

# CARISMA

## Regional research summary

### Condom Access and Affordability

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# CARISMA II - Caribbean Social Marketing Programme



## Introduction

Between 2005 and 2008, CARISMA, a regional Social Marketing (SM) Programme for HIV & AIDS Prevention, was implemented across 13 PANCAP countries and territories (see [www.carisma-pancap.org](http://www.carisma-pancap.org)) this Research Brief presents data on condom access and availability collected as part of the programme. All research reports referenced in this report are available to download from the CARISMA website: [www.carisma-pancap.org/Research/](http://www.carisma-pancap.org/Research/)

During the first phase of the CARISMA programme, social marketing organisations (SMOs) in Jamaica, Haiti, the Eastern Caribbean, Belize and the Dominican Republic conducted an unprecedented range of studies into access to condoms, including condom affordability, geographical coverage of condom availability and quality of condom outlets, and equity of access to condoms. Many of the findings have played a central role in programme design and monitoring, and also represent a unique regional resource for PANCAP, governments and Non Governmental Organisations (NGOs).

Methods used to generate the following data in PSI programmes

include MAP studies, which measure condom availability in outlets and venues in a sample of areas; and TRaC studies, which are population-based sample surveys that interview people about issues including behaviours and attitudes related to condoms. Condom audits; Knowledge, Attitudes, Practices and Behaviour (KAPB) studies; and qualitative studies were also conducted under CARISMA.

## Research Findings

### Haiti

#### Condom market

The international SMO PSI distributes Pantè (male) and Reyalite (female) condoms.

A small number of commercial condoms are sold on the 'gray market'. Free condoms made up four-fifths of the total market in 2007.

#### Key findings

- There have been substantial improvements in availability of condoms between 2006-2008, after PSI Haiti analysed the results of the 2006 MAP study and subsequently

employed a 'blitz strategy' to increase coverage, visibility and quality. In 2008, three-quarters of the population lived in areas where Pantè was available, up from half of the population in 2006. People living in hotzones (areas with bars, brothels etc) are particularly well served, with coverage of 95% by 2008.

- Access to the female condom is still limited to a small minority of the population, but has increased in the last two years (from 10% to 18%).
- Improvements have been recorded in terms of fewer stock-outs, fewer outlets with expired products, pricing guidelines being adhered to, and the visibility of products.
- Although there have been improvements in coverage, geographical disparities remain. While 98% of the urban population live in areas where condoms are available, in rural areas, only 50% have access.
- The accessibility of free condoms, which make up the majority of condoms distributed, is unclear.

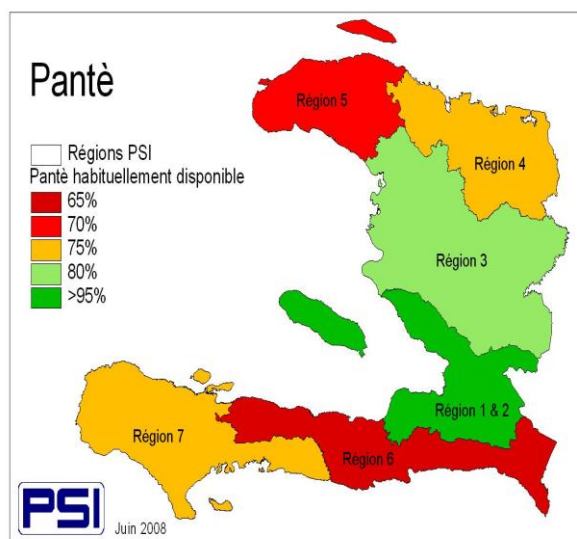


Figure 2. Pantè condom coverage: percentage of areas with condoms available, Haiti, March 2008



### Jamaica

**Condom market:** Free and commercial condoms are available; there is no SM brand.

#### Key findings:

- In 2008, condoms were found in 85% of traditional outlets (small shops, supermarkets, wholesalers, pharmacies). However, the proportion of non-traditional outlets (gas stations, street vendors, bars, clubs, and hotels) with condoms has fallen from 95% in 2003 to 53% in 2008. One reason behind this decline was the inability of a commercial company to sustain efforts to stock non-traditional outlets, following their initial investments which were backed by the Ministry of Health.
- This decline is of concern because non-traditional outlets are more accessible than traditional outlets, owing to their longer opening hours and convenient locations.
- One barrier to access at point of purchase is that in two thirds of condom outlets, consumers have to *ask* the vendor for condoms. Retailers consider condoms as a product highly vulnerable to theft, and they

are thus often kept behind the counter. A qualitative study in Jamaica highlighted that women in particular felt uncomfortable buying male condoms and were afraid of being jeered or laughed at.

- Most condom brands in Jamaica cost less than one percent of the annual minimum wage for 100 condoms (a measure of affordability). However, it is not clear whether commercial brands are really affordable to all (including the young, unemployed, and others with low income) or whether free condoms are accessible to those who are not served by the commercial sector.

### Dominican Republic (DR)

**Condom market:** Commercial, free and SM condoms are available. About two-thirds of the condoms sold/distributed are SM condoms, with free condoms making up the majority of the rest. PSI conducted research into condom accessibility in bateyes (originally Haitian immigrant communities) and among commercial sex workers (CSWs).

#### Key findings: Bateyes

- Geographical access to condoms is very high: in 2008, 96% of people had at least one condom outlet in their batey and 89% of people could access condoms within 15 minutes of their residence.
- Coverage quality is very good and improving: points of sale are open later, and more people report that they can find condoms when needed.

- The SM condom Pantè is distributed in a large number of non-traditional outlets such as *colmados* (groceries/bars) which mean they are accessible to people who might not feel comfortable visiting a pharmacy. Batey residents are becoming less worried about buying condoms; less concerned about people seeing them buying condoms; and less ashamed buying condoms near their homes.

*'It is much easier to get a condom than the pill, because they are more available, they are always around, your friend will give you one, your parents have them too. Or from the pharmacy but it can be difficult there because the people who work in the pharmacy are gossips, they go and tell people' (Male batey resident)*

- 90% of residents believe that the price of condoms is 'fair'
- Between 2007 and 2008 there has been a proliferation of free condoms. PSI's condom promotion activities facilitated the distribution of larger volumes of free condoms, as large-scale condom promotion had not previously taken place in the bateyes.

#### Key findings: CSWs

- Access to condoms is improving for CSWs according to most indicators. Almost all CSWs agree that they can get condoms at a good price near work; can find condoms at any time, close to their workplace; believe that condom vendors 'treat you with respect'; and find it easier to buy condoms

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in *colmados* (as opposed to traditional outlets).

- The proportion of hotzones in which at least 80% of CSW establishments sell condoms rose from 55% in 2006 to 81% in 2008.
- Pantè was the most widely available type of condom in 2008 with 95% coverage: commercial condoms were available in half of the hotzones surveyed, and free condoms were only available in one-fifth of hotzones. This suggests that hotzones have not yet been intensively targeted for free condoms. Quality of condom coverage is relatively low, though improving. Outlets are increasingly selling condoms at recommended price (45% of outlets in 2008). Only 16% of hotzone outlets displayed promotional materials.



### Belize

**Condom market:** Commercial, free and SM condoms (VIVE brand) are available in Belize.

#### Findings:

- Challenges to working with commercial companies were faced by PSI Belize, as they were reluctant to stock smaller non-traditional outlets. This was due to factors including low sales volumes, low margins and the fact that non-traditional

outlets are often located in dangerous areas.

- In 2007, 50% of high risk zones in Belize stock condoms in all outlet types - the highest coverage rate in Central America. A third of high risk zones in Belize have places selling condoms which are open until midnight. While almost all high risk zones have at least one outlet selling condoms, quality of coverage (promotional materials etc) is low.
- Female sex workers report high levels of access to condoms and affordability. Almost all (93%) could find condoms within 10 minutes of where they work; and almost all (97%) say that condoms are cheap.
- Men who have sex with men have good access to condoms: almost all (95%) live within 200m of access to condoms/lubricants in high risk zones, and 66% can access them within 200m of a social hangout.

### Eastern Caribbean

**Condom market:** Commercial, public and some SM condoms (from IPPF affiliates) are available in the Eastern Caribbean (OECS, Barbados and Trinidad & Tobago).

#### Key findings:

- PSI Caribbean has increased the number of non-traditional outlets that are youth friendly and monitored for quality (including barbershops, rum shops, bars, and nightclubs). They train Condom Promotion Agents to identify new outlets, link them to

distributors, and sensitize staff to improve service quality (e.g. displaying non-judgemental attitudes to purchasers). From 2006 to 2008, 2000 non-traditional sales points were opened and 4000 retail staff were sensitized.

- These activities have been supported by a regional mass media campaign (*Got It? Get it* – known as 'GIGI') to promote condoms and awareness of friendly sales points.
- Among CSWs in Antigua in 2008, perceived availability of condoms was high, with 93% of women agreeing that condoms are available within 10 minutes of where they meet clients. However, 42% of women felt that condoms are difficult to find at all times of the night, whereas 85% say that condoms are easily available in the day. Only 0.5% were able to correctly demonstrate condom use using a dildo. Incorrect use may reduce the efficacy of condoms and leave them prone to breakage.
- Young men 'on the block' (youth in difficult circumstances) in St Vincent found it even more difficult to find a condom at night (with 78% reporting that it was difficult). Perceived levels of availability were high, with 93% reporting that condoms are available within ten minutes of where they hang out, and the same proportion reporting that they are available at all times during the daytime.

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**Trinidad pricing study:** A pricing study was commissioned in Trinidad to explore whether there was a market for a cheaper condom brand. Young men were offered condoms at randomly assigned different prices, all of which were cheaper than the current average price of commercial condoms (US\$0.39). Participants were nearly twice as likely to buy cheaper condoms, suggesting increased demand for condoms as price decreases. In addition, the cheapest condoms were most likely to attract men who do not usually buy condoms. PSI Caribbean informed commercial companies of these results, but thus far none have shown interest in expanding their range to include a cheaper condom.

## Conclusion

### The good news

- SMOs across the Caribbean have generated a wealth of useful data on access to condoms in the region. They have used these data strategically, to plan activities and work towards improving access to condoms for their target groups.
- Clear evidence exists for increased accessibility of condoms over the course of the CARISMA programme. Where it has been measured, poorer populations (such as in Haiti and the bateyes of the DR), commercial sex workers, men who have sex with men and clients of female sex workers have increasing and almost universal access to condoms. In most instances, indicators

of quality of condom coverage have also improved.

- Social marketing organisations have demonstrated that they are making concerted efforts to increase access to condoms among high risk groups, for example, by opening and restocking non-traditional outlets and rural areas. Such ventures are often perceived by commercial distributors as either having limited commercial returns or being too risky.
- The public sector is distributing ever greater numbers of free condoms, but without more detailed monitoring, the extent to which these larger volumes are improving access, particularly to the poorest and most vulnerable, cannot be ascertained.

### Areas for Improvement

- In Jamaica, condom availability has stalled, and has decreased since 2003, particularly in the proportion of non-traditional outlets selling condoms.
- In the Eastern Caribbean, availability of condoms at night is problematic. This could be tackled on two fronts: increasing people's preparedness (buying condoms in advance), as well as stocking non-traditional outlets which are open late to stock condoms.
- In Haiti, rural and peripheral areas remain underserved, and a third of outlets sell SM condoms above the recommended price.
- Another problem is that many outlets require the buyer to verbally request

condoms from behind a counter. This can act as a serious deterrent, but is a difficult problem to solve in terms of reconciling the interests of the vendor and the purchaser. Innovative solutions to this problem should be sought and tested, and strategies for minimising this access barrier shared across the region.

- There is virtually no information on access to free condoms. Although data on the total volume of free condoms for the region have been collected, none of these countries collect systematic information on *how* they are distributed: by whom, where, to whom, how often, and how accessible they are to different social groups. In addition, it would be useful to evaluate the level of leakage of free condoms into the commercial sector, and how this potentially affects the total condom market.
- Psycho-social factors also affect access to condoms. These include reluctance to ask for condoms in shops, fear of being gossiped about, and whether or not someone feels comfortable carrying a condom. Some SMOs routinely monitor staff attitudes and customer purchasing experience. The distribution of free condoms could benefit from being monitored for quality in this way, for example, by assessing whether or not free condoms can be accessed confidentially, without judgement, by men, women and young people.

**CARISMA II** is a regional social marketing programme designed to improve sexual and reproductive health in selected countries of the Caribbean region. The programme aims to increase preventative behaviours among at-risk individuals through social marketing approaches, and improve the availability and affordability of contraceptives in hard to reach areas. CARISMA II is a development programme of CARICOM which is financed by the Federal Republic of Germany through the German Development Bank (KfW). More information about the project is available at [www.carisma-pancap.org](http://www.carisma-pancap.org)

**Disclaimer:** The views expressed in this report represent those of the authors, and not necessarily those of the various organizations that supported the work.

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