</strong></td>
<td><strong>80</strong></td>
</tr>
</tbody>
</table>

The researcher applied the probability sampling method for selection of liquor outlets to be used in the research. Wegner (2001), states that the use of probability sampling encompasses ways in cognisant of observations incorporated in a sample that have been picked on simple random bases from the people. The total sample under study was eighty participants.

3.6 DATA COLLECTION METHODS
Primary data sources refer to the point at which the data is generated and on the other hand, secondary data sources refer to data collected and processed by others (Wegner, 2001).
3.6.1 Primary data sources
Wiid & Diggines (2010) defines primary data as information collected from the original source in a controlled or an uncontrolled environment.

According to Wiid & Diggines (2010), primary data is collected when experimental research is carried out but may differ in a descriptive type of research where a survey is used. Primary data can either be collected through personal interviews, observation or through direct communication with respondents (Harsh, 2011).

3.6.2 Secondary data sources
Kothari (2009) stated that secondary data is data that is easily available, for example data that has been already collected by other people. The researcher must be cautious in using secondary data. Secondary data may be unsuitable or may be inadequate in the context of the problem which the researcher wants to study.

Secondary data is data collected by a person or agencies for the purpose of solving the problem at hand (Aaker, 2004). Secondary data is one of the cheapest and easiest ways of access to information. In this study, secondary data was collected from sales records, knowledge and opinions of staff and printed publications. However, these secondary sources were complemented by primary sources such as questionnaires.

3.7 DATA COLLECTION INSTRUMENTS
Five methods of data collection in research by Wegner (2001) are: direct observation, Interview methods, Experimentation, Observation and Questionnaire.

3.7.1 Direct Observation
According to Wegner, 2001), data can be gathered by directly observing the number of respondents in action and this technique is used in many surveys that do not involve personal particulars of individuals.
3.7.2 Interview Methods
Interview methods draw out data responses through direct questioning and it is largely general structure of data collection in the field of marketing and market research (Wegner, 2001).

Interview methods make up the following three approaches (Wegner, 2001):

1. **Personal Interviews**- Involve face to face interaction in completing questionnaires

2. **Postal/Self-Administered Surveys**- It is used to collect primary data when the targeted population is largely dispersed and the use of mailed questionnaire is highly considered.

3. **Telephone Surveys**- This involves collecting data through the telephone to the respondent. The telephone survey mostly suits snap opinion polls, and can be used for longer studies.

3.7.3 Observation
Kothari (2009), asserted that this tool is useful, efficient and selective way of watching and listening to communication or phenomenon as it takes place. Two types of observation are participant and non-participant. In participant observation is when the researcher is involved/participating in the actions of the group being observed in the same way as its members with or without their knowledge. Non- participative observation means that the researcher only observes the group under study without participating.

3.7.4 Questionnaires
According to Azzara (2010), a questionnaire is a document with the list of carefully prepared questions chosen after considerable testing with a view to obtain reliable responses from a chosen sample. The questionnaire comprises of three sections which includes: the administrative, demographic and the information sort.
3.7.4.1 Advantages of a questionnaire
Azzara (2010) explained that a questionnaire has got a high degree of flexibility as respondents are permitted to fill in the questionnaires at their own pace. This means that the questionnaire permits the respondents to careful consider responses they use without any hindrance from the researcher (Anderson & Morgan, 2008). The questionnaires also includes a uniform questions asked and the responses from the sample size can be analysed to make inferences on the targeted population. Questionnaires can be circulated in different forms for example as mail and electronic mail (e-mail) in comparison to the observation data collection method. Finally, questionnaires permit secrecy and this is will lead to increased response rate (Azzara, 2010).

3.7.4.2 Disadvantages of questionnaires
One of the major disadvantages of a questionnaire is the high rate of non-responses especially postal questionnaire. On the other hand, respondents can choose questions that they easily relate with and some questionnaires are returned with gaps. However, the questionnaire has got more advantages than the disadvantages (Azzara, 2010).

Primary data was used to collect data for the research using a researcher designed self-administered questionnaires for respondents who use Protector plus male condoms. The researcher had an opportunity to read some research literature before coming up with a questionnaire, the broad features of which are explained below.

3.7.4.1 PSI Zim Customer Questionnaire
The researcher circulated self-administered questionnaires in English to all participants who were selected using the cluster random sampling and simple random sampling methods. All selected respondents were given a particular time frame of a day to complete and return or call for collection of the questionnaire upon completion.

Part 1: comprised of the introductory letter which introduced the subject under study and the purpose of the research. The researcher also encouraged the respondents to
respond without fear or favour as the responses would be treated with high confidentiality.

**Part 2:** focused on demographic details of the respondents. Kangasharju (2009) argues that this section is imperative as statistical significance variance can be checked for all demographic variables that impact business performance and in this case, fall in demand.

**Part 3:** comprised of open-ended and closed questions and focused on eliciting information from respondents in line with the study objectives.

The questions comprised of 3, 4 and 5 point likert scale questions, yes and no questions and open-ended questions. This type of questioning is easy and faster to respond to. This was also done to ensure that the respondents would be able to come up with standardised answers thus promoting objectivity and reliability of findings. The questions in this section were divided into objectives namely; to assess the causes of fall in demand of Protector plus male condoms, to identify the customer perceptions towards Protector Plus male condom brand and to assess the impact of the price increase on Protector plus. All questions were checked to ensure that they were asking relevant information.

**Pre-testing of the Questionnaire**

The researcher pre-tested the instrument before distribution of the questionnaire to the chosen respondents. Ten (10) questionnaires were distributed to liquor outlets in the Central business district (CBD). The pre-testing was carried out to enhance validity, reliability and objectivity of the research. However, the group that participated in the pre-testing was left out in the final data collection as a way of reducing bias from the respondents.

**3.8 RESEARCH PROCEDURE**

**3.8.1 Triangulation**

A research can use triangulation which is defined as the use of two or more methods in one research to considerably reduce bias from one method (Saunders, Lewis &
In order to verify the authenticity of each source, triangulation uses more than one source of data. In triangulation, the researcher collects proof from numerous sources to deal with the questions at hand from various points of view (Baker, 1999).

The research instruments used to carry out the research were prepared in a way that made it possible to collect both qualitative and quantitative data from the respondents using closed and open-ended questions in self-administered questionnaires. The researcher also used triangulation in the research strategies used to conduct the research. Case study and the survey research strategy were used by the researcher.

### 3.8.2 Data presentation

The research comprises of numerical and non-numeric data sources. Numeric or descriptive data help in summarizing inherent characteristics of data and graphical techniques are used to display findings briefly, noticeably and in an easy to understand format (Wenger, 2001).

Wegner (2001) stated that graphical presentations promote more rapid assimilation of the information to be conveyed than written reports. According to Wenger (2001), descriptive diagrams include the following:

Wegner (2001) asserted to the descriptive diagrams mentioned below:

1. **Pie Charts**: explain the whole picture and they are simple to use.
2. **Simple Bar Charts**: Usually used to compare various data sources and simple to understand.
3. **Histograms**: Is used to evaluate diverse data sources. They are simple to comprehend.

Graphs and charts have been used by the researcher to statistically represent the data collected in the research.
3.8.3 Data Analysis Technique
After data compilation, the researcher performed data cleaning and coding using computer based statistical data analysis tools like the SPSS and Excel spreadsheets to analyse the collected data, infer relationships and make conclusions.

3.8.4 Validity and Reliability as measurements of research methodology

3.8.4.1 Validity
According to O’Leary (2004), “validity is premised on the assumption that what is being studied can be measured or captured, and seeks to confirm the truth and accuracy of this measured and captured ‘data’, as well as the truth and accuracy of any findings or conclusions drawn from the data” (p.61).

On validity there may be arguments that qualitative research has greater validity (because it is nearer to the actual meaning of social existence) than a research that generate numerical findings (Baker, 1999).

In order to guarantee validity, the researcher administered the questionnaire at the same time covering the targeted population and no extension was accommodated on the deadline, and this was done to avoid possible distortion on information collected under the same condition.

3.8.4.2 Reliability
Denzin & Lincoln, (1998) indicated that the measurement process must be accurate, and exact thus resulting in reliable results if the methodology is repeated over time under related circumstances. Reliability is concerned about the credibility of the data collected; this can be trusted if the researcher carefully keeps notes (Baker, 1999). Case study strategy was used where it was difficult to guarantee reliability. However, case studies vary from organisation to organisation and may produce different results over time if the methodology is repeated.

3.8.4.3 Research Limitations
The process of conducting research is obstructed by factors of research limitations. The participants were not prepared to offer certain information that was important to the research (Saunders, Lewis & Thornhill, 2009). The information sought by the
researcher was to an extent personal that some respondents failed to provide relevant data pertaining to the questionnaire. The researcher encountered time and resource constrains in covering the target area conducted during the research (Budiriro, Mufakose, Kuwadzana and Dzivarasekwa).

3.9 CHAPTER SUMMARY
The chapter introduced the subject and described the research methodologies that were used. The research design included both subjective and objective methods. The survey was carried out with the use of questionnaire instrument. Secondary data was however also relied on. The sampling techniques chosen were cluster and the simple random sampling. The pre-testing of the instrument was conducted as a way of assessing validity, reliability and objectivity of study.
CHAPTER FOUR

RESULTS AND DISCUSSIONS

4.0 INTRODUCTION

The chapter centres on the results from primary as well as secondary researches that were carried out. Most of the information was derived from the questionnaire that was distributed out to Protector plus male condoms users. The discussion of the findings is made in relation to the literature. Tables, bar charts, pie charts and cylinder charts were used to present, analyze and interpret the data. The chapter commences with the response rate and data is analysed with respect to the four major objectives that were asked in the questionnaire and ends with a chapter summary.

4.1 RESPONSE RATE

According to Babbie (2010) response rate refers to the percentage of people who respond to a survey. The researcher distributed 80 questionnaires to respondents in the western suburbs of Harare namely Budiriro, Mufakose, Kuwadzana and Dzivarasekwa. Of the 80 questionnaires sent out 72 questionnaires were returned thereby creating a response rate of 90%. This response rate is good enough to warrant the validity of the findings. The results are shown in Figure 4.1 below.
Figure 4.1 Responds Rate

Figure 4.1 shows that 90% of the respondents in the western suburbs of Budiriro, Mufakose, Kuwadzana and Dzivarasekwa responded to the questionnaires and the remainder of 10% represent those who did not respond to the questionnaires.
4.1.1 Response rate by gender

The sample was divided into male and female respondents where 82% were male and 18% are female as shown in Figure 4.2 above. This shows that at this point in time females are very few who openly talk about the use of condoms possibly because of the stigma associated with condoms. There were more male patrons than female patrons in liquor outlets during the time of the survey. The results above agree with the findings of a study conducted by Hebling and Guimaraes (2004) which points out that women face challenges with their spouses due to the lack of discussion about sexual issues and men constantly have the absolute say in decision making on sexual matters. The same author also pointed out that many people engaged in on-going relationships acknowledged to non condom use due fearing of being suspect of unfaithfulness.

The results in figure 4.2 concur with what Maswanga, (1999) highlighted that African women who are economically reliable on their partners feel limited to use condoms
for fear of removal of economic aid. The other reason could be that women are more self-conscious and shy to discuss about sexual matters than men are in general.

4.1.2 Response rate by age

![Figure 4. 3 Response rate by age](image_url)

Figure 4. 3 Response rate by age

Of the surveyed respondents, 18% represent age range of 15 to 20 years, 24% were in the range of 21-30 years, 36% represents 31-40 years, 15% were in range of 41-50 years and finally 7% represent respondents in the range of 51 years and above. Age groups between 21-30 years and 31-40 years are shown to be more sexually active than the remaining 3 categories of age groups (18-20 years, 41-50 years and 51 years and above). This highly sexually active group can provide more reliable information on the use of protector plus male condoms because they frequently use condoms. The age groups with the highest percentage (24% and 36%) of condom use are mature and appreciate the benefits of condoms.
4.1.3 Response rate by Education

![Response rate by education chart](chart.png)

**Figure 4.4 Response rate by education**

Out of the surveyed respondents who completed and returned the questionnaires, 1% never went to school, 0% was in primary school, 72% indicated that they had completed secondary school as their highest educational qualification, and 27% attained Diplomas and Degrees as their highest qualification. The intellectual capacity of the respondents is high to an extent that they understand issues that drives the demand of the product. The results above can be attributed to knowledge that literate participants had more control in their sexual and reproductive health. The literate group have got a better understanding about the HIV/AIDS as the pandemic has become part of the learning syllabus in all schools and colleges, such that many students are now aware about the consequences of HIV/AIDS and the benefits of condom use.
4.1.4 Response rate by marital status

Figure 4.5 above further divided the respondents by their marital status, 36% were single, 44% were married, 16% divorced and 4% were widowed. These categories can provide information that is necessary for the researcher to improve the Protector plus male condom brand. The 44% which represent the married couple suggested that they use condoms for preventing unwanted pregnancy and HIV transmission. The results concur with what (Sarkar, 2008) labelled as the dual functions of a condom, which are for the prevention of HIV transmission and as a method of contraception. Many married men that are involved in extramarital affairs, called “small houses” advocate for condom use with their “small house” as a contraception method.
4.2 OBJECTIVE 1: To assess the causes of fall in demand for Protector Plus male condoms.

4.2.1 Have you ever used Protector Plus male condoms

![Pie chart showing 99% Yes and 1% No]

**Figure 4.6 Have you ever used protector plus male condoms?**

The statistics shown in Figure 4.6 above indicate that 99% of respondents had used Protector plus male condoms and 1% had not. This suggests that the respondents had knowledge of the Protector plus male condom brand. This supports the literature from PSI financial reports (2011) that the organisation commands the largest distribution network in Zimbabwe. This suggests that most respondents were aware of the benefits of condoms in the prevention of unwanted pregnancy and the HIV transmission. This agrees with UNAIDS (2006) that there has been an increase in the number of condoms distributed in Sub-Saharan Africa by donors.
4.2.2 Primary reason for using condoms

Figure 4.7 Primary Reason for using Protector plus male condoms

The statistics above show that 72% of respondents used Protector plus male condoms for both pregnancy prevention and protection against STI/HIV/AIDS. The remaining 27% of respondents used the condom for protecting against STI/HIV/AIDS only and 1% used the condom for pregnancy prevention. This suggests that the PSI's social marketing programmes have been instrumental in educating the public on the use of Protector plus male condoms for both pregnancy prevention and protection against STI/HIV/AIDS. Sarkar (2008) pointed the functions of condoms as methods of preventing the transmission of HIV/AIDS and as contraception which are in line with the primary reasons of using condoms. This shows that majority of the participants were aware of the functions of condoms.
4.2.3 Change in income can affect demand for Protector plus male condoms

Figure 4.8 The impact of change in income on the demand for Protector plus condoms

Figure 4.8 above shows that 57% of respondents indicated yes and 43% indicated No to the statement that change in income can affect demand for Protector Plus male condoms. Glencoe (2008) supported this indicating that the demand for most goods and services depends on income. This shows that change in the income of Protector plus male condom users has a bearing on the usage of the product.
4.2.4 What do you think is affecting the demand of Protector Plus male condoms?

![Pie chart showing responses]

**Figure 4.9** What do you think is affecting the demand of Protector plus male condoms?

Figure 4.9 above seeks to assess what customers think is affecting Protector plus male condoms. 39% noted Quality, 33% indicated Availability of the product and 28% noted Price. The majority of respondents indicated that quality was a major determinant that affected the demand of Protector plus male condoms. This suggests that customers have different tastes and preferences in terms of quality that PSI Zim is not addressing for the demand of the product to rise. Literature by Glencoe (2008) shows that one of the key factors that determine demand is the people’s tastes and preferences and this refers to what people like or prefer. It involves the fact that there are certain psychological reasons for liking or disliking a particular good. In terms of availability and price affecting demand, this might also suggest that the product is not available in some areas and or it might be available in few outlets. The reason for
limited availability can be attributed to some traders refusing to stock the product because some end users want to get the product for free.

4.2.5 If my income increases I will continue to use Protector plus male condoms

![Bar chart showing the distribution of responses for the statement: If my income increases I will continue to use Protector plus male condoms. The chart shows the percentage of respondents for each category of the Likert scale: Strongly Agree, Agree, Neutral, Disagree, and Strongly Disagree.]

Figure 4. 10 If my income increases I will continue to use Protector plus male condoms

Figure 4.10 above seeks to analyse if income of customer increase, would they continue to use Protector plus male condoms brand. 24% strongly agree and 24% agree which makes a total of 48% who agreed that they would continue to use Protector plus male condoms even if their income increases. 13% of respondents were not sure and 31% indicated that they would stop to use Protector plus male
condom brand and 8% strongly disagree which makes a total of 39% of the participants who disagreed that they would continue to use Protector plus if their income is increased. This shows that the majority of respondents would continue to use the product if they get an increment in their incomes. The results above agree with the literature where Madan (2006) states that if the income of an individual increases the consumption of goods rises and the converse is also true. This is not the case with the minority respondents who indicated that they would not continue to use the product.

4.2.6 If my income decreases I will continue to use Protector Plus male condoms

![Pie chart showing survey results](image)

Figure 4. 11 If my income decreases I will continue to use Protector Plus male condoms
Figure 4.11 above seeks to analyse if income of customers decreases, would they continue to use Protector plus male condoms. 45% agreed that they would continue to use Protector plus male condoms even if their income decreases. Of the total respondents, 13% represent respondents who remained neutral, 36% indicated that they would stop to use Protector plus male condom brand and the 6% strongly disagree that they would continue to use protector plus if their income is decreased. This can be attributed to reduced spending income for purchasing condoms. Just like what happened in Indonesia where the demand for sutra male condoms declined by 20% in a few months. (Nielsen, 2001). The results agree with Lee (2004) who states that the demand of a product will continue to rise despite the decrease of consumer incomes because of the necessity of the product.

4.2.7 In your opinion do you think individual consumer tastes and preferences caused a fall in demand.

![Figure 4.12 Individual consumers' tastes and preferences](image-url)
The Figure 4.21 above seeks to assess customer opinion whether or not they thought individual tastes and preferences caused a fall in demand of Protector plus male condom brand. Of the respondents, 62% indicated yes, 14% indicated no and 24% were not sure. The statistics show that tastes and preferences has a major bearing on the fall in demand for Protector plus male condoms mainly on issues to do with the quality of the product. The results are in line with Lee (2004) who stated that tastes and preferences involve the fact that there are certain psychological reasons for liking or disliking a particular good. Glencoe (2008) defines tastes and preference as what people like or prefer. Psychological factors such as satisfaction attained from using the product also affect tastes and preference.

4.2.8 In your opinion do you think prices caused a fall in demand

![Figure 4.13 Prices on fall in demand](image)

Figure 4.13 above seeks to analyse customer opinion whether or not they thought the price caused a fall in demand. 42% of respondents noted yes, 29% indicated No and another 29% were not sure. The results above concur with Madan (2006) who illustrated that consumers will buy more of a particular product at a lower price than
at higher prices. The author further stated that in assessing demand or sales for a business, one of the first things to be done is to consider the price of a product. If stocks of a product built up, the business may consider lowering the price in order to stimulate demand of a product. According to Nielsen (2001) in the early 1998, Indonesia experienced a turbulent economic downturn that disrupted all sectors of the economy including distribution networks of condoms. The demand for condoms including socially marketed Sutra male condom declined by 20% and remained stagnant until the year 2000. This economic crisis had a negative effect on consumer purchasing power fall in the demand for Sutra male condoms.

### 4.2.9 In your opinion do you think customer needs caused a fall in demand

![Pie Chart](chart.png)

**Figure 4.14 Customer needs on fall in demand**

The figure 4.14 above portrays customers’ opinion on whether or not they thought customer needs caused a fall in demand. 63% of respondents noted yes, 15% indicated no and 22% were not sure. Of the total respondents, 63% agreed that an increase in consumer needs is directly proportional to demand. This explains that the
higher the consumer needs, the higher the demand and vice versa. If one expects that the product would soon be unavailable, the demand would rise today (Lee, 2004).

4.3 OBJECTIVE 2: To identify the customer perceptions towards Protector Plus male condom brand.

4.3.1 Beliefs, values and customs

Figure 4.15 Belief, values and customs

Figure 4.15 above seeks to analyse to what extent culture such as beliefs, values and customs impact on the customers’ perception towards the use of Protector plus male condom brand. From the total respondents, 65% disagreed that beliefs, values and customs had an influence towards the use of Protector plus male condoms. 24% of the respondents were neutral, 10% agreed while 1% strongly agrees. The statistics above indicate that beliefs, values and customs had no effect on the perception of Protector plus male condom brand. According to Braynt (2010) culture is the most basic source of a person’s wants and behaviour.
4.3.2 Religions, nationalities and Geographical regions

Figure 4.16 above shows analysis of the impact of religions, nationalities and geographical regions (cultural factor) on the consumers’ perception on the use of Protector plus male condoms. 46% strongly agreed and 29% agreed, constituting 75% of the participants who were of the view that religions, nationalities and geographical regions had an influence towards the use of Protector plus male condoms. Those who were uncertain made up 11%. Another 11% disagreed, while 3% strongly disagreed, coming up with 14% of the participants who disagreed. Each culture contains smaller subcultures or groups of people with shared value systems based on common life experiences and situations (Shah, 2010). Subcultures outline essential market segments that offer choice of product designs and advertisements for the marketing team to meet consumer’s demands (Jen, 1990). The most important element that affects perception is religion. Some religions do not encourage the use of condoms but emphasise on the principle of sticking to one partner and no sex before marriage. In some areas it is taboo to talk about the use of condoms. An example of such a religion is Islam which prohibits condom use either for prevention of unwanted pregnancies or HIV (Sarkar, 2008). For the Roman
Catholic Church condom use is a direct transgression of the divine law and a sin against nature (Sarkar, 2008). This prohibition on the use of condoms by the church results in reduced demand for the Protector plus male condom. The results in figure 4.16 are in line with what several authors indicated that religions, nationalities and geography have got an impact on the customers’ perceptions towards use of Protector plus male condom brand.

Geography refers to subcultures due to shared values in particular regions. The main ones could be rural verses urban. Urban residents often are exposed to more HIV/AIDS educational information than their rural counterparts.

### 4.3.3 Social Class

![Social Class Perception](chart)

**Figure 4. 17 Social class**

Figure 4.17 above shows the extent to which social class (cultural factor) affect the perception on the use of Protector plus male condoms. About 19% strongly agreed and 39% agreed, adding up to 58% of the participants who agreed that social class has an influence towards the use of Protector plus male condoms. 19% represent respondents who were neutral, 13% disagreed while 10% strongly disagreed, giving a total of 23%. These statistics suggest that social class has an effect on the
perception towards Protector plus male condoms. On the other hand, social psychology is mainly concerned with the appreciation of a person’s actions in the existence of other persons. Conception of social awareness, social control, social incentives, peer pressure, social cues, and social consent to action for instance, all shed light on the mysteries of consumer behaviour (Armstrong & Kotler, 2011). Consumer behaviour occurs in the existence of other individuals either as a collection of individuals, who influence consumer’s thinking and reasoning processes which affect product choice (Engel, 1968). According to Armstrong & Kotler (2011) people prefer goods and services that symbolize their roles and status in the society. For instance chief executive officers wear expensive suits. As such advertisers are aware of the status symbol potential of products and services. Armstrong & Kotler (2011) defined social class as the demarcation between members of society into hierarchy of distinct /status classes so that members of each class have relatively the same characteristics. Armstrong & Kotler (2011) highlighted that members of the same class share the values, attitudes or consumption behaviour regarding the purchase of a product. Participants from the respondent who deemed to be in a higher social class reported that protector plus male condoms were of poor quality and perceive that the product does not suit their needs. This perception of poor quality from Protector plus male condoms may have contributed significantly to the fall in demand of the product. From the total respondents there were some participants who classified themselves belonging to a lower class and reported that the condoms were expensive for them and they wished to be given Protector plus male condom brand free of charge.
4.3.4 Family

Figure 4.18 above shows the extent to which social factors such as family affect the purchasing of Protector plus and the customers’ perceptions towards the use of Protector plus male condoms. 74% agreed that family has an influence towards the use of Protector plus male condoms. 8% noted that family has little influence while 18% indicated not at all. According to Kotler et al (1999) a family is the most important consumer buying organisation in society. The results indicated in figure 4.18 above agree with Armstrong & Kotler (2011) who stated that the influence of family starts when the individual is growing up, the individual adopts the purchase behaviour of a family which influences product choice. Family plays a major role in advising members of the family either to use or not to use condoms. The results above may suggest that family members influence their children to abstain from or delay sex until they get married and be faithful to one another in marriage.
4.3.5 Reference groups

Figure 4.19 Reference groups

Figure 4.19 above analyses to what extent social factors such as reference groups have an influence on customers' perceptions towards the use of Protector plus male condoms. 69% agreed that reference groups had an influence towards the use of Protector plus male condoms. 14% noted that reference groups had little influence while 17% indicated not at all. Reference groups have potential in forming a person’s attitude or behaviour. The impact of reference groups varies across products and brands (Armstrong & Kotler, 2009). This suggests that most customers are moved to purchase Protector plus male condoms because of peer pressure from the people surrounding them. The results above which indicate that 69% of the respondents are influenced by reference groups agrees with what Armstrong & Kotler (2009) who assert that reference group influences the person’s attitude, self-concept and thereby creating pressures for conformity that may affect a person’s actual product and brand choices. On the other hand, reference group exposes an individual to a new set of behaviours and lifestyle, influences a person’s attitude, self-concept and create pressures to conform to what may affect the person’s product and brand choices, Armstrong & Kotler (2009). Reference groups affect the way how an individual views Protector plus male condom brand.
4.3.6 Roles and status

Figure 4.20 above shows the extent to which customers' perceptions towards the use of Protector plus male condoms. 24% agreed that roles and status have an influence towards the use of Protector plus male condoms. 51% noted that roles and status have little influence while 25% indicated not at all. These statistics indicate that a person in a senior position or who would have attained a role in society is not likely to change his or her buying behaviour of Protector plus male condoms. The results above do not tally with what the literature says about roles and status where Braynt (2010) noted that each person possesses different roles and status in the society depending upon the groups, clubs, family and organization to which one belongs. Armstrong & Kotler (2009) highlighted that people choose products that reflect and communicate their
role and desired status in society. For example, company presidents wear expensive suits and drink expensive wines (Armstrong & Kotler, 2009).

4.3.7 Age and Life cycle stage

Figure 4.21 above shows how age and life cycle stage (personal factor) affect the perception on the use of Protector plus male condoms. 50% agreed to a large extent that age and life cycle stage have an influence towards the use of Protector plus male condoms. 21% noted that age and life cycle stage have little influence while 29% indicated not at all. These statistics show age and lifecycle stage have a great influence on the purchase behaviour of Protector plus male condoms. People change the goods and services they buy over their lifetimes. Tastes in food, clothes, furniture and recreation are often age related (Kotler et al, 1999). Buying is also shaped by the family life cycle - the stages through which families might pass as they mature over time (Armstrong and Kotler, 2009). On the other hand, the results agree with the
literature where 50% of the respondents indicated that age and lifecycle stage has an influence on the purchase of a particular product. This has been alluded to by Kotler et al (1999) and Armstrong and Kotler (2009) above. Adolescent youth boys are more likely to have coitus without a condom. Adolescence youth boys have a perception of indestructibility and are eager to experiment. It is with regard to these reasons that youth boys are likely to be involved in non-condom sexual intercourse. The non-condom use results in reduced demand in the Protector plus male condoms.

4.3.8 Occupation

![Occupation Chart]

Figure 4.22 Occupation

Figure 4.22 above represents the extent to which occupation (personal factor) affects the customer perceptions towards the use of Protector plus male condoms. 74% agreed to a large extent that occupation has an influence towards the use of Protector plus male condoms. Seven percent noted that occupation has little influence while 19% indicated not at all. These statistics show that occupation has a great influence on the purchase behaviour of Protector plus male condoms. A person’s occupation affects the goods and services bought. Blue-collar workers tend
to buy more work clothes, whereas white-collar workers buy more suits and ties (Kotler et al, 1999).

4.3.9 Economic Circumstances

Figure 4.23 Economic Circumstances

Figure 4.23 above shows the impact of economic circumstances (personal factor) on perception on the use of Protector plus male condoms. 71% agreed to a large extent that economic circumstances have an influence towards the use of Protector plus male condoms. Fifteen percent noted that economic circumstances have little influence while 14% indicated not at all. These statistics show that economic circumstances had a great influence on the purchase behaviour of Protector plus male condoms. A person's economic situation will affect product choice (Armstrong and Kotler, 2009). For example, a person can consider buying an expensive Olympus autofocus super zoom camera if he/she has enough disposable income, savings or borrowing power. People with more disposable income are likely to purchase the
expensive flavoured condoms than the social marketed protector plus condoms. On the other hand, those with less expendable income are either more likely to buy the protector plus male condoms because of their lowered cost or opt for the free ones (Kotler et al, 1999).

4.3.10 Lifestyle

Figure 4.24 above seeks to analyse to what extent lifestyle (personal factor) affect the perception on the use of Protector plus male condoms. 33% of the respondents were of the notion that to a large extent that lifestyle has an influence towards the use of Protector plus male condoms. Twenty-five percent noted that lifestyle has little influence while 42% indicated not at all. These statistics show that lifestyle had an influence on the purchase behaviour of Protector plus male condoms in some customers. Literature reveals that lifestyle is a person's pattern of living as expressed
in his or her activities, interests and opinions. On the other hand, it is further explained that lifestyle captures something more than the person's social class or personality (Armstrong & Kotler, 2009). It profiles a person's whole pattern of acting and interacting in the world (Shah, 2010). This might suggest that the respondents are in a community where lifestyle does not affect the buying behaviours of Protector plus male condoms.

4.4 OBJECTIVE 3: To assess the impact of the price increase on Protector Plus.

4.4.1 Protector plus condoms are expensive

![Bar Chart]

Figure 4. 25 Protector plus condoms are expensive

Figure 4.25 above seeks to analyse whether or not Protector plus male condoms are expensive. Eleven percent agreed that Protector plus male condoms are expensive. Nineteen percent represent respondents were neutral. 58% disagreed and 12% strongly disagreed, making a total of 70% who were of the notion that Protector plus male condom brand was not expensive. This means the price is not expensive for
consumers to buy. According to Sharma & Romas (2011, p.207) “price refers to the tangible and intangible things that the target audience has to give up in order to adopt a new idea (product)”.

4.4.2 If the price of condoms at the place you normally buy exceeds what will you do.

Figure 4.26 above shows that 49% and 43% would look for free condoms and for other flavoured condoms respectively if the price of Protector plus male condoms exceeds 20c. Eight percent would abstain from sex. This suggests that the price for Protector plus male condoms is averagely priced to an extent that if the price goes up consumers with high income propensity will move to flavoured brands and those with low income propensity will move to free condoms. Generally people who reside in the
high density suburbs are mainly low income earners, an increase in the price of Protector plus male condoms would negatively affect their incomes.

Thus the majority of the respondents would opt for free condoms. This price may be monetary but if the costs outweigh the benefits for an individual, the perceived value of the offering would be low and it would be unlikely to be adopted. However, if the benefits are perceived as greater than their costs, chances of trial and adoption of the product is much greater (Weinreich, 2011).

**4.4.3 Other brand used in the past three months**

![Bar chart showing percentage of respondents using different brands](image)

**Figure 4.27 Other band used in the past three months**

Figure 4.27 above reveals other brands used in the past three months. Twenty-nine percent of respondents indicated Carex, 41% free public sector condoms, 12% Casanova and 18% Choice. These results suggest that a change in price has a negative effect on the demand of the Protector plus male condom brand. Customers
can easily shift from one product to another. In the case of the results they can either shift to free condoms or flavoured condoms.

4.4.4 At current price of 20c I regard Protector plus male condoms to be both affordable and product of high quality

![Figure 4.28](image)

Figure 4.28 At current price of 20c I regard Protector plus male condoms to be both affordable and of high quality.

Figure 4.28 above seeks to analyse whether or not at the current price of 20c Protector plus male condoms remains both affordable and a product of high quality. Ten percent strongly agreed and 25% agreed that at the current price of 20c Protector Plus male condoms are both affordable and a product of high quality. Fourteen percent of respondents remained neutral, 51% disagreed and the 10% strongly disagree. These statistics suggest that Protector plus male condoms are not of high quality according to the respondents. According to Weinreich (2011) social
marketers must balance these considerations, and often end up charging at least a nominal fee to increase perceptions of quality and to confer a sense of "dignity" to the transaction. These perceptions of costs and benefits can be determined through research and used in positioning the product.

4.4.5 If the price of Protector plus male condoms is above 20c would you continue to buy them?

![Bar Chart]

**Figure 4. 29 If the price of Protector plus male condoms is above 20c would you continue to buy them?**

Fifty-five percent of customers noted that they would not continue to buy Protector plus male condoms if the price is increased from 20c as shown in figure 4.29 above. The remaining 42% would continue to buy Protector plus male condoms even if the price is increased. This means that more customers would not continue to purchase the product if the price is increased from the current 20c. According to Weinreich (2011) in setting the price, particularly for a physical product, such as contraceptives, there are many issues to consider. If the product is priced too low, or provided free of
charge, the consumer may perceive it as being low in quality. On the other hand, if the price is too high, some would not be able to afford it.

4.5 CHAPTER SUMMARY
The chapter presented the findings of the research and the discussion. From the findings of the survey quality was found to be a major determinant factor for a fall in demand of the Protector plus male condom. On the other hand, Protector plus male condom availability also contributed to the fall in demand. The research findings have shown that poor quality and unavailability among other things contributed to the fall in demand of Protector plus male condom brand in Harare.
CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.0 INTRODUCTION

This chapter focuses on the conclusions and recommendations of the study. The researcher deduced the conclusions and recommendations from the data analysed and discussed in Chapter 4. This will assist in coming up with the solutions that PSI Zim may consider in order to address the issues of the fall in demand for Protector Plus male condom brand.

5.1 CONCLUSIONS

The conclusions are arrived at below in relation to each specific objective outlined in chapter one.

5.1.1 To assess the causes of fall in demand for Protector Plus male condoms.

Results show that the greatest determinant for a fall in demand for Protector plus male condoms was the quality of the product. Some respondents complained that the material used to manufacture protector plus male condoms was easy to break/burst. PSI has not been consistent in checking the quality of their product. Some respondents even noted that the quality of the condom was better before the change of suppliers which manufacture Protector plus male condom brand for example, PSI Zim used to procure Protector plus male condoms from Korea but have since moved to Malaysia. The respondents have noted these changes since the name of the manufacturer is encrypted on the product.
Protector plus condoms are not always available in every outlet. There are greater choices of condoms to choose from other than Protector plus male condom brand. Free public sector condoms are dominating in almost every outlet. Customers who frequent Night clubs noted that Protector plus male condoms are not accessible when other outlets would have closed.

Due to health reasons some respondents found it unpleasant to use Protector plus male condoms. They complained that the condom causes itchiness, rush and it is too oily. They also complained that the condom produces an unpleasant smell during and after use. Therefore, customers have moved to other flavoured condoms and free condoms.

5.1.2 To identify the customer perceptions towards Protector Plus male condom

Results have shown that cultural factors also had minimum effects on the purchase behaviour of Protector plus male condoms. PSI Zim does not have different marketing plans that meet different cultural needs due to different beliefs, values and customs, religions, nationalities and geographical regions and social classes. Social factors also had an impact in the purchase behaviour of Protector plus male condoms.

Results show that respondents viewed Protector plus as being both cheap and expensive depending on different occupations, economic circumstances and lifestyles. This shows that PSI Zim has not been closely watching trends in personal income, savings and interests for them to make observations to redesign reposition and reprice their products.

5.1.3 To assess the impact of the price increase on Protector plus male condom brand.

Results show that price is too low and respondents view Protector plus male condom brand as a product of poor quality. Some respondents noted that the product should be distributed for free. These respondents view the quality of free condoms as being
equal to or even better than Protector plus male condoms. This shows that the price of 20c does not match the quality.

Respondents noted that they would not continue to purchase the product if the price exceeds the current 20c at the current quality. They noted that the price would be too high and they will prefer flavoured brands as an option.

5.2 TESTING THE PROPOSITION
The study sought to test the proposition that:

The fall in demand for protector plus male branded condom over the period of the study was caused by the continuous price increase of this product, customer perceptions and new competitor products.

The results confirm the proposition as adopted.

5.3 RECOMMENDATIONS

The researcher made the following recommendations;

1. **Improve quality of Protector plus male condom.**
   
   PSI Zim should improve on the quality of the Protector plus male condom so that it meets higher standards. This can be done by reducing the amount of oil, strength and smell of the product. The organisation should consistently check on Protector plus male condom brand quality so that it matches competing brands on the market. PSI Zim should come up with solution that can combat health issues relating to itchiness and rush so that customers are comfortable to use the product.

2. **Increase accessibility of product.**
   
   Although, PSI Zim has a huge distribution network it should ensure that the product is available in all outlets where regular users frequent for example, Night clubs. It should ensure that the product is available in every shop in all
the corners of the country and is displayed where it is seen by customers in the shops. To combat the HIV/AIDS pandemic, students in high schools and colleges should be educated about HIV/AIDS and condom use and then distribute protector plus male condoms to these places at a price that students can afford.

3. Develop and implement social awareness programmes.

PSI Zim should develop social awareness programmes that can educate the customers in faith based organisations such as churches. Peer educators in different social settings can be engaged so as to encourage the use of Protector plus male condoms and this can be done through the media and theatre performances. Using the same media the organisation can also use various opinion leaders who are prominent in different areas to encourage people to use Protector plus male condoms. The organisation should also educate people about the concept of social marketing.

4. Watch trends

PSI Zim should closely watch trends in personal income, savings and interests and from its observations redesign, reposition and reprice its products. This can be done by regularly conducting market surveys with the users of the product in the market. Respondents suggested the product to be distributed for 30c to around 50c. They noted that this price was affordable if the quality of the product was improved.

5. Introduce new brands

PSI Zim should introduce new products on the market that would provide more choice for example flavoured Protector Plus male condoms. These brand extensions would assist the organisation to compete with brands such as Carex, Casanova, Durex and Choice brands. These brand extensions would help in mitigating competition. This will assist in boosting the sales of PSI-Zim and satisfy customer needs.
6. Use mass media advertising promotions

Mass media advertising can assist PSI Zim to de-stigmatize condoms, improve the selling and purchasing environment, and expand the condom market by increasing retail sales. PSI Zim should therefore reintroduce road shows as they are critical in imparting knowledge about the benefits of protector plus male condom brand. It should also resort to electronic media to educate people on HIV/AIDS and encourage people to use the product.

5.4 AREAS FOR FURTHER STUDIES

Further studies are recommended into the use of socially marketed condoms in Southern African countries.
REFERENCES


Graduate School of Management
University of Zimbabwe
Mt Pleasant
Harare
Dear Survey Respondent

May you kindly fill in this attached questionnaire? It is part of a research being conducted in partial fulfilment of the requirements of the MBA programme with the Graduate School of Management, University of Zimbabwe. This survey is part of a research project to analyse the fall in demand of Protector plus male condoms brand.

This is a confidential survey; no individual will be identified by name in the report. You have been identified as a stakeholder in this survey, may you kindly assist in the data gathering process by responding to the questionnaire. The information you provide will be treated with utmost confidence and will be used solely for the purpose of this research.

I kindly ask you to send back the completed form as soon as you are able to complete it, but not later than 15 December 2012.

For further information, please do not hesitate to call me back on 0772 953 900.

Your assistance is greatly appreciated.

Regards

Fungai Mlambo
PART 1: PERSONAL INFORMATION

1.1 What is your sex? Please put an (x) in the appropriate box for your answer.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
</tr>
</tbody>
</table>

1.2 What is your age? Please put an (x) in the appropriate box for your answer on a scale of 1 to 5 where:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>15-20 years</td>
</tr>
<tr>
<td>2</td>
<td>21-30 years</td>
</tr>
<tr>
<td>3</td>
<td>31-40 years</td>
</tr>
<tr>
<td>4</td>
<td>41-50 years</td>
</tr>
<tr>
<td>5</td>
<td>51 years and above</td>
</tr>
</tbody>
</table>

1.3 What is your level of education? Please put an (x) in the appropriate box.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Never went to school</td>
</tr>
<tr>
<td>2</td>
<td>Primary School</td>
</tr>
<tr>
<td>3</td>
<td>Secondary/High School</td>
</tr>
<tr>
<td>4</td>
<td>College or University education</td>
</tr>
</tbody>
</table>

Other specify........................................................................................................

1.4 What is your marital status? Please put an (x) in the appropriate box.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Single</td>
</tr>
<tr>
<td>2</td>
<td>Married</td>
</tr>
<tr>
<td>3</td>
<td>Divorced</td>
</tr>
<tr>
<td>4</td>
<td>Widowed</td>
</tr>
</tbody>
</table>

PART 2: MAIN QUESTIONS
2.0 Objective 1: To assess the causes of fall in demand of Protector Plus male condoms.

2.1 Have you ever used Protector Plus male condoms? *Please put an (x) in the appropriate box.*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

2.2 What is the primary reason why you use condoms? *Please put an (x) in the appropriate box.*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pregnancy prevention</td>
</tr>
<tr>
<td>2</td>
<td>Protect against STI/HIV/AIDS</td>
</tr>
<tr>
<td>3</td>
<td>Both</td>
</tr>
</tbody>
</table>

2.3 In your opinion do you think a change in your income can affect the demand of Protector plus male condoms? *Please put an (x) in the appropriate box.*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

2.4 As a follow up to question 2.3 please specify in what way your income is affecting demand. *Please put an (x) in the appropriate box.*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative</td>
<td></td>
</tr>
<tr>
<td>Neutral</td>
<td></td>
</tr>
<tr>
<td>Positive</td>
<td></td>
</tr>
</tbody>
</table>

2.5 In your own opinion what do you think is affecting the demand of Protector plus male condoms? *Please put an (x) in the appropriate box.*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Price</td>
<td></td>
</tr>
<tr>
<td>Quality</td>
<td></td>
</tr>
<tr>
<td>Availability</td>
<td></td>
</tr>
</tbody>
</table>

2.6 If my income *increases* I will continue to use Protector plus male condoms. *Please put an (x) in the appropriate box.*

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
</table>
2.7 If my income decreases I will continue to use Protector plus male condoms. Please put an (x) in the appropriate box.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>neutral</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
</table>

2.8 In your opinion do you think individual consumer tastes and preferences caused a fall in demand of Protector plus male condoms? Please put an (x) in the appropriate box.

- Yes
- No
- Not sure

2.9 In your opinion do you think the prices caused a fall in demand of Protector plus male condoms? Please put an (x) in the appropriate box.

- Yes
- No
- Not sure

2.10 In your opinion do you think customer needs caused a fall in demand of Protector plus male condoms? Please put an (x) in the appropriate box.

- Yes
- No
- Not sure

2.9 What other reasons do you think can explain a fall in demand of Protector plus male condoms? Please state below in short-answer form.

1. .....................................................................................................................................................
   .....................................................................................................................................................
   .....................................................................................................................................................
   .....................................................................................................................................................

............
3.0 Objective 2: To identify the customer perceptions towards Protector Plus male condom brand.

3.1 To what extent do you agree that the following cultural factors affect your purchase behaviour of Protector plus male condoms? Please put an (x) in the appropriate box.

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Belief, values and customs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Religions, nationalities and geographical regions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Social class</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3.2 To what extent do the following social factors affect your purchase behaviour of Protector plus male condoms? Please put an (x) in the appropriate box.
To what extent do the following personal factors affect your purchase behaviour of Protector plus male condoms? **Please put an (x) in the appropriate box.**

<table>
<thead>
<tr>
<th></th>
<th>To a little Extent</th>
<th>To a large extent</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Age and Life cycle stage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Occupation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Economic Circumstances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Lifestyle</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**3.4** What recommendations can you provide to PSI Zimbabwe on improving customer perceptions on Protector plus male condom brand? **Please state below in short –answer form.**

1

2
4.0 Objective 3: To assess the impact of the price increase on Protector Plus male condoms.

4.1 Protector plus male condoms are expensive. *Please put an (x) in the appropriate box.*

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>neutral</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

4.2 If the price of condoms at the place you normally buy exceeds what you would be willing or able to pay, what would you do? *Please put an (x) in the appropriate box.*

1. Abstain from sex
2. Stop using them (unprotected sex)
3. Look for other flavoured brands at the same place
4. Look for free condoms

Other
(Specify) .......................................................... ....................................................... ..........................................................

4.3 If your option above is number 3. What other brands have you used in past three months? *Please put an (x) in the appropriate box.*

<table>
<thead>
<tr>
<th>Product</th>
</tr>
</thead>
</table>
1 Contempo
2 Carex
3 ESP condoms
4 Public sector condoms
5 Casanova
6 Moods
7 Choice

Other
(Specify)...........................................................................................................

4.4 At the current price of 20c I regard Protector plus male condoms to be both affordable and a product of high quality. **Please put an (x) in the appropriate box.**

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>neutral</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
</table>

4.5 If the price of Protector plus male condoms goes above 20c would you continue to buy them? **Please put an (x) in the appropriate box.**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

4.9 If your answer above is yes, state the maximum price you will be willing to pay for a pack of Protector plus male condoms? $...................

4.10 Please, briefly justify the price below

........................................................................................................................................................................
........................................................................................................................................................................
........................................................................................................................................................................

.............
Thank you for your contribution