IMPACT OF SOCIAL, ECONOMIC & CULTURAL FACTORS ON CONDOM SOCIAL MARKETING (NCT, DELHI, INDIA)



Dr. Ajay Singh Post Doctoral Fellow

Indian School of Business Gachibowli, Hyderabad - 500 032, India

Ph: +91. 40 23187970,

Mob: +91. 9703033380

E-Mail: ajay_singh@isb.edu

SOCIO-ECOMOMIC&CULTURAL DIMENSION OF THE STUDY



- Human life is essentially a group life, it depends on characteristics that can be understood only through studying the interactions of people and the patterns of living they develop over time.
- Cultural dimension means taking into consideration lifestyles, society characteristics, religions, beliefs, languages, and social laws and values as essential parameters and references.
- The most successful marketing strategies have considered cultural traditions and market needs. Hence, Rakhis appear in the market a month before Raksha Bandan. Candles, Diyas and ornamental lights start appearing before Diwali, Christmas and New Year
- "Do Ya Teen Bachche Bus" "Hum do Hamare Do" "Larka Ho Ya Larki

EVOLUTION OF SOCIAL MARKETING IN INDIA



India was one of the first countries to adopt social marketing of contraceptives to extend the coverage and outreach of a family planning (FP) programme:

- Market prices of condoms were very high and private manufacturers were unable to generate expansion in consumer sales
- In the early 1960s, India introduced a brand of condom known as "Nirodh" for free supply through government hospitals and primary health centers
- At that time, comparatively few doctors and clinics, mostly concentrated in urban areas, were providing FP services
- Six to seven years into the programme, the need for wider outreach in the rural areas was acknowledged to motivate the remote population using condoms
- Government support was inadequate. FP services administered through public sector doctors and clinics could not accomplish this task alone.

ACHIEVEMENTS OF THE SOCIAL MARKETING PROGRAMME IN INDIA



- Social marketing programme is to be viewed in the context of a wider market structure, which includes free government supply of contraceptives and the commercial sector products.
- Free supply was intended to address the unmet need of 40% of the Indian population living below poverty line.
- Social marketing focused on the lower (20%), lower-middle (15%), and middle (12%) income groups, covering in total 47% of Indian population.

OBJECTIVES



- ➤ To identify the most potential market segment for condom consumption
- > To determine brand awareness of the condom market
- To identify reasons for not using condom
- ➤ To explore awareness of AIDS and knowledge of FP methods among the National Capital Territory (NCT) population with special focus on condoms

OBJECTIVES cont.



- ➤ To study buyer behavior of people purchasing condoms to identify their attitude and process they adopt to buy condoms
- ➤ To explore if any cultural change is coming in the society, which would help to increase acceptability of this method
- ➤ To explore the efforts the government makes to increase awareness programs and create incentives for larger market penetration of condoms

SCOPE OF THE STUDY



- To highlight the consumption pattern of different brands among different social classes and its impact on health, AIDS prevention, and population growth.
- To create awareness of AIDS and population growth because these are issues of main socio-economic and socio-political consequences for the NCT.
- To develop an integrated strategy to address the problems of AIDS and population growth in theirs various social economic political and legal consequences.
- To provide evidence-based background for the development of an approach to improve the attitude towards AIDS and population growth in the NCT.

SCOPE OF THE STUDY cont.



- To highlight the importance of these problems as perceived by leading social organizations/NGOs working in this area in the NCT region.
- To highlight government efforts in providing investment, strategic vision, time and other important contributions.
- To develop in-depth knowledge about the efforts made up to date in the NCT region and critically evaluate them.
- To understood behavior of men towards female condom.

HISTORICAL BACKGROUND OF CONDOM



✓ 1000 BC

Condom use can be traced back several thousand years. It is known that around 1000 BC the ancient Egyptians used a linen sheath for protection against diseases.

❤ 100-200 AD

The earliest evidence of condom use in Europe comes from scenes in cave paintings at Combarelles in France. There is also some evidence that some form of condom was used in imperial Rome.

⁴ 1500′S

The syphilis epidemic that spread across Europe gave rise to the first published account of the condom. Later in the 1500s, one of the first improvements to the condom was made, when the linen cloth sheaths were sometimes soaked in a chemical solution and then allowed to dry prior to use. These were the first spermicidal condoms.



⁴ 1700′S

The first published use of the world 'condum' was in a 1706 poem. It has also been suggested that Condom was a doctor in the time of Charles II of England. It is believed that he invented the device to help the king to prevent the birth of more illegitimate children.

₩ 1800'S

The use of condoms was affected by technological, economic and social development in Europe and the US in 1800s. In 1861, the first advertisement for condoms was published in an American newspaper when the *New York Times* printed an ad. for 'Dr. Power's French Preventatives.'

⁴ 1900′S

Until the 1920's, most condoms were manufactured by hand-dipping from rubber cement.

The female condom has been available in Europe since 1992 and it was approved in 1993 by the US Food and Drug Administration.

In 1994, the world's first polyurethane condom for men was launched in the US. The 1990s also saw the introduction of coloured and flavored condoms.

RESEARCH DESIGN



- Research was descriptive in nature which was shown statistically through three steps:
 - Analyzing the survey results conducted in Delhi and NCT
 - Testing the hypotheses that the effect due to the consumer buying behavior on the condom is zero and the effect due to marketing mix on condom is zero
 - Using of various statistical tools such as Chi-Square, ANOVA, etc.

SOURCES OF DATA



The sources of data collection for this study were both primary and secondary

PRIMARY DATA:

- Primary data was collected through a questionnaire-based survey conducted in Delhi and NCT.
- The structured questionnaire contained open-ended, multiple-choice, and rating-scale questions. Questionnaires was personally filled in through face-to-face interviews.

SECONDARY DATA:

Secondary data was collected from a range of sources including books, company journals, publications from UNAIDS, UNFPA, ILO, WHO, various NGOs, newspapers, internet, etc.

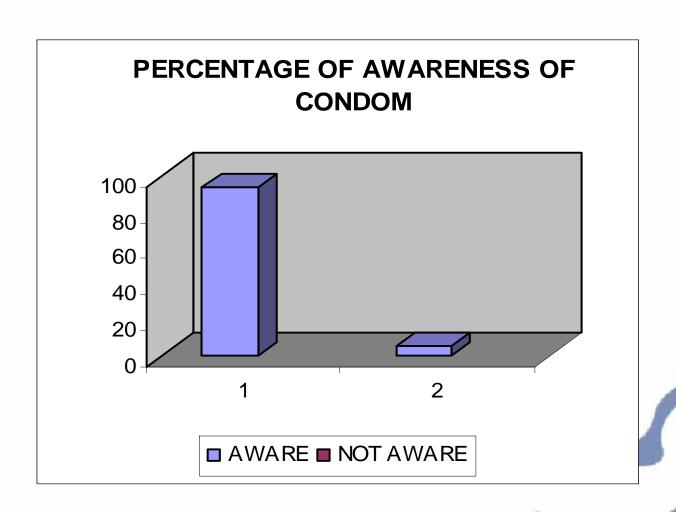
SAMPLING PLAN



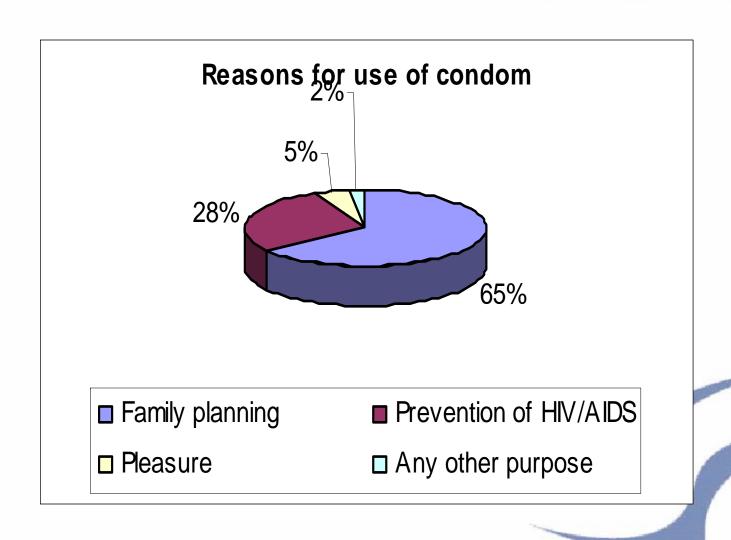
- Sampling Unit: Male and female respondents above the age of 15 in Delhi and NCT.
- Sample Size: 1,000 respondents
- Sampling Procedure: Both probability and non-probability sampling methods were used.
 - In probability sampling, cluster (area) sampling was used for the ease of measuring the sampling error
 - In non-probability sampling, convenience sampling and judgments sampling were used
- Combination of open-ended and close-ended questions and check lists were designed to collect qualitative and quantitative data.

EMPIRICAL FINDINGS

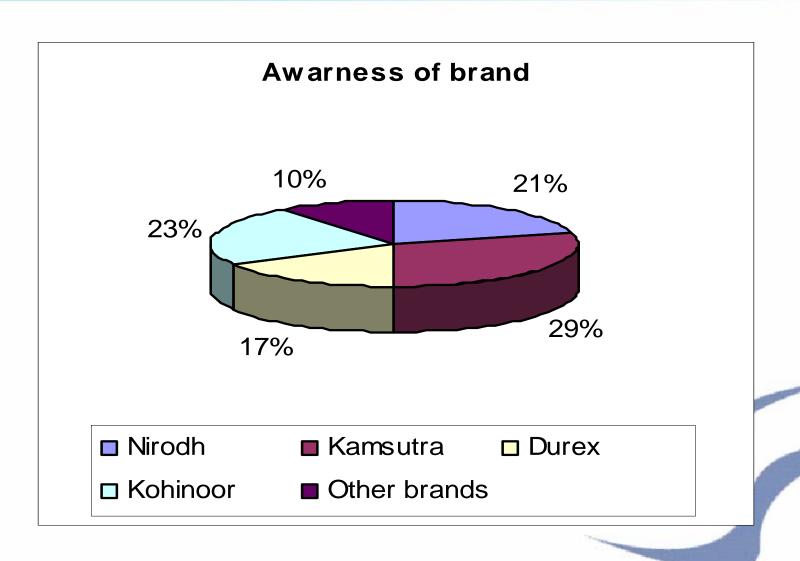




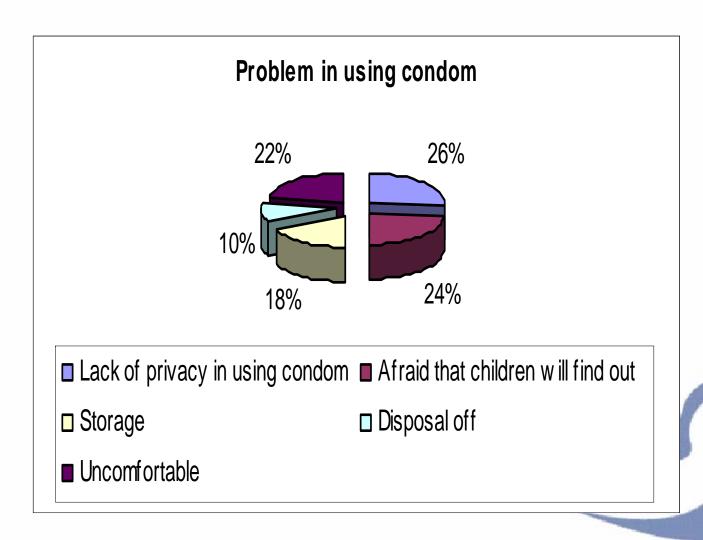




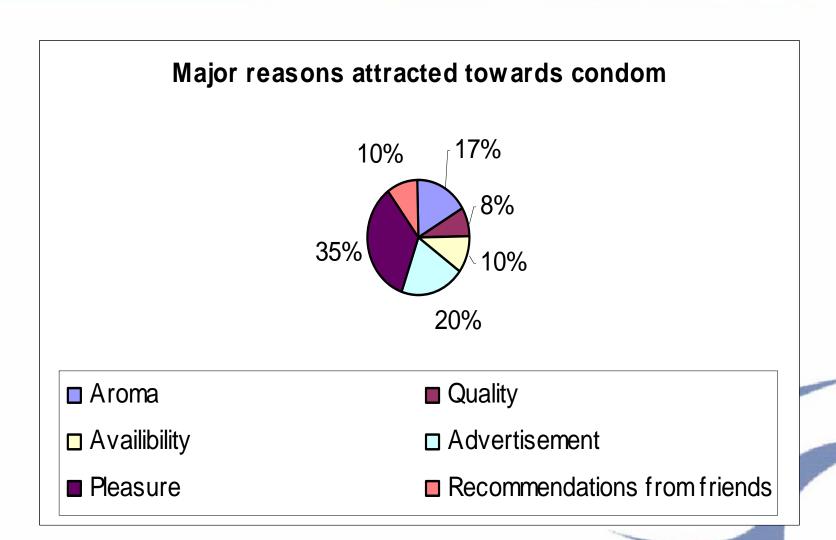




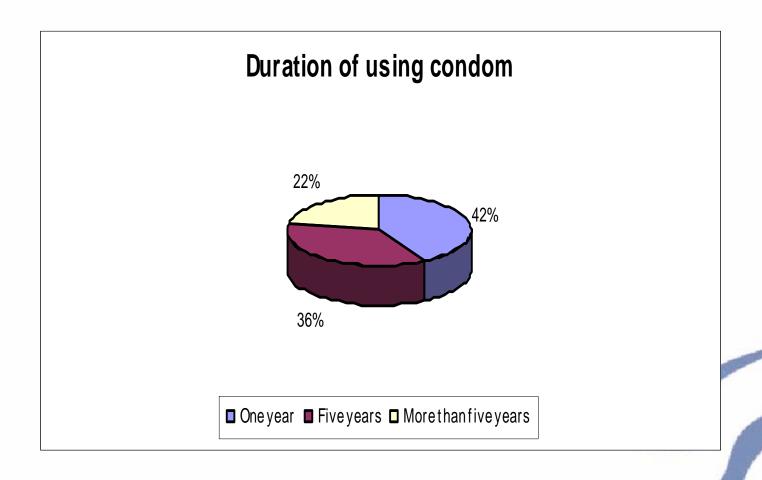




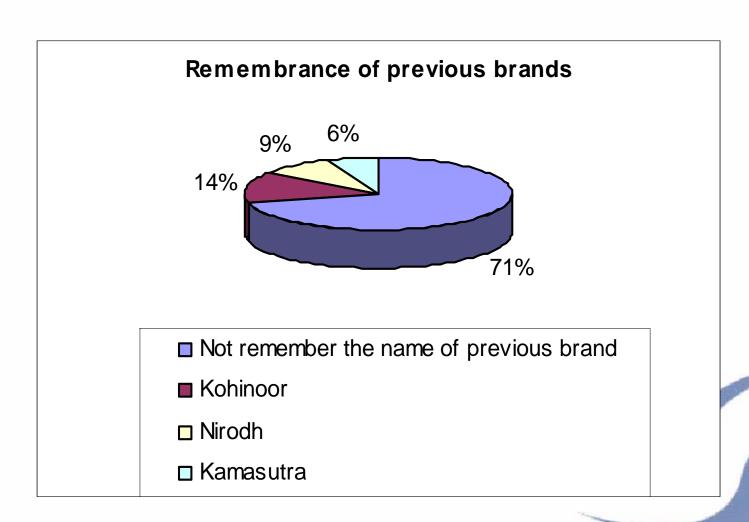




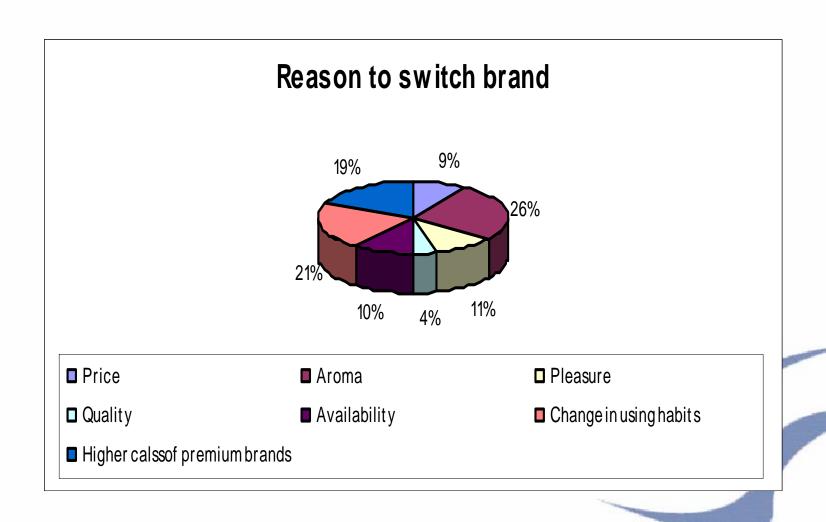




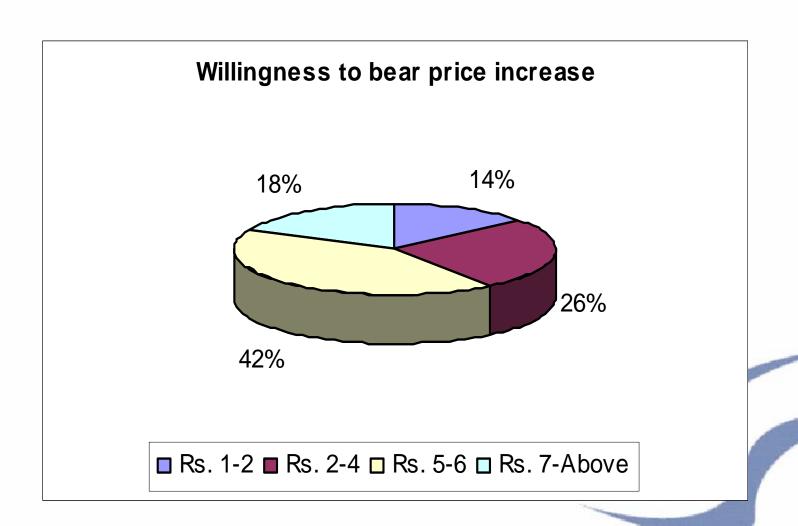




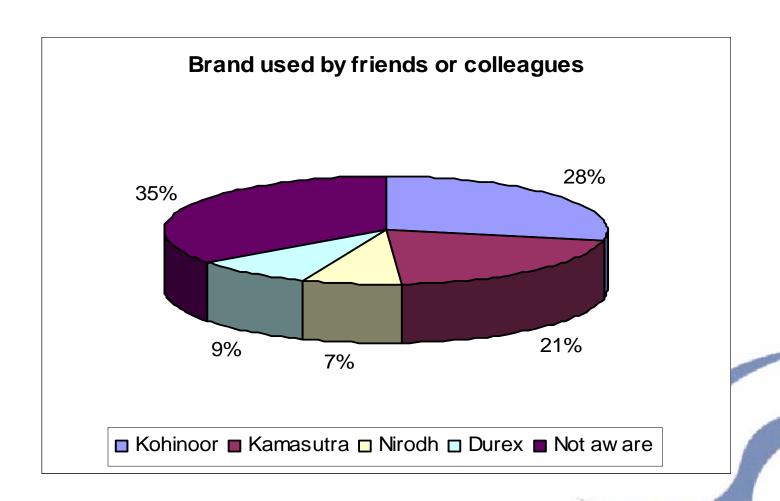




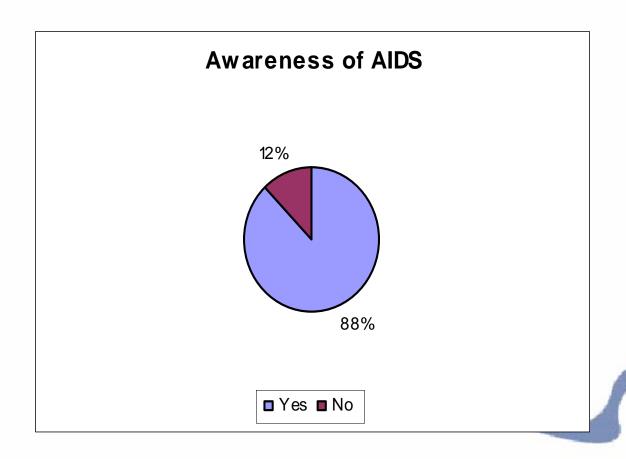




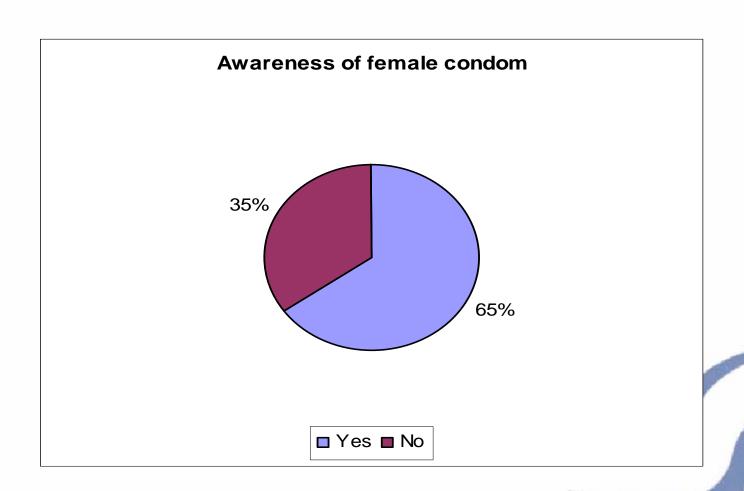




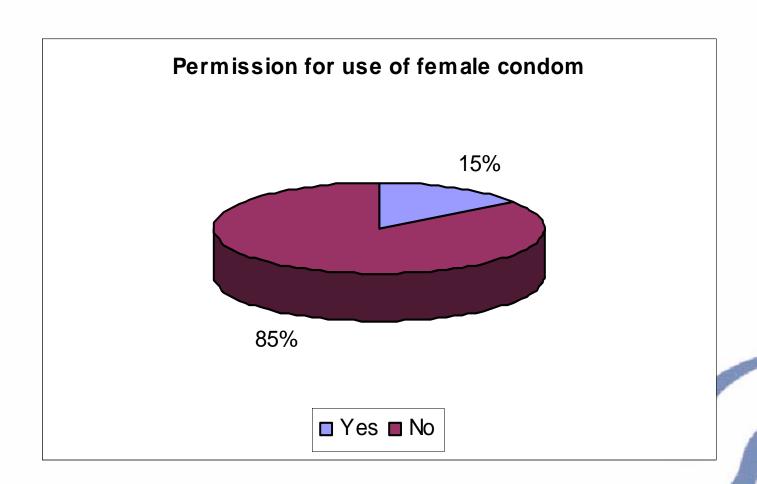












LIMITATIONS OF THE STUDY



- Cost Factor: Due to the cost factor, sample size was restricted to 1,000 respondents.
- ✓ Natural response error: Because the topic is very sensitive some respondents were shy to answer the questions.
- Less accurate results: Results my not be completely accurate because of non-probability sampling
- Non generalization: Because the study covers only Delhi and NCT area, the results can not be generalized.

OBSERVATIONS



- Social unawareness within community
- Lack of promotion campaign/advertisement
- Rural illiteracy
- Non-utilization of funds for condom promotion
- Not a priority for the government
- Lack of legal bindings
- Cultural background i.e. couple of babies, religious factors
- Faulty distribution system of condom
- Role of NGOs is not encouraging
- Curriculum/ education system is not implementing condom awareness programs
- Carrying condoms in pocket/purse is still taboo

SUGGESTIONS



- Government should keep priority for condom/AIDS
- Education system should be modified
- Free-of-cost distribution of some premium brands and more coverage in rural areas
- 'Any Time Condom' machines should be installed in various places in Delhi and NCT
- Premium products should be manufactured in India
- Mass media promotion of condom
- Hesitation for condom sale should be removed
- Communication messages could be more focused towards health and faithfulness not more on disease and virus
- Female condom should be subsidized by government



THANK YOU

