

MZUMBE UNIVERSITY
SCHOOL OF BUSINESS ADMINISTRATION
EFFECTIVENESS OF CONDOMS DISTRIBUTION IN HIV/AIDS
SPREAD MINIMIZATION

THE CASE OF MERERANI MINING SITES, MANYARA

BY:

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**A Dissertation submitted to the school of Business in partial fulfillment of the
Requirement for the award of Masters of Business Administration (MBA)
Corporate Management Degree of Mzumbe University**

2015

CERTIFICATION

We the undersigned certify that we have read and hereby recommends for acceptance by the Mzumbe University this research paper titled “*effectiveness of condoms distribution in HIV/AIDS spread minimization*” in partial fulfillment of the requirements for the award of Master of Business Administration (MBA) corporate management.

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DEDICATION

This research report is dedicated to my beloved daughters, ***Faith and Silver***, and my Sisters ***Angel and Elizabeth*** for their tolerance, both have missed me many times while attending this course, therefore they deserve a lot of thanks. Moreover to my father ***Mr. Brown A. Masai*** for encouraging me throughout the period of this course

LIST OF ABBREVIATIONS

AIDS	-	Acquired Immune Deficiency Syndrome
HIV	-	Human Immunodeficiency Virus
NGOs	-	Non Government Organizations
CSW	-	Commercial Sex Workers
MSM	-	Male having Sex with Male
IDUs	-	Injection Drug Users
MBA (CM)	-	Masters of Business Administration in Corporate Management
NACP	-	National AIDS Control Program
THIS	-	Tanzania Health Information Survey
NBS	-	National Bureau of Statistics
PSI Tanzania	-	Population Services International Tanzania
T-MARC	-	Tanzania Marketing and Communications
USAID	-	United States Agency for International Development
TSMP	-	Tanzania Social Marketing Project
STI	-	Sexually Transmitted Infection
ESDD	-	Environmental and Social Development Department

ABSTRACT

The study was about the effectiveness of condoms distribution in HIV/AIDS spread minimization. The study was conducted in Manyara Mererani mining sites being the case of the study.

The study population involved condom distributors and condom users that were obtained in the study area. The study sample was 250 respondents whereby 50 were distributors and 200 were users. The simple random and purposive sampling techniques were used to generate the sample.

The tools for primary data collection involved interview and questionnaires. Documentary review was used to generate secondary data. Data were analysed basing on descriptive statistics, frequency analysis and percentages

The study reveals that their lack of condom distribution and usage will increase of HIV/AIDS spread. It is established that failure to establish good rapport by distributors and users of condoms with the community such as providing feedback on education and effect of HIV among people in mining site will not be effectively applied.

The behavior change communication is the key important in effectiveness of condom distributors and users. People in mining sites should be flexible based on the time demand. When distributors distribute men condoms than women at a maximum should change so as to come up with market change as a social demand. There is mobility nature of people that should be considered by distributors as the theory explains

The researcher recommends that, effective distribution of condoms and effective feedback among distributors and condom users are the key factors to the minimization of spread of HIV/AIDS in mining communities.

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CHAPTER ONE

BACKGROUND INFORMATION

1.1 Introduction

An understanding of HIV/AIDs status in our local mining areas is very crucial, if we are to improve our approaches and activities that will bring the positive changes to these areas. This study carried out in Mererani (a local mining site) as a case study; the study was grounded on effectiveness of condoms distribution in HIV/AIDs spread minimization. This chapter presented the background of the study, statement of the problem, objective of the study, research questions, and significance of the study and limitation of the study. The chapter further provided defined scope of the study and shows the route map of the report.

1.2 Background to the Problem

Like many other Sub Sahara African countries, HIV/AIDS has become Tanzania's most serious health threat and a leading cause of death amongst adults. An estimated 1.3 million people are infected and new rates of new HIV infections are highest amongst the 15-49 year old age groups. The fight against HIV/AIDS epidemic has continuously been facing various challenges such as; youths inconsistent behaviors which makes it harder on dealing with barriers to HIV prevention, and in promoting consistent condom use, limited access to care and treatment, victims of HIV/AIDS in Tanzania in the past have faced stigma, privacy violations, and other human rights violations. Recently, however, the government of Tanzania is working with human rights organizations, NGOs and various stakeholders to create policies that safeguard rights of the HIV/AIDS patients (NACP 2008).

The HIV/AIDS Epidemic

By 2004 more than 1.8 million people in Tanzania were estimated to be infected with HIV/AIDS, which was almost 7% of the adult population. The statistics have been on the slight fall since 2008/2009 whereby 6% of the general population was living with HIV/AIDS, the rate seemed to affect women more than it was for men. The infection rate also varied significantly among regions in Tanzania from more than 15% in Iringa to less than 1% in Zanzibar and Pemba (NACP 2003/2004 and 2008/2009). Other major

challenges posed by the pandemic have remained on some risky behaving groups such as those who engage in sex without condoms, Commercial Sex Workers (CSW), Men having Sex with Men (MSM) and Injection Drug Users (IDUs). The groups contribute to 37% of the HIV/AIDS infected population (NACP 2010/2011). The more alarming fact is that the percentage of HIV/AIDS infections amongst the Commercial Sex Workers (CSWs), MSM and IDUs in Tanzania is on the rise and is expected to go to 45% by the year 2016. (NACP 2010/2011)

Tanzania has been struggling to cope with the HIV/AIDS crisis since the early eighties. The first cases of HIV/AIDS in Tanzania appeared in 1983 among smugglers in Misenyi district (formerly known as Bukoba rural) northern part of Kagera region. Like most other countries in sub-Saharan Africa, Tanzania's containment and treatment efforts since the disease's discovery have been hampered by poverty, lack of education, gender inequality, and government inaction. The current government's task has been made even more difficult because the leaders of the previous socialist regime, which held power throughout the 1980s, denied the existence of an epidemic. This prevented international aid organizations from creating treatment and prevention programs like the ones established in neighboring countries. (PSI Tanzania, 2004)

HIV/AIDS treatment places a heavy burden on the country's limited health care resources. The Antiretroviral Drugs such as Azidothymidine (AZT) or Zidovudine (INN), which are used for treatment of HIV/AIDS, mostly in developed countries, are not widely available in Tanzania or other parts of Africa. Doctors often lack even the basic antibiotics needed to control opportunistic infections such as tuberculosis, which affects twenty to forty percent of all Tanzanians with full-blown AIDS. Medical outreach services are not adequately funded or staffed, and, as a result, experts estimate that only one out of every four HIV/AIDS infections is actually reported. AIDS education efforts are also insufficient. While most Tanzanians now know what HIV and AIDS are, misconceptions and unfounded fears still exist about transmission of the virus. (NACP 2010/2011)

Another conspicuous AIDS-related dilemma is the economic and social breakdown that has resulted from the deaths of so many working age people. The people most affected by HIV/AIDS are those between the ages of fifteen and forty-nine, who ordinarily shoulder the burden of providing for their children and elderly relatives. As a result of this group's high mortality rate, 200,000 Tanzanian children have been orphaned, and the number of AIDS orphans is expected to grow to 750,000 by the year 2017. In addition to problems caused by the deaths of working age providers, productive adults who are still alive and healthy are forced to spend time and assets caring for the sick instead of pursuing economically productive activities. (NACP 2010/2011)

Government Response

The Tanzanian government response to the HIV/AIDS crisis has primarily focused on containing and preventing the disease. The government's education and prevention efforts focus on general population rural and urban communities in an effort to keep the disease confined to urban areas, which have the highest rates of infection. In order to slow the spread of the disease in already affected areas, the Tanzanian government works with non-governmental organizations (NGOs) to establish condom distribution programs and educational campaigns designed to change men's (especially youths) sexual behavior. Another containment effort is a blood donor screening program sponsored by the World Health Organization (WHO), which has helped to lessen the risk of HIV transmission in blood transfusions. Adults are not the only targets in these containment and prevention efforts. In 1995, the Tanzanian National AIDS Control Program (NACP) established educational programs in Tanzanian elementary schools in order to inform young children about prevention methods and the disease's transmission and effects. (THMIS, 2007/08)

Although containment and prevention efforts could play an important role as part of an overall strategy for combating HIV and AIDS in Tanzania, they have not been overly effective by themselves. A major problem with the government's approach is that the general public has not been educated about the need to respect the human rights of HIV/AIDS patients. This has permitted HIV related prejudices to flourish and has driven HIV/AIDS patients underground in an effort to avoid the discrimination associated with

the disease. As a result, HIV/AIDS patients often do not receive adequate treatment and are more likely to infect others. Discrimination also perpetuates misinformation and stereotypes about how the disease is spread and the types of people who are affected. The resulting negative attitudes cause HIV/AIDS to remain a forbidden subject, and as a result, people are likely to remain uninformed about risky behaviors they should avoid in order to remain uninfected. (Wang et al 2000)

1.3 Statement of the Problem

There is a high spread of HIV/AIDS in Manyara region particularly in local mining sites. According to the information released by the Manyara and Arusha regional health authorities (year of release), it is estimated that 16,000 people have been infected with HIV/AIDS. The most pretentious areas are those surrounding the local mining sites at Mererani. There is poor response to condom usage and acceptability amongst the communities in the region which have generated an increasing number of HIV/AIDS infections. (RACC – Arusha 2005/2006)

According to the Longido District health authority concerning preventive measures, the disease keeps on spreading because most people ignore using condoms during sexual intercourse due to personal reasons, religious beliefs and misconception on condoms usage and these have accelerated increase of infections. The prevailing economical constrains have influenced women to engage in Commercial Women Sex to meet their daily needs. (DACC – Longido 2014)

Limited knowledge on condom usage has resulted on increase rate of HIV/AIDS in the region. The 2013/2014 Regional Comprehensive Health Survey (RCHS) report from Arusha Regional AIDS Control Coordinator (RACC) indicates the increased rate of HIV/AIDS infection in the region. The highly affected areas are within Arusha city and district adjacent to local mining sites. The report released by the Regional Medical Officer (RMO) confirms that there are some Non-Government Organizations (NGOs) which have been playing a greater role in insuring the constant supply of condoms in the region. The NGOs reports are from Population Service International (PSI) Tanzania,

Marie Stopes International and TMARC also the free condoms from Medical Store Department (MSD). (Manyara RCHS 2013/2014)

Despite the extended efforts shown by the government and other Nongovernmental organizations to provide education on HIV/AIDS and the ways to combat the disease, it has still been found that that the community was not well informed about condoms, spread and HIV/AIDS infection, thus still were many new infection cases, especially in the rural areas and in the settlements of the local mines. (Manyara RACC 2013/2014)

1.3.1 Research Objectives

1.3.2 General Objectives

The general objective of this study was to investigate the effectiveness of distribution of condoms and spread of HIV/AIDS using Mererani as a study area.

1.3.3 Specific Objectives

The following were the specific objectives for this survey:

- i) To assess the nature of condom distribution in local mining areas.
- ii) To assess the effectiveness of condom distribution in minimization of HIV/AIDS spread in the mining sites.
- iii) To identify challenges facing condoms distribution in mining sites.

1.4 Research Questions.

The following research questions were proposed to help the researcher come out with critical data from the survey

- i) What is the nature of condom distribution in mining sites?
- ii) Is current status of condoms distributions in Mererani mining site effective in minimization of HIV/AID spread
- iii) What challenges face condoms distribution in mining sites as an aspect of HIV AIDS spread minimization

1.5 Significance of the Study

The following were the significance of the study

- i. The research study intends to find out the strengths and weaknesses of the condom distribution models available in the mining areas and also propose ways to sustain them
- ii. Through this study ways to enhance condom distribution in mining areas will be suggested to the government and the community at large.
- iii. The study aims at helping the mining areas community understand the importance of distributed condoms in HIV/AIDS minimization.
- iv. The study aims at creating a map road for other researchers and stakeholders in the fight against HIV/AIDS to find out what is missing in ensuring sustainability of condom distribution in mining areas.
- v. The evaluations and recommendations from the study will be useful by the NGOs (Most especially PSI Tanzania), and Government health authorities as it will provide a clear picture on how it can improve distribution of condoms to control spread of HIV/AIDS
- vi. It will lead to my attainment of Masters Degree of Business Administration in Corporate Management offered by Mzumbe University

1.6 Scope of the Study

The study was conducted at Mererani in Manyara region. Other regions were purposive excluded in the sample given the limitation of time and financial constraints. In Simanjiro district the area surrounding the local mines in Mererani were the researcher's source of data. Therefore being a case study, the result of this proposed study may not be representative of all regions in Tanzania. However the study focused on the effectiveness of distribution of condoms in minimizing the spread of HIV/AIDS , the scope of the study was based on the area where the study was taken.

1.7 Limitations of the Study

Those were parameters of research established by factors or people other than the researcher. They were of different as;

- i. the ignoring by representatives to submit the research questions due to either purposely or failure to determine the importance of it (ignorance) to respond by filling the questionnaires due to different domestic chores.
- ii. The delayed permission from the regional secretary to conduct the research and collection of data due to the bureaucratic processes was also the limitation of the study which caused a delay in data presentation and analysis.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter provides description of the basic concepts, models, and theories on effectiveness of distribution of condoms and spread of HIV/AIDS. The chapter shows the relevance of theories and principles to the proposed study as well as empirical literature review that were used.

2.1 Theoretical Literature review.

2.1.1 Definition of terms and Concepts

A condom: Is a thin sheath of latex (rubber) that is rolled onto an erected penis (a male condom) or inserted into a vaginal canal prior to a sexual intercourse. (PSI Tanzania User Guide – 2011)

Salama Condom: Is brand name for a male condom distributed by PSI Tanzania through social marketing strategies. *Salama* being a trade mark. (PSI Tanzania User Guide – 2011)

Care Condom: Is a brand name for a female condom distributed by PSI Tanzania through social marketing strategies: It is made of polyurethane and is inserted into the vaginal canal before sexual relations. (PSI Tanzania Guide – 2011)

Familia OC: are oral contraceptives for female against unnecessary pregnancies

Cross-Generational Sex: this refers to relationships between older men and younger women, though some cross-generational relationships include older women and younger men. Some studies define age-mixing in sexual relationships as women aged 15-19 who report sex in the last 12 months with a man 10 years or more older than themselves and with whom they are not married or cohabiting. (THIS 2010 – 2011)

Gender-Based Violence (GBV): this is defined as any harmful act that is perpetrated against a person's will and that is based on socially ascribed (gender) differences between males and females. (Key Population Guideline 2013/2014)

Locus of Control: refers to the extent to which a person believes the current and anticipated (Key Population Guideline 2013/2014) circumstances, and its response to them (behavior), are within his or her control.

Most-At-Risk Populations (MARPs): these are populations most often considered to be at an elevated risk for the human immuno-deficiency virus (HIV). These populations engage in illicit or socially stigmatized behaviors and are at disproportionately higher risk for HIV. HIV may spread rapidly in these populations due to more frequent participation in high risk behaviors such as unprotected anal and vaginal sex, sharing of injection equipment, and the overlap of risk behaviors and sexual networks (such as sex workers who use drugs or men who have sex with men (MSM) who sell sex). These populations include sex workers, clients of sex workers, drug-using populations, and men who have sex with men. (Key Population Guideline 2013/2014)

Risk: the probability that a person may acquire HIV infection. (Husika Journal 2011)

Risk Factor: refers to an aspect of personal behavior, lifestyle, or environmental exposure which, on the basis of epidemiological evidence, is known to be associated with HIV transmission or acquisition. (Husika Journal 2011)

Risk Perception: refers to the subjective belief held by an individual, group, or society about the chance of occurrence of a risk or about the extent, magnitude, and timing of its effects. (Husika Journal 2011)

Self-Efficacy: the belief a person has in him/herself that he or she has the skills and abilities necessary for performing a behavior under a number of circumstances. (PSI Tanzania User Guide 2010/2011)

Sex worker: this refers to individuals who receive money or goods in direct exchange for sexual services, either regularly or occasionally. In this document, this refers to people who self-identify themselves as sex workers. People who receive money or goods as part of a sexual act, but do not perceive themselves to be sex workers, are engaged in Transactional Sexual Relationships. (Key Population Guideline 2013/2014)

Vulnerability: results from a range of factors that reduce the ability of individuals and communities to avoid HIV infection. (Husika Journal 2011)

2.1.1.2 HIV/ AIDS

HIV stands for (*Human Immune Deficiency Virus*), the virus which causes the *Acquired Immune Deficiency Syndrome* (AIDS). HIV attacks and slowly destroys the immune system by entering and destroying the cells that control and support the immune response and system. After a long period of infection, usually 3-7 years, enough of the immune system cells have been destroyed to lead to *immune deficiency*. The virus can therefore be present in the body for several years before symptoms appear. When a person is immuno-deficient the body has difficulty defending itself against many infections and certain cancers, known as “opportunistic infections”. It is possible to monitor the development and degree of immuno-deficiency, and while the impacts of the disease can be mitigated with proper treatment; there is **no cure for AIDS** once a person is infected with HIV. (ESDD, World Bank Group – 2002)

There are three main ways in which HIV is transmitted among people: (i) by sexual contact; (ii) when infected blood is passed into the body (e.g., through blood transfusion or use of unsterilized material); and (iii) from an infected mother to her child during pregnancy, childbirth or breastfeeding. (ESDD, World Bank Group – 2002)

2.1.1.3 HIV Prevalence

This refers to the percentage of the infected people (from different age groups, and gender) as driven from the general population over a certain period of time. For example in 2007 – 2008 survey, 6% of Tanzanian adults age 15 -49 were infected by HIV. The prevalence of HIV is higher among women than men by 7 percent and 5 percent respectively (THIS 2007 – 2008).

Of the eligible women and men age 15-49, 90% of women and 79% of men provided specimens for HIV testing. Overall, **5.1%** of Tanzanians age 15-49 are HIV-positive. HIV prevalence is higher among women (**6.2%**) than among men (3.8%). (THIS 2010 – 2011)

2.1.1.4 Condom

Condoms are highly effective when used consistently (i.e. during every sex act), male condoms are effective in preventing heterosexual transmission of HIV and estimated 80 to 90 percent of all the time on uses a condom. That mean if 100 couples, each with one partner who is HIV – positive and the other who is HIV – negative, always used a condom during sex, between 5 and 20 of the originally HIV – negative partners would become infected with HIV. If those same 100 couples never used a condom during sex, between 80 and 95 of the originally negative partners would become infected with HIV. (PSI Tanzania – Product guide 2009/2010)

Reasons why People should use condoms:

- i. Condoms are the only contraceptive that help to prevent both pregnancy and the spread of sexually transmitted diseases (including HIV) when used properly and consistently.
- ii. Condoms are one of the most reliable methods of birth control when used properly and consistently.
- iii. Condoms are widely available in various shapes, colors, flavors, textures and sizes – to increase fun of making love with ones partners.
- iv. Condoms make sex less messy
- v. Condoms are user friendly, with little practice, they can also add confidence to the enjoyment of sex. (Tanzania Journal of Health Research 2008)

2.1.1.5 Condom Distribution Channels

This refers to the supply chain system that is used to distribute condoms from various sources within and outside Tanzania. Basically condoms in Tanzania are distributed through public, social market and commercial channels.

- i. **Public channel:** Refers to the government distributed condoms, these are the free of charge condoms which are distributed mainly through hospitals, health centers and clinics through the Medical Store Department (MSD). (THMIS 2009/2010)
- ii. **Social Market Channel:** This refers to the distribution systems which adopt the commercial marketing technologies (consumer research, market analysis,

branding and advertising, pricing and exploitation of commercial marketing infrastructures) to ensure sustainable condoms distribution. This channel is mainly used by Not for Profit Organizations such as PSI/Tanzania and T MARC. As practiced by the latter, social marketing combines communication to motivate a wide array of health behavior with the provision of needed health products such as condoms. By selling rather than giving away products, social marketing taps into the resources of the local commercial infrastructure, which itself then becomes financially motivated to distribute and sell the products. In ensuring success of its social marketing channel PSI Tanzania has continuously stood on the strategies such as *Accessibility, Affordability and Demand creation*. (PSI/Tanzania Building healthier Tanzania – 2004)

- iii. **Commercial Channel:** This is mainly a profit making channel which is entirely being controlled by the demand and supply phenomena. The channel is overly dominated by the premium condoms such as The contempo condoms (Rough riders, Skinny, Wilderness) and other condoms like Kamasutra etc. This channel is mainly for profit making purpose and is dominant in major cities and towns. (Total Market Approach – TMA report 2013)

2.1.1.6 National Policy on HIV/AIDS

In response to the HIV/AIDS pandemic, the Government of Tanzania has made substantial valuable progress in nearly all areas of HIV/AIDS prevention, care and treatment. Progress has also been made in impact mitigation through communication and advocacy, and community participation through multi sectoral response, as a basis for the consolidation and expansion of the national response. The Government recognizes the social development challenges of the epidemic and has taken concrete measures to address these challenges. The challenges of HIV/AIDS need concerted and multidisciplinary efforts from all sectors, government and non government including civil society organizations and the community at large. In line with this, the Tanzania Commission for AIDS (TACAIDS), was created by statute of Parliament in 2001. TACAIDS is mandated to provide strategic leadership and coordination of multi sectoral response as well as monitoring and evaluation, including research, resource mobilization, and advocacy. The National Policy on HIV/AIDS and the National Multi sectoral

Strategic Framework (NMSF) are the guiding tools for the implementation of HIV/AIDS activities.

As per the National Policy, HIV/AIDS is among the development agenda in the National Strategy for Poverty Eradication (MKUKUTA) and the National Development vision 2025. The policy emphasizes mainstreaming of HIV/AIDS in all sectors. The development of the National Guideline on Prevention and Control of HIV/AIDS in public sector is an achievement of the Government that shows its commitment to fight the epidemic and improve the well being of the people. (THMIS – 2007/2008)

2.1.1.7 Local Mining Area (Community)

This refers to a small to medium scale mining areas which are being owned by endogenous of a certain locality where minerals have been discovered. Local mining areas also acknowledges the importance and involvement of other population coming from different areas and have direct and indirect impact on the sustainable development of these areas, thus the local mining communities are normally classified into three categories as, *Occupational, Residential and Indigenous Communities*.

- i. **Occupational Communities:** households or families who derive all or most of their income from mining.
- ii. **Residential Communities:** Households or families who live within the geographical area affected by mining. They may live in close proximity or many miles away, such as on a river polluted by mine tailings. These communities fall into two types: those in existence before the mine was built and those that have developed as a result of the mining operations.
- iii. **Indigenous Communities:** households or families with an ancient and cultural attachment to the land where mining occurs or has an impact.

However these three categories are not mutually exclusive, of course. Indigenous communities may work in a mine, and therefore be occupational communities too, while long-distance commuting, as is the case in fly-in, fly-out operations and operations that rely on migrant labor, may mean that occupational communities do not live near the mine. (MMSD – 2009)

2.1.1.8 Behaviour Change Communication (BCC)

Behavior Change is at the heart of effective social marketing. Unlike commercial marketing, social marketing's bottom line is a health benefit and/or a social good, not for profit through sales. It is expected that effective behavior change strategies will result in creating product demand, increase use among higher risk populations and support correct and consistent use of the products such as condoms. Behavior change communication activities reach communities using various events such as Mobile Video (Cinema) shows, Cultural shows, and interpersonal communication (IPC) as well as the usual mass media channels. (PSI Tanzania – 2006)

2.2.1 Challenges of Condoms Distribution in Mining Areas

- i) **Poor Infrastructures;** Most of the mining areas especially the local mining sites are located in the remote areas where infrastructures such as roads, good housing facilities and shopping outlets are not well established. Having such a complicated environment it has always hindered the distribution of condoms from the government (public condoms), NGOs (social marketed condoms) as well as those from the commercial channels. In occupational communities, people must have the means to survive and prosper, either in the same place or elsewhere, once mining ceases. Issues such as the transfer of skills and future employment must therefore be addressed. In residential communities, minimizing the environmental footprint of mining will be a priority, and thus access to information about potential impacts as well as the power to influence decisions will be important. Indigenous people present a special case of community. As well as having specific social needs, in many countries they are the poorest and most marginalized. (MSSD 2009/10)

- ii) **Mobility nature of Population;** The populations in the small and medium scaled local mining are very mobile in nature. People are normally flocking into the areas in multitudes during the high seasons for minerals and move out soon after the mineral levels go down. The mobility nature hinders the stakeholders in the fight against HIV/AIDS including those who distribute condoms to have sustainable strategies to reach these areas for community behavior change

activities which aim at strengthening condom usage in these areas. “Condom use remains a core sexual HIV prevention intervention globally. However, ensuring the quality, quantity, distribution continuity & equity of freely-available condoms presents substantial challenges. Erratic & inequitable condom distribution, particularly in poor rural & hard-to-reach areas, results in poor uptake, inconsistent usage & an unwillingness to adopt condoms as a primary HIV prevention strategy”(SHIPP, USAIDS – 2014).

iii) Lack of Multisectoral Support and efforts in Condoms distribution;

Distribution of condoms is faced by many challenges including stigma, especially from the faith based institutions. Being a product to be used during the sexual intercourse, condom distribution strategies have continuously been challenged by religious leaders and institutions, as they believe the promotion and distribution of condoms is against the will of God and hence the condemn any effort which aims at making people use condoms. This is no different even in the mining areas where religious leaders are amongst the influential pillars for decision making. According to Afro News / Plus News, (2005) - Tanzania's Anglican Church is still vehemently opposed to condom use, despite its ambitious HIV/AIDS prevention campaign, and has called for a total ban on condom advertising to protect children from early exposure to sex. Reverend James Dominic (2008) of the Tanga Diocese said the church would continue resisting condom use because it promoted under age sex and immorality. "The advertisements of condoms encourage young girls and boys to engage in sex because they are told to use condoms"

The Anglican Church in Tanzania has been at the forefront of efforts to curb the spread of HIV. In an effort to lead by example, it launched an HIV/AIDS control project in 2004 that compels the church leadership to take an HIV test before taking on religious responsibilities. In the Tanga Diocese 45 priests were tested recently, three of whom were found positive. Rev. Dominic (2011) said HIV positive members of the clergy would receive counseling and be encouraged to

disclose their status publicly, to inspire church members to go for counseling and testing. However, the church's continued resistance to condom use is likely to set back a government plan to educate children in primary schools about HIV/AIDS. The Anglican Church is the latest religious denomination in Tanzania to oppose condoms, after a protracted war of words broke out between the Ministry of Education on the one hand, and Catholic and Muslim religious groups on the other, over the introduction of sex education into the primary school curriculum in 2006 (TACAIDS 2007).

The Education Ministry has also been concerned about a sharp rise in under age pregnancies and the soaring primary school dropout rate, and planned to introduce family life education in the primary school curriculum to save young girls from early pregnancy and potential HIV/AIDS infection. This proposal was met with strong opposition from religious leaders, who criticized the government for attempting to promote immorality, saying the curriculum content was a disguised form of "condom education". The new curriculum features reproductive health, with condom use and abstinence taking pole position in the fight against early pregnancy and marriage, HIV/AIDS prevention and female genital mutilation. *Poverty, Health inequality and its health and demographic effects* (C. Menendez 2006). Opposition by conservatives, who argued that the new curriculum would encourage under age sex, has forced minister of education then Margret Sitta to withdraw the planned curriculum, pending further consultations with religious leaders, health specialists and traditional leaders.

The decision to introduce sex education in primary schools was prompted by a 2005 Ministry of Education study, which showed that nearly 30 percent of primary school pupils had already experienced sex, and a significant proportion of girls who dropped out of school because of pregnancy were HIV positive. (*Journal of Health Economics* 6(3): 239 – 2009). Despite this data, Rev. Dominic (2011) said the church would continue to advocate abstinence and fidelity. "Once the government stops the importation and distribution of condoms, people will

stop sex with multiple partners and slow down the spread of the pandemic, especially among the youth. (UNICEF – 2006, TACAIDS 2008/2009)

- iv) **Low uptake of Condoms in Mining areas:** “Unlike the urban centers, condom use in the rural and in the local mining areas has remained very low due to peoples limited knowledge on condoms and HIV/ AIDS as a whole” (THMIS 2007/08). Being a slowly consumed product, condom has to a large extent discouraged many people especially in those who want to make profit out condom business to engage in the business since it has a very low returns and small margins once one invests in it. This has left the condom distribution burden mostly to the government and NGOs such as PSI Tanzania and T MARC (TACAIDS – 2010/11)
- v) **Condoms Myths and Misconceptions impede its distribution;** The myths and misconceptions on the effectiveness of condoms at preventing HIV transmission have negatively affected the distribution strategies of condoms for years. Notions that public free condoms have been impregnated with HIV and that they have holes bigger enough for the virus to swim over to infect another person during the sex act, and that the socially marketed condoms have low quality due to their being sold at the relatively lower price to the commercially distributed condoms have made people evade to use the public and social marketed condoms, which by statistics are the widely distributed condoms in the country. In 2009, PSI/Tanzania distributed about 70 million condoms nationwide. That equals about half of all condoms distributed in Tanzania and three quarters of all the condoms distributed through the private sector. On its website PSI/Tanzania says it “focuses on making condoms available at the places they are needed, and at critical moments. A nationwide survey in 2009 among ‘high risk’ outlets such as bars and guesthouses found that 81% had PSI/Tanzania’s condoms easily available during the evening. A second survey found that over 80% of villages in Tanzania have at least one outlet selling PSI/Tanzania’s condoms.”One particularly successful brand of PSI/Tanzania condoms is called *Salama* (which

means “safe” in Swahili.) The media outlet Africa Interactive just posted this news clip that examines the success of PSI/Tanzania’s social marketing efforts around *Salama* condoms. The video is narrated in Dutch, but there’s enough English in there to follow what is going on. (PSI Tanzania 2009/10)

2.2.2 Effective Distribution system

What is an effective Distribution system? It is the ability to quickly react to volatile demand and maintain the highest inventory turnover in the industry. It means having the lowest days of accounts receivable, and highest resource utilization to get a sense of effective supply chain is really designed to work, one need to evaluate supply chain along these three dimensions:

- i) **Cost:** Is organization supply chain cost effective? Being cost effective means taking a wholesome view of the costs across integrated processes to arrive at cost-levels that provide a cost-advantage for organization. For example, consider if organization designers and procurement departments work together so that the products are cost-effective right from design. How about manufacturing? How will designed and sourced components affect manufacturing costs and efficiencies?
- ii) **Agility:** Is organization supply chain capable of handling variability? When demand changes, how long does it take organization to change the supply plans? Does organization actively collaborate with organization suppliers so that they can make organization successful? Are organization suppliers enabled or even empowered to react to address the demand changes in organization supply chain?
- iii) **Sustainability:** Are organization supply chain process sustainable? Sustainability refers to the repeatability and consistency of organization processes. Are organization processes established through an ad-hoc reactive impulse or are they well thought-out and proactively designed to achieve the objectives of the business function? The cost and labor efficiencies achieved through ad-hoc processes are generally a one-time wonder, but a well-designed process can create a sustainable competitive advantage in the organization. While cost has been the primary focus and imperative to drive supply chain

initiatives in the past, the pioneering companies have long since discovered that agility and sustainability is where their supply chains create true competitive advantages for them. The cost-based supply chains have become the table stakes, the cost organization must pay to play. The operational efficiencies gained through traditional supply chain thinking have gained parity across many players in most industries. To win, organization must move to create new supply chain capabilities that allow organization to better manage the inherent variability in the supply chains and that are where agility and sustainability come in. Agility is organization ability to react in response to changes. (Chau and Leung, 2009).

2.2.3 Elements of Distribution system

A distribution system can better be explained basing on its elements which includes; Internal distribution, manufacturing/transformation and external distribution systems. (Chandrasekaran 2010)

- i) **Internal distribution system** refers to activities/actions required before physical production of a product can begin or before service can be performed it is associated with receiving, storing and disseminating input to product, such as materials handling, warehousing, inventory control, vehicle scheduling and returns to suppliers. (Chandra et al 2002)
- ii) **Manufacturing/transformation;** This refers to the transformation of raw material to finished goods/product, it involves custom-designed and makes up of the product The Supply Chain Operations team is responsible for providing the manufacturing capability to deliver and physical infrastructure. Commodity Managers need to select and engage vendors to provide component technologies that enable state-of-the-art in production. Commodity manager work side-by-side with our manufacturing partners to create the processes, tools and procedures to manufacture the product and ensuring these processes are repeatable and in control. (Chandra et al 2002)
- iii) **External Distribution system:** refers to the movement of material associated with storing transportation and distribution of goods to customers. It is associated with collecting, storing and physically distribution of products to buyers, such as

finished goods warehousing, material handling, finished goods inventory control, delivery vehicle operation and order processing and scheduling. (Chandra et al 2002)

2.2.4 Condoms Marketing, Sales & Distribution Worldwide.

- **Introduction**

The U.S. Agency for International Development (USAID) has been a leader in HIV prevention and is fully committed to doing its part to make an AIDS-free generation a reality. The U.S. President's Emergency Plan for AIDS Relief's (PEPFAR's) combination HIV prevention strategy comprises a core set of interventions that, particularly when pursued in concert, provide us with the potential to end the epidemic: prevention of mother-to-child transmission (PMTCT) of HIV; antiretroviral treatment (ART) for people living with HIV; voluntary medical male circumcision for HIV prevention; and HIV testing and counseling (HTC), condoms and other evidence-based prevention activities. Condom use is a critical element in a comprehensive, effective and sustainable approach to HIV across the continuum of response to all HIV epidemic types. (USAID, PEPFAR – 2013)

- **Distributing Condoms Worldwide:**

USAID has provided commodities for family planning and reproductive health activities since the mid-1970s and for HIV prevention since the 1980s. Since then, contraceptive and condom use rates around the world have increased, in part thanks to USAID. (USAID, PEPFAR – 2013)

2.2.5 Distribution of Social Marketed Male and Female Condoms in Zimbabwe:

The HIV epidemic has taken its toll on Zimbabwe. UNAIDS estimated a 13.1 percent HIV prevalence rate among adults in 2011. Currently, there are roughly 1,159,000 adults and children living with HIV and AIDS in Zimbabwe. HIV transmission is predominately sexually driven, accounting for over 90 percent of new infections. In 2010, low-risk sex among the general population contributed to 57.6 percent of all new infections. A majority of new infections occur among 20 to 29 year olds. Despite

presently having one of the highest HIV prevalence rates worldwide, HIV prevalence rates have declined considerably from a high of 23.7 percent in 2001. This decline has been attributed to a number of factors, including the successful implementation of behavior change prevention strategies resulting in high condom use and a reduction in multiple sexual partners. (Global AIDS Response Country Progress Report Zimbabwe – 2014)

Protector plus condoms

The Protector Plus condom, introduced in 1997, is the premiere brand of male condom in Zimbabwe due to the social marketing campaign of a USAID-funded partner, Population Services International (PSI). Protector Plus sales increased from approximately 9.2 million in 2000 up to a high of approximately 70 million in 2008. In 2012, roughly 90 million male condoms were distributed through the public sector and social marketing distribution system combined. In 2013, for many Zimbabweans the term “Protector Plus” is synonymous with “condom” due to PSI’s intensive brand marketing efforts. (Global AIDS Response Country Progress Report Zimbabwe – 2014)

2.2.6 Distribution, Products and Accessibility of Male and Female Condoms in South Africa

The NDOH has been implementing a national male condom programme since 1992. Public sector male condoms are further distributed through a range of non-governmental organizations (NGOs) and parastatals. Following concerns about the quality of public sector condoms in SA, in 2004 the NDOH launched the rebranded male condom named “Choice TM”, targeted at 18–35 year olds, repackaged in attractive colours in an effort to increase condom usage, and promoted in the national Khomanani (caring together) mass media campaign.¹¹ The NDOH initiated the National Introduction of the Female Condom Programme in June 1998. Following a pilot programme, FCs were introduced into selected sites in all 9 provinces. The programme has since expanded and the total number of designated FC distribution sites has grown from 19 to over 300 nationally. In addition to these facilities, there has been considerable informal distribution from the designated sites to non-designated sites.¹⁴ A strong social marketing sector complements the public sector distribution. Managed by the Society for Family Health

(SFH), male condoms are distributed across SA under the “Lovers Plus™” and “Trust™” brand and FCs as the “Care™”. (S.A NIH Public Access – 2012)

2.2.7 Distribution of Condoms in Tanzania

In increasing access and acceptability of condom usage amongst different age groups, people living with HIV/AIDS (PLHAs) and people of different socio economic backgrounds about three methods (channels) are being used to distribute condoms in Tanzania, the channels are *Public (Government) Distribution*, *Social Marketing (NGOs) Distribution*, and *Private (Commercial) Distribution*. (TMA Assessment – 2010/11)

i) **Public (Government) condoms Distribution:** This channel is also called free condoms distribution done by the Tanzania’s government through the Medical Store Department (MSD) of Ministry of Health and Social Welfare (MoHSW). These condoms are meant to reach the final consumer through public and private health facilities such as hospitals, health centers, clinics, Pharmacies and other medical stores. This channel is the government initiative which aims at improving condom access to rural populations and low income population in its efforts to fight against new HIV infections amongst the Tanzania general population. However the government distribution channel is currently facing several challenges ranging from the supply chain and logistics, budget constraints, technological issues as well as infrastructure. MSD as the main distributor of the public condoms confirms challenges associated with **sourcing and procurement**; the procurement department follows a standardized process that includes, advertising, followed by the Evaluation Committee, approval by the Tender Board and the drafting of contracts. Currently, 80 percent of all products are sourced from abroad and twenty percent locally. According to the procurement director, common problems associated with local suppliers include challenges with importing raw materials, delivery and quantity issues.

Scheduling of deliveries to the facility are handled by the Procurement Department and received by the Logistics Department. It is currently unclear how supplier performance, including late delivery, is evaluated and tracked over a specific time period.

ii) **Lack of spaces in the warehouses, outdated technologies at the warehouses, accumulated expired stocks at warehouses hinder efficiency in quality and timely supply of products to destinations;** *Warehouse design, space & layout:*

MSD Central is making use of three warehouse facilities, including one warehouse and cold store at Central, and two warehouse facilities at Ubungo. The warehouse layout is structured according to programs and the layout is not linked to any standard layout system. Stock is currently stored “where there is available space” according to one warehouse officer at the main Ubungo warehouse. The Ubungo main warehouse facility is presently using the same bay area (door) for receiving and dispatching goods. This creates bottlenecks as there is limited space available to receive and dispatch goods. There are plans under way to construct a proper dispatching bay and to enlarge the area. Both MSD central and the Ubungo mentioned a lack of space as a major concern. These issues were also noted at Tanga zonal facility and at the DMO level. It is unclear if a central-level warehouse was required and more analysis is needed. Shipping directly to zonal stores would reduce lead time and reduce required warehouse space. It was important to note that there was a clear opportunity to redesign the layout. Other visible opportunities to improve include ventilation (notably Central) and addressing poor space practices between pallets not stored on racks (mainly Ubungo). Additionally, the correct use of pallet storage racks and the use of specialized equipment (e.g. narrow aisle forklifts) could increase warehouse space and improve efficiency in the warehouse. (MSD PPP Assessment Report – 2012)

iii) **Social Marketing (NGOs) Distribution:** This refers to the distribution systems which adopt the commercial marketing technologies (consumer research, market analysis, branding and advertising, pricing and exploitation of commercial marketing infrastructures) to ensure sustainable condoms distribution. This channel is mainly used by Not for Profit Organizations such as PSI/Tanzania and T MARC. As practiced by the latter, social marketing combines communication to motivate a wide array of health behavior with the

provision of needed health products such as condoms. By selling rather than giving away products, social marketing taps into the resources of the local commercial infrastructure, which itself then becomes financially motivated to distribute and sell the products. In ensuring success of its social marketing channel PSI Tanzania has continuously stood on the strategies such as *Accessibility, Affordability and Demand creation*. (PSI/Tanzania Building healthier Tanzania – 2004)

According to ‘Tanzania Marketing & Communications: AIDS, Reproductive Health (RH) & Child Survival (CS)’ The T-MARC Project. (MoHWS 2004)

USAID has funded a marketing, sales and distribution network for branded, subsidized products in Tanzania since 1993. At the present time, USAID provides support for the marketing, sales and distribution of three products: 1) the Salama male condom, 2) the care female condom and 3) Familia oral contraceptives. Under the T-MARC Project, support for these three products will continue albeit with some modifications such as more targeted condom marketing and the introduction of new reproductive health and child survival products. Overall, the expectation is that the T-MARC Project would build on the successes of the existing project and further enhance how existing and new products are marketed, distributed and sold (T-MARC – 2001 -2002)

It is important to note that USAID does not currently and will not in the future fund the purchase of Salama condoms for Tanzania. Since 2000, male condoms for the social marketing program have been procured by RNE in Tanzania; it is anticipated that RNE will continue to jointly support the contractor of the USAID/Tanzania program on the basis of the T-MARC Project award process. USAID/Tanzania does, and will continue to, underwrite the purchase of the female condom and oral contraceptives. USAID is also prepared to fund the purchase of new products under T-MARC, providing those products are supported by strong business plans that include reasonable price structures and plans to increase the sustainability of different product lines. The CTO with USAID/Tanzania will approve all business plans. (TSMP 2007)

Salama Condoms

The Salama Condom brand, introduced in 1993, was PSI – Tanzania’s first brand launch, it initially used a friendly cartoon character to personify the brand, convey important educational messages about condom use, and relate to young target market. Salama has become Tanzania’s market leading condom, and since 1993 to 2003, 161million condoms were sold. Year on year growth of Salama condoms Market share have been around 20%, and Salama is the most regularly used brand to about 90% of all condom users. (PSI Tanzania – 2006)

In increasing availability of Salama Condoms most at risk groups, PSI Tanzania has always been very proactive in focusing on distribution of Salama condoms to high transmission areas. High Transmission Areas (HTAs) are characterized by densely populated locations where Commercial Sex Work takes place, the location such as heavy trucks transportation centers, border crossing centers, and mining towns are the typical representative of HTAs. PSI Tanzania also directly targets bars, guest houses and night clubs, where most high risk groups tend to congregate. In order to effectively manage High Transmission Areas (HTAs) PSI Tanzania has promotion and distribution teams (20 Sales Representatives) to cover each region in Tanzania mainland. The main task of these SRs is to ensure sustainable availability of Condoms in outlets and also to manage some promotional activities to enhance people’s awareness surround the high transmission areas. (PSI Tanzania – 2005/2006)

In order to drive distribution of Salama Condoms to rural markets where 80% of the country’s population resides, for over a decade now PSI Tanzania has invested heavily in building distribution channels, creating awareness and demand for its product portfolios in the rural market of Tanzania mainland. Since 2003 the organization has embarked on various strategies to reach the rural markets; some of the strategies included developing ties with Shifting Market Traders who normally have access to smaller trading towns and villages in the country’s most remote environments. In addition PSI Tanzania by 2004 developed a programme called Village Bicycle Agency (VBA). Through the programme at least 200 agents (VBAs) had been recruited to cover 80 districts of Tanzania mainland, the agents could travel by bicycles to most remote and

hard to reach areas to distribute condoms and other PSI Tanzania's products. The VBA programme resulted to tremendous improvement in terms of Salama condoms availability and accessibility in rural areas.(PSI Tanzania – 2005/2006).

Care condom

The female condom has a mixed track record in Tanzania. It has proven to be an effective product for preventing the spread of HIV, particularly in situations where it is possible for a woman to control the use of the product and protect herself from possible infection. It is also a practical family planning alternative for women who are not able to use a hormonal contraceptive. However, it has not been very popular among Tanzanian women overall. In fact, a significant percentage of its volume in recent years has come from institutional sales to organizations such as international relief agencies working in refugee camps in Tanzania; in the second quarter of 2003, institutional sales were 72% of the total volume. Consequently, it is difficult to determine actual use of the product, (PSI Tanzania product guide -2009/10)

During the first year of the T'MARC Project, the contractor and USAID/Tanzania will evaluate the long term viability of the *Lady pepeta* TM product. If the product's continuing impact on the market is likely to be small, it is possible that support for this product will be eliminated or reduced and the funds reallocated to other opportunities within T'MARC. However, if there are compelling reasons to retain the female condom, it will continue to be a product supported by USAID as part of HIV/AIDS and reproductive health portfolio in Tanzania. (T MARC 2007/2008)

- iv) **Commercial Distribution:** This is mainly a profit making channel which is entirely being controlled by the demand and supply phenomena. The channel is overly dominated by the premium condoms such as the Contempo TM condoms (Rough riders, Skinny, Wilderness) and other condoms like Kamasutra TM etc. This channel is mainly for profit making purpose and is dominant in major cities and towns. (Total Market Approach – TMA report 2013)

2.3 Empirical literature review

In this section the researcher reviewed the works done by other researchers which relate to the topic under investigation. It basically aims at relating theoretical literature review with finding of other researchers and articulating the research gap.

Exavery, A. et al (2012); in the research study titled “*Acceptability of condom promotion and distribution among 10–19 year-old adolescents in Mpwapwa and Mbeya rural districts, Tanzania*” Argued that Despite condom promotion and distribution programs being several worldwide, extant evidence show a weak evidence of increased condom use due to condom promotion and distribution. This raises concerns regarding acceptability and uptake of condoms. To what extent do HIV/AIDS prevention programs fit into community specific social structures in order to influence options and preferences regarding condoms? Analysts pinpoint a need for more systematic research that could help sexual health professionals among whom are those involved in designing interventions to use evidence in strategizing ways of increasing the cultural and individual acceptance of condoms and condom use. Despite condoms being available – except recent report of inadequate coverage of female condoms

Tanzania Government PM’s Office.(2009);“*National Multisectoral HIV prevention Strategy 2009 -2012*” states that; The coverage of distributed condoms and biomedical services remains uneven and is not yet universal. Notwithstanding the current success in HIV testing, more than 60% of Tanzanians ages 15-49 do not know their HIV sero-status, much less test continuously. More than 40% of antenatal mothers do not have access to PMTCT services, and the uptake of antiretroviral (ARV) prophylaxis by HIV-exposed infants and HIV-infected antenatal mothers is less than 50%. About one-one third of STI clients are not appropriately managed according to national guidelines, nor are they provided with preventive counseling on condom use and partner notification, and less than half receive counseling and testing. Less than half of blood transfused in the country is channeled through the national quality assured system, while only 5% of facilities met the core requirement for infection control in health facilities in 2007.

PSI Tanzania, (2009) in its study titled “*Tanzania (2009): MAP Study on Market Penetration of Condoms. Round Four*” argued to have the access and market penetration indicators in high risk areas for this study are designed to assess the extent to which PSI/Tanzania’s condom social marketing interventions have resulted in improved availability since the 2006 survey. The table below therefore compares access performance during the past four years.

Findings from this study indicate relatively higher access of condoms in high risk areas in most locations/zones. On average, access was estimated at 69% during the 2007 survey, a level which has increased to 74% during the 2008 survey and 76% in 2009. The highest access level was found in the Central zone at 83% followed by Northern zone at 81%, Lake Zone had the lowest access at 55% compared to the rest of the zones. Access: is defined as proportional of commercial sex worker estimated during the time of survey in an hot zone area covering a radius of 100 meters.

The national market penetration for condoms in high risk areas varies across zones. *Salama Studs* has the highest market penetration in 2009 at 52% compared with other brands of *Salama*. For *Salama Studs* this is an increase by 12% from the 2008 penetration. For *Salama 3 Bomba* penetration data for 2006 are not included because this brand wasn’t launched by the time of the survey.

Zimbabwe, (2014). In the annual AIDS response report named “*Zimbabwe AIDS Response Progress Report 2014*” shared that Condoms are distributed through public and private channels using the social marketing approach. In 2013, 100 million male condoms and 5.2 million female condoms were distributed. Key populations access female and male condoms in selected sites and health facilities. Implementers in the condom programme are mainly the local authorities, MoHCC, ZNFPC, PSI and PSZ. Zimbabwe has remained an internationally acclaimed best practice in condom distribution. Despite the large scale distribution, gaps in consistent condom use persist, particularly within concurrent sexual relationships. Additionally, levels of condom use among PLHIV are low despite high levels of sexual activity

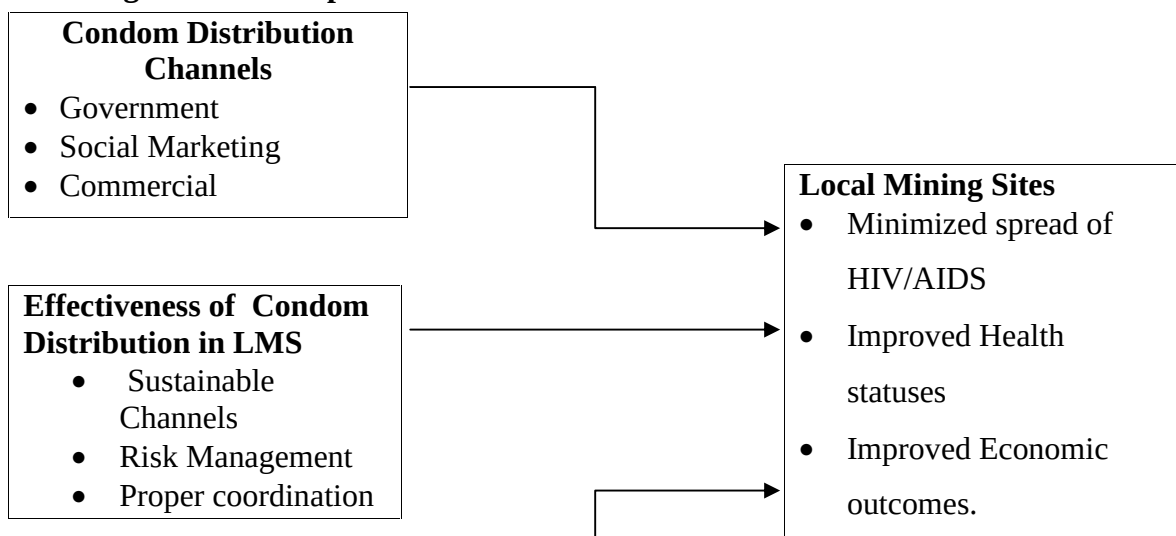
2.4 Conceptual framework

Uma (2003) defines the conceptual or theoretical framework as “a conceptual model of how one theorizes or makes logical sense of the relationships among the several factors that have been identified as important to the problem”. The basic framework of this study is built on challenges facing inbound supply chain in revenue collection performance, Mererani Local Mining site as a case study which is the variable of primary interest, in which the variance is attempted to be explained by the three independent variables of;

- i. Condom Distribution Channels.
- ii. Challenges of Condoms distribution in local mining sites.
- iii. Effectiveness of Condom Distribution in the local mining sites

Figure 2.4.1 below illustrates the conceptual framework of the study.

2.4.1 Figure 2.4 Conceptual framework



Condom Distribution
challenges in Local Mining

- Poor Infrastructures
- Population Mobility
- Low Condom Uptake

Source: Researcher 2015

The conceptual framework above shows the variables relating to each other (independent variables and dependent variables) local mining sites well being depends on many variables in order to minimize the spread of HIV/AIDS, improve health products access, these variables includes Condom distribution channels, proper management of condom distribution challenges in mining area and effective operation of Condom distribution systems.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter defined the research methods and techniques that were used in data collection and analysis. It comprised details about the research design, sampling procedure, sample size, research instrument, data collection procedures, data collection management and data analysis. The study sourced data from both desk and field research

3.1 Research Design

A research design is simply the framework or plan for a study used as a guide in collecting and analyzing data, it is the blueprint that is followed in completing the study (Churchill, 2007). In this study the researcher will use both desk and field studies. The research paradigm of this study was positivist where a descriptive cross sectional study or sometimes known as survey was used. This research design was used because the problem of the study was well defined. Cross sectional design is preferred because the

study was conducted in a single phase mode in order to provide a snap shot picture of the as opposed to longitudinal study which involved repeated measurements at periodic intervals on the same subjects in order to track changes related to particular variables (Churchill, 2007)

3.1.1 Desk Research

Desk Research is the research strategy where by the researcher uses material produced by others, characterized by the use of existing material, absence of direct contact with the research object and looking at the material being used from a different perspective than at the time of production (Verschuren and Doorewaard, 1999). In this study, Literature review was represented desk research. Mzumbe University Library, Economic and Social Research Foundation (ESRF), Ministry of Health and various websites was visited for information related to theories and concepts related to distribution of condoms. Finally the information from previous studies concerning the subject matter and the areas of further research was obtained

3.1.2 Field Research

Field research is where the researcher collects data direct from the field using different methods such as observation, focus group discussion and survey (questionnaire). Since the researcher used positivist methodology then the structured questionnaire was used as the main data collection method and administered through face to face, posting and e-mailing

3.2 Research Techniques

Both qualitative and quantitative research techniques were used in order to gather information in both angles, quantitative techniques is more objective supported by quantifying numbers while qualitative was more subjective

3.3 Sampling Techniques

The researcher collected data from some individuals at Mererani local mining site and other user groups, the researcher also applied sampling techniques and particularly non-probability procedures. Purposive or judgmental sampling was applied to those resourceful persons such as Outlet owners at Mererani, Health officials at Mererani,

head of health departments in Tanzania one and two. Simple random sampling was adopted to other individuals and in observing the important and relevant documents. The targeted population depend the number of people the researcher met in those particular areas of the study, and mainly those living or working in the following areas

- i) Residential Communities.
- ii) Occupational Communities.
- iii) Indigenous Communities.

3.4 Sample Size

Sample size is the determination for and estimating parameters in a researcher setting by considering the formal or arrangement and distribution of the parameter and specifying the necessary requirements (Dryden, 1995). The study used two hundred (200) users of condoms and about fifty (50) distributors, whole sellers and retailers of condoms to get good representation of the population. The 50 distributors were selected by using the formula of Yamane (1967) that include the total population of 57 distributors, that

$$n = \frac{N}{1 + N(e)^2}$$

Whereby

N= sample size

N= Population size 57

E= Exponential given (0.05)

$$n = \frac{57}{1 + 57(0.05)^2}$$

$$n = 57/1.1425$$

$$n = 49.89$$

$n \approx 50$ as the distributors

Therefore the total sample size were distributors plus the users of condoms

That means $50+200= 250$ sample size

3.5 Data Collection Methods

In general, both primary and secondary data were collected to enable the researcher attain research objectives. In case of primary data, questionnaires and semi structured interviews were used in data collection. Secondary data was collected from past records, library and internet search which all together provided more inputs in this study.

3.5.1 Primary data

In primary data collection, original data was collected by researcher from the respondents, using interviews and structured questionnaires as described below:

3.5.1.1 Questionnaire

A questionnaire is a carefully designed instrument (written, typed or printed) for collecting data directly from people. It consists of a set of questions and statements (Kothari, 2004).

The purpose was to gather information about the people's attitudes, thoughts, behaviors and so forth. The questionnaires containing both closed and open ended questions were distributed and administered to respondents; the questionnaires were used in order to improve the accuracy of information from respondents. Questionnaire attached at the end of this research as Appendices was administered to Mererani Local Mining sites individuals who are directly involved/ affected with condoms distributed in the areas. Also the use of questionnaires helped the researcher to guide respondents using the pre determined answers so as to get the objective answers from the respondents by the researcher. The researcher used questionnaires to the distributors to gather information

3.5.1.2 Interview

An interview is a set of questions, structured or unstructured, intended to collect information through oral or verbal communication which allows face to face contact

between the researcher and the interviewee (Kothari, 2004). Interviews for this study were conducted with Mererani health officials from at least five areas namely; Head of Health Department in Tanzania One, Head of finance in Tanzania One, Health Officials at Mererani Health Center, and Health facility in Charge Marie stopes Clinic, Health Officer at Mererani. The rationale for choosing this method was that the method was a useful way of collecting data for respondents who were busy and had no time to fill in questionnaire; also the method gave chance for the researcher to seek clarification from respondents in regard of effectiveness of condoms distribution in mining site . Sample of the interview guide which used to collect data from this group of respondents is shown as appendix 2. The interview were selected by the researcher so as to get accurate information from the users of condoms by recalling that not all who were able to read and write so as to avoid biasness.

3.5.1.3 Observation

Participant observation is a method of data collection where by the participants become totally involved in the situation being studied. This technique guided the researcher on getting the required data and information through the process of paying personal visits on the field ground and therefore to have a live coverage of what happens over there and more time to discuss with respondents. This virtually enabled the researcher to justify some supportive events to be included in the research report. It helped during interview between researcher and respondents

The researcher being an employee at PSI Tanzania, one of the condom distributors in Tanzania took enough time and efforts to study the Individual buyers for the sake of obtaining aimed data.

3.6 Secondary data

Secondary data were collected from the past records, library and internet search which all together bring more inputs on this research study. Various reports on condom distribution and promotion such as past dissertations, the researcher also collected data from several PSI Annual Distribution reports, PSI TZ Strategic distribution plans, T MARC Distribution plans, MSD distribution and regulation plans, Government

Condoms Journals and Reports, two (2) Annual Collection Review Presentation, TMA Annual Reports. This all together reviewed to gather more information about the amount distributed in Local Mining sites in Tanzania.

CHAPTER FOUR

PRESENTATION, DISCUSSIONS AND INTERPRETATION OF FINDINGS

4.1 Introduction

This chapter presents the analysis of data collected from the field, research findings as well as the presentation, discussions and interpretation of the findings on the effectiveness of condoms distribution in HIV/AIDS spread minimization. The data were analyzed with the help of a computer program Statistical Package for Social Sciences (SPSS) version 20.

The results have been presented in tables, percentages and charts. The presentations of the findings were based on the research questions and the objectives of the study. For the best achievement of the purpose of the objectives of the study a set of questionnaires was used in the data collection process.

4.2 Background Information of the Respondents

This section describes the general background information of the ward secondary school heads

Table 4.1 Demographic information based on the sex (n=50)

This section presents for the sex of the respondents in Mererani mining site. This was to be measured in two point scale which included Yes and No and the responses were presented as shown below

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Male	38	76.0	76.0	76.0
Female	12	24.0	24.0	100.0

Total	50	100.0	100.0
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Source: Field data (2015)

From the table above shows that 38 (76%) of them were male while 12(24%) were female. This information was obtained by the researcher from distributors using the questionnaires given.

The finding shows that, many condom distributors in Mererani mining area were male compared to female. This might be due to their duties and being entrepreneurship engagement.

Table 4.2 Demographic information based on the time spent in Mererani mining sites (n=50)

This section presents for the time being staying or living in Mererani mining site. This was to be measured in a three point scale which included 0-5 years, 6-10 and 11-15 years.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0-5	7	14.0	14.0	14.0
6-10	39	78.0	78.0	92.0
11-15	4	8.0	8.0	100.0
Total	50	100.0	100.0	

Source: Field Data (2015)

From the table above shows that many condom distributors have been living at the mining site between 6-10 years and they were 39(78%), others were 0-5 as 7(14%) and 11-15 as 4(8%).

The finding shows that, many condom distributors have been living in mining site 6-10 years, it might be due to the benefit that they get on the work they do.

4.3 The reflection of information based on the research objectives applied by the researcher

This researcher was guided by the general objective on examining the effectiveness of condoms distribution in HIV/AIDS spread minimization. It was also guided with the research objectives that generated from the general objective as;

- i) To assess the nature of condom distribution in local mining areas.

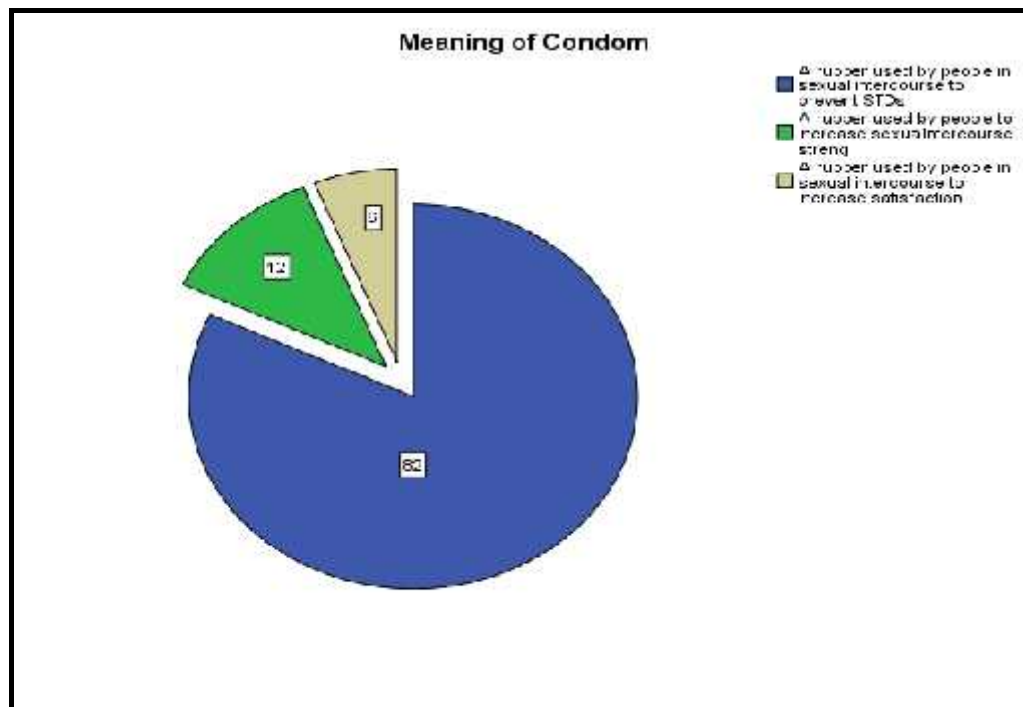
- ii) To assess the effectiveness of condom distribution in minimization of HIV/AIDS spread in the mining sites.
- iii) To assess challenges facing condoms distribution in mining sites.

4.3.1 The nature of condom distribution in local mining areas

In order to get the answers on the effectiveness of condoms distribution in HIV/AIDS spread minimization, questionnaires were distributed and interviews were asked to the respondents whom were condom distributors and users and responses were given depending on the question asked.

When the question was asked by the researcher aiming to know whether respondents knows about the meaning of condom, the outcome were given as shown in the figure below

Figure 4.1: Distribution of respondent’s responses on the meaning of condom



Source: Field Data (2015)

From the figure above shows that, 41 (82%) of the respondents said that condom is a rubber used by people in sexual intercourse to prevent STDs, 6(12%) responded that

condom is the rubber used to increase sexual intercourse and 3(6%) responded that condom is the rubber used by people in sexual intercourse to increase satisfaction.

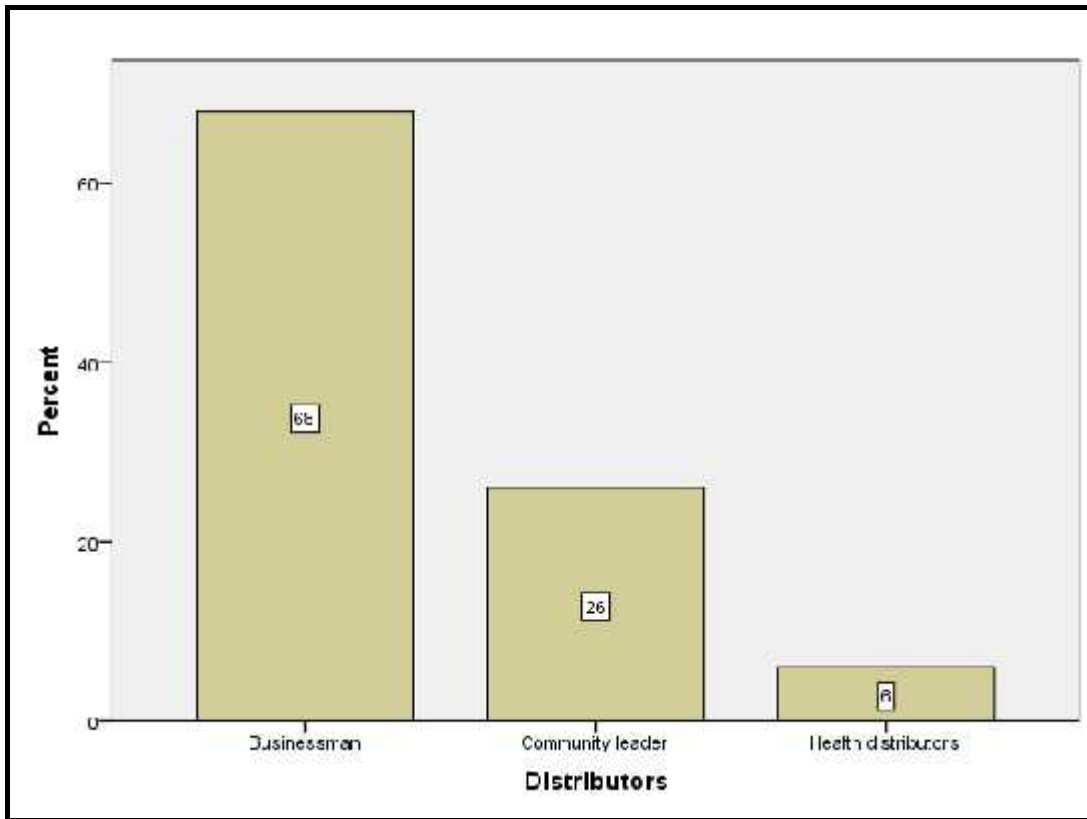
Also when the researcher asked the condom distributors about the meaning of condom various responses were given by respondents and majority said that;

“Condom is a rubber used by people for the aim of preventing HIV/AIDS infection with those who have affected so as to maintain their life”

The finding show that most of the respondents on both condom distributors and users said that, condom is the rubber that helps by people that used it in the sexual intercourse activities for the purpose of preventing HIV infection. That means to use it will make people sustain their life and that is why they are distributing it so as to increase people's lifespan from communicable diseases such as HIV/AIDS.

When the researcher aimed to determine who distributing the condom in mining site, the questionnaires were given to the respondents as well as interviews were done to the users and the responses were given out as shown in the figure below.

Figure 4.2 Respondents Duties at Mererani area



Source: Field Data (2015)

From the figure above the information shows that 34(68%) of the total respondents were businessman that were distributing condom in mining site , 13 (26%) were community leaders as well as 03 (06%) the health leaders.

When the researcher interviewed distributors, majority were business people because they responded that;

“Communities and individuals have the right to legal protection from willful and intentional acts of spreading HIV/AIDS while safeguarding the rights of PLHAs and other affected members by providing condom distribution sense of duty since he or she will be benefiting with the profit while making business support”

From the findings it shows that the nature of condom distribution was done by either individuals or group of people as the company but with the intension of making business

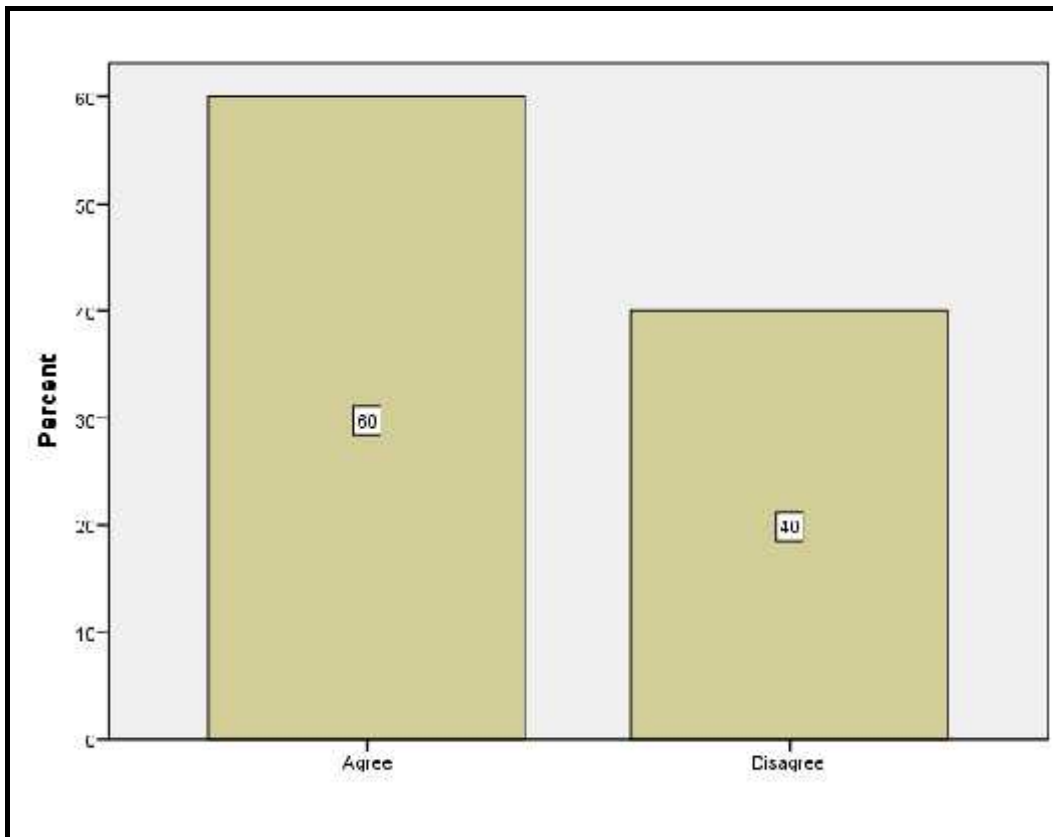
even though others were doing so in order to rescue people that living in mining site in HIV/AIDS infection engaged in condom distribution some companies such as PSI motivates him or her by considering him or her as promoting safer sex practices through faithfulness to partners, abstinence, non-penetrative sex, and condom use according to well informed individual decision.

4.3.2 The effectiveness of condom distribution in minimization of HIV/AIDS spread in the mining sites

Effectiveness of condom distributions essential means of minimization of HIV/AIDS spread. This researcher was guided by them. In mining sites it might be seen in various ways and identify its effectiveness the researcher used questionnaires to the condom distributors and interview guide to the condom users to get their views.

To participate in HIV/AIDS research, nationally and internationally, and to establish a system to disseminate scientific information resulting from this research while upholding ethics that govern interventions in HIV/AIDS various questions were asked by the researcher and the responses were shown below

Figure 4.3 Responses on respondents on the effectiveness of condom distribution in minimizing HIV spreads



Source: Field Data (2015)

From the figure above, it shows that, 30(60%) of the total respondents agreed that there is effectiveness of condom distribution on minimizing HIV spread among mining sites residence while 20(40%) of the respondents disagree with the statement of HIV spread in relation to condom distribution. Most of them agreed with the statement due to either fall on HIV affected people and education that provides by some individual or groups while others disagree due to some factors. The information gathered from the field shows that there are norms, values, and beliefs which do promote and some which prohibit sexual intercourse as well as the use of condoms. Likewise, there are those which bar the use of condoms. Most of the values, beliefs, and norms identified in Mererani site encourage sexual acts at the same time as discouraging the use of condoms.

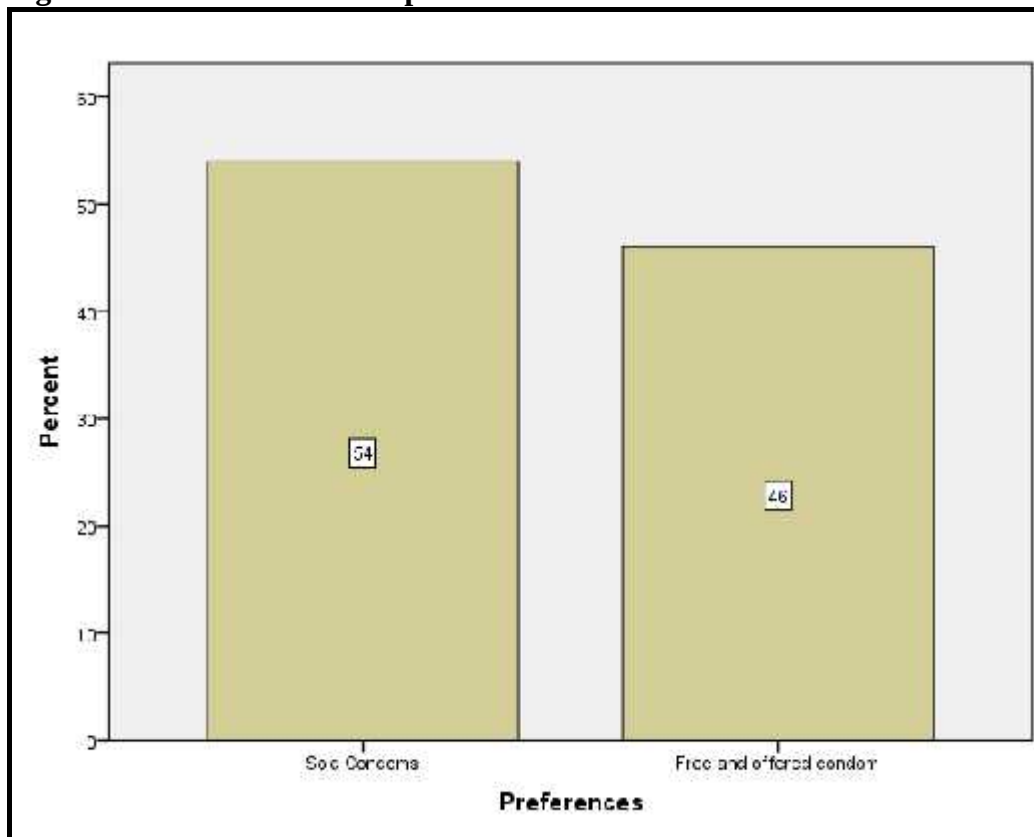
When the researcher interviewed respondents most of them said that;

There is an effectiveness of condom distribution on HIV/AIDS minimization in Mererani mining site because in most creation areas such as guest houses and in most shops there are condom availability which are more useful by people that indicates awareness on the impact of communicable diseases.

It was revealed that the use or non-use of condoms by youth was regulated by several cultural factors. Participants mentioned that some of their cultural beliefs hinder the use of condoms. They mentioned factors like religious teachings (e.g. using a condom is a sin and pregnancy prevention is also a sin.

Also when the researcher intended to identify the effectiveness of condom distribution, the question was asked whether they like condoms that are sold or free offered responses were shown below.

Figure 4.4 Distribution of respondents on which condoms is alike than another



Source: Field Data (2015)

From the figure above, 54% of the respondents like the sold condoms and 46% likes free and offered condoms. Majority may like sold condoms due to some factors, type of condom may be more required than the other which can attract people to buy than that of free and offered.

When used condom people were asked by the researcher about which condom between sold and free and offered one, most of them responded that;

“The sold condoms are better than the free and offered condoms because there are varieties of condoms compared to the free and offered one example MSD condom is more offered condom than lady pepeta, or lifeguard. Also the free condom may not be valid as the expire date”

From the finding it shows that, the sold condoms are more preferable than the free and offered condoms. Probably the sold condoms increase the sexual activities due to their quality as explained by the users.

Therefore from the finding about the objective on whether there is an effectiveness of condoms distribution in minimizing HIV/AIDS spread shows that there is, because the sense of awareness on the use of condom is higher in mining site since people are more preferable to buy condoms that are interested and belief on their manufacturer, also in guest houses as well as working areas or offices condoms are distributes or offered so as to minimize the HIV/AIDS spread for those who cannot afford to buy.

For effective interventions it is necessary to empower the state Governments by decentralizing the entire delivery system to the State and district levels through autonomous State AIDS Control societies. While HIV/AIDS should have strong focus and identity as a line program at the state level, it is necessary to integrate this into the general health care system at the district level and local level. To ensure that the public health system as well as private health care providers are responsive and sensitized to the issue, intensive training programmers must be undertaken not only to create awareness but to also provide clinical care and treatment of HIV/AIDS cases in hospitals and community settings.

4.3.3 Challenges facing condoms distribution in mining sites.

This study sought to assess the challenges facing condoms distribution as to what extent of and factors associated with acceptability of condom promotion and distribution minimizing HIV/AIDS in Mererani mining site in Tanzania. Various questions were used by the researcher to explore information from condom distributors and users about challenges they meet during distributing and using and the outcomes were shown below.

Table 4.3 Responses of the respondents on Advantages of using condoms

	Frequency	Percent	Valid Percent	Cumulative Percent
To increase sexual desire	4	8.0	8.0	8.0
To prevent STDs, unplanned pregnancies	39	78.0	78.0	86.0
To decrease strength	7	14.0	14.0	100.0
Total	50	100.0	100.0	

Source: Field Data (2015)

From the table above it shows the advantages of using condoms in sexual relation in relation to perception of the usage. 4(8%) of the total respondents who answered the questionnaires shows that condoms increases sexual desires, 39(78%) shows that it helps to prevent STDs and unplanned pregnancies while 7(14%) shows that it increases strength.

When the researcher used the interview, some ideas were relating to each other in many users and most of them said that;

“The use of condom in sexual relation has a negative impact especially to men that it reduce the strength during the activities therefore it is not better to use condom always in order to avoid sexual strength decreases”

Others said that

“Due to religious belief it is difficult for them to accept the use of condoms since it is sin to us so we don’t see the important of using it due to religious belief”

Successful condom promotion and distribution efforts require a better understanding of target populations’ mind-set of condoms before any intervention. Because of condoms’

scientifically known ability to protect humans against transmission and acquisition of human immune-deficiency virus (HIV), and other sexually-transmitted infections (STIs). The table shows how people perceive condom use in sexual intercourse

Table 4.4 The availability of condom at Mererani area

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid They are available	5	10.0	10.0	10.0
Not available	13	26.0	26.0	36.0
Available but not useful	32	64.0	64.0	100.0
Total	50	100.0	100.0	

Source: Field Data (2015)

The table above shows that majority 32(64%) responded that condoms are available but people do not want to use it while 13(26%) shows that there is no access or availability of condoms in mining site. While 5(10%) responded that there is maximum availability of condoms.

The interviewed respondents had their own views and they said that;

“Many people are not interested to use condoms due to lack of education on how to use condom. Despite condom promotion and distribution a program being several worldwide, extant evidence shows a weak evidence of increased condom use due to condom promotion and distribution. This raises concerns regarding acceptability and uptake of condoms. To what extent do HIV/AIDS prevention programs fit into community-specific social structures in order to influence options and preferences regarding condoms? This means we do not have enough education about how condom prevent HIV/AIDS and no need of using it”

Other people who use condoms responded that;

“... AIDS is mostly found in the bar, because when one gets drunk they usually have the perception ... you can get a lady and sleep with her.)... This time these girls look fat and when you look at them you wouldn't even suspect (HIV)...”

“Also men condom are more distributed than female condoms without considering that women are more vulnerable than men as the weaknesses”

From the finding it shows that there are many challenges facing condom distribution in mining site. Most of people do not use condoms with their ideas others are due to their lack of education on how to use condoms or how HIV/AIDS is transmitted. Also the finding reveals that lack of awareness among people causes the increase of sexual transmitted disease in the mining site.

4.4 Conclusion

There are key conclusions that can be made in this study regarding the effectiveness of condom distribution in mining site in Mererani area. They are based on the research questions and the theories that were adopted to guide this study.

The findings of the study reveal that their lack of condom distribution and usage will increase of HIV/AIDS spread. It is established that failure to establish good rapport by distributors and users of condoms with the community such as providing feedback on education and effect of HIV among people in mining site will not be effectively applied. The behavior change communication is the key important in effectiveness of condom distributors and users. People in mining sites should be flexible based on the time demand. When distributors distribute men condoms than women at a maximum should change so as to come up with market change as a social demand. There is mobility nature of people that should be considered by distributors as the theory explains.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATION

5.1 Introduction

This chapter gives the summary of the study, highlighting the findings, conclusions and recommendations. Suggestions for further research are also suggested.

5.2 Summary of the Study

The objective of the study was to examine the effectiveness of condoms distribution in HIV/AIDS spread minimization.

5.2.1 The general characteristics of Respondents

Through the study findings, it was noted that 38 out of 50 respondents were male while 12 were female that indicates that condom distributors were female than male due to the nature of the work

5.2.2 Conflict areas based on the effectiveness of condom distribution in mining site

The HIV/AIDS pandemic remains a leading challenge for global health. Although condoms are acknowledged for their key role on preventing HIV transmission, low and inappropriate use of condoms persists in Tanzania and elsewhere in Africa.

Amongst the available ways of HIV prevention worldwide, the World Health Organization (WHO) acknowledges condoms is among of the key component of comprehensive HIV prevention Likewise, the government of Tanzania recognizes the role of condom use in preventing the spread of the HIV/AIDS and has thus been made an integral part of the warfare against the pandemic

Most people in mining areas are not using condoms due to lack of awareness that is supposed to be provided to them, the result is HIV/AIDS increase of spreading among them because they are not using condoms in sexual relation. Also the religious belief may cause not to use condoms without bearing in mind that people that they met have various sexual transmitted diseases which could be avoided by using condoms.

Another conflict is the nature of condom distributed that based on men mostly than women without considering the more vulnerable are women. The behavioral change

theory should be taken into consideration by looking what customers need as well as the situation.

5.2.3 The effects of Lack of effectiveness of condom distribution in mining site

From the findings, some effects caused by the lack of effectiveness may be the spread of HIV/AIDS among people that lives in the area concerned,

AIDS has the potential to create severe economic impacts in mining site as well as many African countries. It is different from most other diseases because it strikes people in the most productive age groups and is essentially 100 percent fatal. The effects will vary according to the severity of the AIDS epidemic and the structure of the national economies. The two major economic effects are a reduction in the labor supply and increased costs:

Labor Supply

- The loss of young adults in their most productive years will affect overall

Economic output

- If AIDS is more prevalent among the economic elite, then the impact may be much larger than the absolute number of AIDS deaths indicates

Costs

- The direct costs of AIDS include expenditures for medical care, drugs, and funeral expenses
- Indirect costs include lost time due to illness, recruitment and training costs to replace workers, and care of orphans
- If costs are financed out of savings, then the reduction in investment could lead to a significant reduction in economic growth

5.2.4 Recommendations

Having conducted a study and critically analyzed several areas and factors that have impact on the effectiveness of condom distribution in mining sites, the researcher recommends the following:

- i. The government and stakeholders (private businesses and Non Governmental Organizations) should have a joint strategic plan for condom distribution into the mining sites which clearly states the role and responsibilities of each

partners. This will harmonize the distribution channels and probably motivate them to sustainably and effectively distribute condoms to communities in the mining areas.

- ii. The government in collaboration with stakeholders on HIV/AIDS needs to invest more on enhancing HIV/AIDS awareness amongst the mining communities. The HIV/AIDS education and awareness campaigns should consider the mobility nature of the mining communities so as not to deploy resources without getting the intended outcomes.
- iii. In order to obtain the multisectoral support from community groups such as religious groups, traditional groups, and other health institutions, the government who is the key and a leader player has to coordinate and collaborate with the aforementioned partners in order to avoid the contradicting and conflicting education approaches on HIV/AIDS. By so doing each community member will be in a position of receiving constructive messages in the fight against HIV/AIDS.
- iv. Much as the higher percentage of the mining community have confidence on the sold condoms than those which are freely distributed, it would make a wise and a rational decision if most of the condom distributions to the mining areas would be made by commercial and social marketing channels to effectively exploit the condoms distribution opportunity.
- v. Stakeholders in condom distribution especially NGOs such as PSI Tanzania, T Marc and DKT need to have special interventions and plans to improve condoms availability during the late night hours in the mining sites. The approach could include stocking condoms in Bars, Guest Houses, and Night clubs which have proven to be the best late hours operating outlets, and also meeting points among the sexual partners.
- vi. The Government should also improve access and availability of HIV/AIDS products and services such as VCT centers, Home Based Cares (HBCs) and health providers in order to control and monitor the spread HIV/AIDS and also reduce number of deaths caused by HIV/AIDS amongst the mining communities.

5.2.5 Need for Further Research

The current study makes contribution to the study of the condom distribution in mining site in Mererani. Also, this study offers the expectations relating to the effective use of condoms to eradicate HIV infection among people.

Through the study it shows that most people do not play their part as their roles in influencing HIV/AIDS spread minimization. The research shows that good leadership is that which use effective communication related to the resources available in order to attain the organizational goal.

In particular, future researchers should empirically investigate on the distribution of condoms in other districts so that the findings of the current study would be more valued and generalization to the most professional educators. This is due to the political, economic, social and cultural variations among the school heads and the community themselves country wise.

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APPENDIXES

A. Schedule of Activities

The study will take 20 weeks comprising of activities as shown in the chart below which is the semi-structured decision model showing the different task to be performed in carrying the complete research work and the time frame for their accomplishments

DURATION IN WEEKS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1.PREPARATION OF PROPOSAL																				
2.SURVEY AND FAMILIARIZATION OF THE AREA																				
3.DATA COLLECTION																				
4.DATA ANALYSIS																				
5.REPORT WRITING																				
6.ADJUSTMENT OF FINAL REPORT AND SUBMISSION																				

Sales figures for the three existing products for calendar years 2011, 2012 and 2013 are as follows:

	2011	2012	2013
Salama TM (male condom)	50.8 million	54.5 Million (7.3% increase)	60.3 Million (10.6% Increase)
Dume TM (male condom)	20.2 million	24.3 million (20% increase)	31.8 million (31% increase)
<i>Lady Pepeta</i> TM (female condom)	92,100	90,510 (-2% increase)	174,330 (93% increase)

Source: (TSMP – 2013/2014)

B. Budget

The overall budget to be used for this research is expected to be as shown below This research is subject to be financed by my myself

The following expenses will be needed in the research

NO.	PARTICULARS	AMOUNT
1.	Stationary (Rims of plain white papers, flash disks, pens etc.)	Tshs. 100,000/=
2.	Secretarial services	Tshs.120, 000/=
3.	Upkeep costs: Meals and accommodation	Tshs. 1,000,000/=
4.	Traveling expenses: To and from the study area to the working area	Tshs. 500,000/=
5.	Data collection expenses	Tshs. 800,000/=
6.	Provisions	Tshs. 100,000/=
	GRAND TOTAL	Tshs. 2,620,000/=

C. QUESTIONNAIRE

Dear Sir / Madam,

I am a post graduate student at Mzumbe University Of Tanzania. Currently I am carrying out a study on the Effectiveness of Distribution of Condoms and Spread of HIV/AIDS. Your assistance in answering all questions in the questionnaire will generate important information for the study. Your responses will be treated as CONFIDENTIAL. However, your freedom of consent to participate in the study will be highly respected.

I hope you find completing this questionnaire enjoyable and I thank you for taking time to complete it. In case you have any questions or would like further information about this study do not hesitate to contact me at the address below.

Thank you in advance

Yours faithfully,

Answer by putting a tick on the correct answer or filling on the blank areas

A: GENERAL INFORMATION

1) Please respond to the following set of questions by ticking (✓) in the appropriate box

(a) Sex Male ☐ Female ☐

(b) Please indicate the duration in years you have been living at Mererani.

- i) 0-5 years ☐
- ii) 6-10 years ☐
- iii) 11-15 years ☐
- iv) More than 15 years ☐

2) Are you a business man/health/community leader who is involved in any way in condom distribution in your area? Please tick (✓) appropriately

Yes ☐ No ☐

3) If the response in (2) above is Yes, please point out how are you involved in the distribution

- a)
- b)
- c)
- d)

4) What is a condom?

- i) Is a rubber applied by a man or woman during sexual intercourse for prevention of STDS and unexpected pregn ☐
- ii) Is a rubber applied by a man or woman to increase sexual intercourse ☐
strength

iii) Is a rubber applied by a man or woman to increase sexual intercourse ☐ satisfaction

5) Do you agree that condom distribution and promotion in your area helps in the fight against HIV/AIDS? Please tick (✓) appropriately

i) Strongly agree ☐

ii) Agree ☐

iii) Disagree ☐

iv) Strong disagree ☐

6) Do you think that HIV/AIDS is a killer disease?
☐ Yes ☐ No

7) Are you aware that HIV/AIDS has no treatment?

☐ Yes

☐ No

8) Does condom decrease sexual desire?

☐ Yes

☐ No

9. What are the advantages of using condoms?

☐ To increase sexual desire

☐ To prevent STDs, unplanned pregnancies

☐ To increase strength

10. Where did you get your condom during the previous sex act?

☐ Shop

☐ Pharmacy

☐ Bar/Guest House

☐ Health facility

☐ Government office

☐ Work Place

11. What brand of condom do you mostly use

- ☐ Salama
- ☐ Dume
- ☐ Lady Pepeta
- ☐ Roughrider
- ☐ MSD
- ☐ Lifeguard

12. Do you prefer sold condoms or public free offered condoms?

- ☐ Sold condom ☐ Free offered condoms

13. Are the condoms available when required?

- ☐ Available
- ☐ Less available
- ☐ More available

14. How are the prices of condoms?

- ☐ Unfair
- ☐ Fair
- ☐ Very fair

15. Do the government leaders educate the community on the awareness of HIV/AIDS?

- ☐ Yes
- ☐ No

16. Do you feel that the community has enough access condoms?

- ☐ Yes
- ☐ No

B: CHALLENGES OF CONDOM DISTRIBUTION IN LOCAL MINING AREAS

1) Do you think there are any challenges of condom distribution at Mererani?

Please tick (✓) appropriately

Yes

☐

No

☐

2) Please give at least three challenges for your response in question (6) above.

a)

b)

c)

3) How is the current status of condoms supply of in your area? Please tick (✓) appropriately.

Excellent

☐

Very good

☐

Good

☐

Satisfactory

☐

Unsatisfactory

☐

1) Give at least three reasons for your response in question 3 above.

i)

ii)

iii)

2) In your opinion, are the channels of condoms distribution at Mererani effective? Please tick (✓) appropriately.

Yes

☐

No

☐

3. If yes in question 2 above please mention them

(i)

(ii)

(iii).....

Thank you for taking your Time Filling this Questionnaire

INTERVIEW FOR CONDOM USERS

1. How long have you been living at Mererani Mining area?
2. Which activities do you engaging to make your life sustain
3. Do you know the meaning of condoms
4. Do you use condoms in sexual relation?
5. Where do you get it when you want to use?
6. Why do you use it in sexual action?
7. Do you think that condoms distribution in mining site is used during sexual action?