

# Informal sector shops and AIDS prevention

## An exploratory social marketing investigation

A. S. MARKS, G. M. DOWNES

### Summary

Shopkeepers at 88 informal sector shops in the black township of Khayelitsha were interviewed to explore whether such shops should be considered as venues for the dissemination of AIDS prevention information and condoms through social marketing programmes. The existence of a variety of media and interpersonal information sources on the premises, the presence of opinion leadership and the willingness of several owners to distribute posters and pamphlets and sell condoms suggests that such shops should be further investigated as avenues for AIDS prevention efforts. A relationship was found between the degree to which a shop exhibited aspects of social influence and the degree to which it was established in terms of infrastructure, income and experience of personnel. It was concluded that shopkeepers might be an important group to target early in a programme, because they might then influence others' reaction to it. Finally, it would be important for shop personnel and other township residents to be part of the design, planning and implementation of AIDS prevention programmes.

*S Afr Med J* 1991; 79: 496-499.

The rapid urbanisation in South Africa is expected to continue, with the proportion of blacks living in urban areas projected to double from 40% in 1985 to 80% in 2000.<sup>1</sup> An increase can be expected in the incidence of sexually transmitted diseases among newly urbanised blacks because, globally, the incidence of such diseases tends to be associated with the social instability that rapid urbanisation in developing countries creates in the lives of its participants.<sup>2</sup> Particular concern has been expressed about the rapidly rising prevalence of sexually transmitted human immunodeficiency virus infections among black South Africans<sup>3,4</sup> and about the possibility that the acquired immunodeficiency syndrome (AIDS) could become the leading cause of death in South Africa in the next decade<sup>5</sup> with infection levels among urban blacks as high as 30%.<sup>6</sup> This concern has led to a call for effective AIDS education and intervention efforts to slow the spread of the infection among black urban populations.<sup>6,7</sup>

Programmes are needed that not only inform people about their personal vulnerability to AIDS but also persuade them to adopt and maintain sexual behaviour that minimises their risk of becoming infected. Health education has typically focused on informing people about AIDS prevention. Social marketing has been advocated as an intervention approach that could supplement health education programmes.<sup>8</sup> Social marketing goals go beyond information transfer and focus on behaviour change.<sup>9</sup> Social marketing involves the design, implementation and control of programmes intended to increase the acceptability of a social idea or practice in a target group.<sup>10</sup> Special attention is given to researching a target market's

beliefs, attitudes and practices concerning the behaviour of interest. Effort is also given to selecting the most effective delivery points through which this group can be reached with media and interpersonal communications.<sup>11</sup>

One important principle of social marketing is to deliver the programme to where the target market actually is. This suggests that one as-yet-untapped venue for reaching township residents with AIDS prevention communications is the place where many go to buy their daily food and supplies — the informal sector shop. The emergence of such shops as a result of the rapid urbanisation of black South Africans has received much popular attention in recent years. These shops are often referred to as *spazas* or *sphazas*, particularly in the Transvaal — for an example of discussion of them in the lay press, see Raphaely.<sup>12</sup> Unfortunately, little systematic and publicly accessible research has documented this part of the informal economy that has emerged in urban townships. Proprietary research has been done by market research firms but most of the findings remain confidential. The total number of such shops remains controversial and estimates range from 1 500 to 20 000 nationwide.

An exploratory study was undertaken to investigate the basic demographics of a sample of informal sector shops and their personnel, the types of information exchanged in them by media and interpersonal communications, and whether shopkeepers exhibit characteristics of opinion leadership and report influencing their customers about health care products. The shopkeepers' awareness of AIDS and willingness to assist in conveying AIDS prevention information and selling condoms to their community was also investigated. The goal of the study was to determine whether informal sector shops might be appropriate venues for AIDS prevention efforts and to suggest issues to consider in the future design of social marketing programmes for promoting AIDS prevention to township residents.

### Subjects and methods

A survey of informal sector shops in the black township of Khayelitsha was carried out over a 2-week period in July and August 1990. A main road was selected in each of Site B and C of the township, and all shops along each road were surveyed. These locations were chosen because of their relative ease of access and high concentration of shops on each road. Shops up to three buildings back from the road were surveyed in each site.

Questionnaires were used to allow systematic capture of a broad range of responses and facts, although this might be at the expense of more detailed information. Therefore in-depth personal interviews were conducted using a structured pre-tested questionnaire. The questionnaire included both closed-ended questions to ensure uniformity across respondents, and open-ended questions to allow for exploratory probing of certain issues. All questions were translated into Xhosa and the questions were listed in both English and Xhosa.

The questionnaires were administered by two Xhosa nurses who live in Khayelitsha, selected because of their experience in conducting surveys for other community health research projects. Before the actual survey the interviewers were trained in the specific methods of interviewing required. Report-back

Graduate School of Business, University of Cape Town

A. S. MARKS, B.A., PH.D.

G. M. DOWNES, B.SC. (CHEM. ENG.), M.B.A.



sessions were then held at several stages of the survey process to ensure consistency of interviewing practice and data recording.

The interviewers were instructed to survey only shops that sold packaged foodstuffs. Thus shops that specialised only in such things as hardware or fruit were excluded, but shops which sold both packaged food and other things were included. Packaged food was specified in order to exclude the roadside stands selling only perishable items, such as vegetables or grilled chicken.

The interviewers were instructed to interview the shopowners or, if they were not available after one callback, senior staff members.

## Results

### Shops

A total of 88 shops were surveyed, with 52 from Site C (59,1%) and 36 from Site B (40,9%). The interviewees at 85,7% of the shops were the owners, with the rest being managers or senior assistants. Just over half of the interviewees (52,3%) were women. The median of the educational level of the interviewees was Standard 6, and the median of the years they had lived in the area was 4, with the median of years worked at the shop being 3. The number of employees at each shop, excluding the owners, varied between 0 and 7 with a median of 1, and 75% of these employees were related to the owner.

The shops had not been established for long, ranging from a few months to 6 years, with the median being 3 years. Estimated weekly income ranged from R50 to R5 000, with a median of R700 per week. All the shopowners lived on the shop premises.

A variety of products other than food were sold in the shops. Almost all (97,7%) sold personal hygiene products, 84,1% sold medical products, such as pills and cough mixtures, 61,4% sold hardware, 23,0% beer and 29,5% other items.

Almost all the shops surveyed had no electricity (97,7%) or telephone (98,9%), although 19,5% had generators. However, 72,7% had at least 1 gas-operated freezer or refrigerator and 74,7% had at least 1 motor vehicle (truck, car or mini-bus). Less than half the shops (39,8%) reported keeping accounts.

### Shops as information centres

None of the shops sold newspapers or magazines, but many had other sources through which information was conveyed or exchanged (Table I).

TABLE I. CENTRE OF INFLUENCE INDICATORS

Information exchange sources in shops	% shops	No.
TV	18,2	16
Radio	83,0	73
Posters	71,3	62
Pamphlets	15,1	13
Demonstrations	17,0	15
Umgalelo meetings	29,5	26

Those respondents with radios, television sets or posters in their shops were asked why they were there. The answers suggested that radios were for background music, whereas the television sets were consciously used to attract people to the shops. Posters were described by the majority (80,7%) as being

to inform customers about products, although a few (7,0%) said they were used to motivate sales, and some (12,3%) described them as being merely decorative. All but 1 of the respondents wanted more posters to put up.

Seventeen per cent of respondents said that demonstrations of products or classes were run in their shops. Respondents were also asked about competitions, and while only a few (4,5%) had ever run such things, 87,7% felt that competitions were a good idea.

Thirty-one per cent of respondents reported that their customers held *umgalelo* meetings at their shops. *Umgalelos* are savings clubs in which members pool their money to help each other finance large expenditures. In addition, the majority of the respondents (64,4%) said that their customers used their shops for meeting other people.

### Opinion leadership characteristics

Opinion leadership has been found to be specific to a subject area, and not necessarily related to overall social leadership.<sup>13</sup> Self-reports of being approached for advice in a subject area will identify groups of people who exhibit characteristics of opinion leadership.<sup>14</sup> Therefore the interviewees were asked whether their customers came to them for advice on health products. Over three-quarters (77,1%) reported that they were approached for such information.

Opinion leaders have been found to use the mass media, particularly the print media, more than non-leaders<sup>14,15</sup> and to then carry the messages in the media to others.<sup>16</sup> In this study, 47,7% of respondents reported having a television set at home, while about 75% said they had a radio and/or read newspapers or magazines.

Opinion leadership is also evidenced by the level of social and business networking that an individual establishes.<sup>17</sup> Over one-quarter (27,3%) of the owners were reported to own other businesses, 12,6% had helped other people start their own shops, and 35,3% were members of business associations.

### Knowledge about and attitudes towards AIDS

Opinion leadership has been shown to be positively related to knowledge about the subject.<sup>14</sup> The respondents were therefore probed on their knowledge about AIDS. All the respondents said that they had 'heard about AIDS'. This is interesting in light of a recent survey of Khayelitsha residents that found that 39% of the respondents had not heard of AIDS.<sup>18</sup> It raises the possibility that shop personnel are more informed about AIDS than the general population of Khayelitsha, although further research would have to verify this.

When asked to define AIDS, 70,1% were able to give an answer to this open-ended query without being assisted. The results must be qualified in that, although the interviewees were specifically instructed not to lead the respondents in their answers, a degree of intervention may have occurred. The interviewees may have switched from an interviewing mode to an educational mode (familiar to them as nursing sisters), particularly during this question. The fact that many of the definitions of AIDS recorded were identically phrased suggests that the interviewees may have influenced the answers or tended to translate different Xhosa responses into repetitively similar English phrases. Table II shows the percentage of respondents who mentioned accurate concepts in their definitions.

The shop personnel interviewed were asked what they thought their shop could do to help to inform the people in their area about AIDS. Table III shows the frequency distribution of the ideas that were generated by this open-ended question. The interviewees were not in general against assisting



**TABLE II. RESPONDENTS' DEFINITIONS OF AIDS**

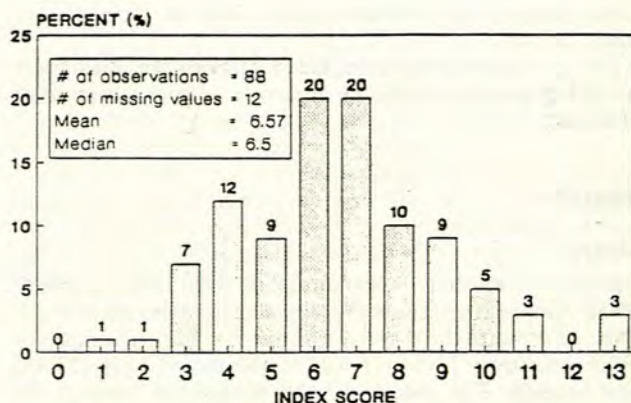
What is AIDS?	% who mentioned concept	No.
<b>Disease</b>	<b>94,1</b>	<b>80</b>
<b>Fatal</b>	<b>69,4</b>	<b>59</b>
<b>Sexually transmitted</b>	<b>54,1</b>	<b>46</b>
<b>Incurable</b>	<b>8,2</b>	<b>7</b>
<b>Long latency</b>	<b>1,2</b>	<b>1</b>

**TABLE III. IDEAS OF HOW SHOPS CAN HELP INFORM ABOUT AIDS**

Suggestions	% respondents	No.
<b>Distribute pamphlets</b>	<b>23,3</b>	<b>20</b>
<b>Display posters</b>	<b>19,8</b>	<b>17</b>
<b>Offer personal advice</b>	<b>5,8</b>	<b>5</b>
<b>Shop as meeting place</b>	<b>1,2</b>	<b>1</b>
<b>Don't know or will do anything to help</b>	<b>48,8</b>	<b>42</b>

**Centre of influence index**

A composite index of the existence of information exchange sources and opinion leadership characteristics was created by summing items discussed earlier. The distribution of this 'centre of influence' index is shown in Fig. 1.



**Fig. 1. Centre of influence index distribution.**

in AIDS awareness activities, and several indicated they would like actively to educate others about the threat of AIDS and its prevention but did not know exactly what to do. One person suggested his shop could be used as a meeting place for AIDS education efforts.

All the respondents agreed to distribute booklets and display posters on AIDS in their stores. The majority (89,2%) said they were willing to sell condoms, although about half qualified their responses by stating they were unsure whether their customers would actually buy the product. Most added, however, that they would continue selling condoms if their customers reacted favourably by purchasing them. Two shopkeepers, who were also traditional healers, were happy to sell condoms as part of their general provision of health care to the community. Many respondents said they would want any sale of condoms to be done in a private way to protect buyers from embarrassment.

The index was split at the median and the resulting two groups with lower and higher scores compared in terms of demographic characteristics of the respondents and shops. The two-sample *t*-test and the Mann-Whitney *U*-test were used for comparisons on continuously measured factors. Both tests showed the groups to differ significantly from each other on the same factors (the Mann-Whitney results are shown in Table IV).

The mean of the estimated weekly sales of the shops with the higher scores on the index was almost twice as high as that of the lower scoring shops. The higher scoring shops also tended to be longer established and have more employees, vehicles and equipment (freezers, refrigerators and generators) than did the lower scorers. Their respondents also tended to have worked in them for longer. It is interesting that the education comparison approached significance, implying that the shops with higher influence index scores had owners or

**TABLE IV. MANN-WHITNEY U-TEST OF LOW AND HIGH GROUPS ON THE CENTRE OF INFLUENCE INDEX**

Factor	Index means		z-value	P-value
	Low	High		
<b>Weekly sales</b>	<b>696</b>	<b>1 369</b>	<b>-2,3171</b>	<b>0,0205*</b>
	<b>(N = 36)</b>	<b>(N = 37)</b>		
<b>Shop established (yrs)</b>	<b>2,18</b>	<b>3,55</b>	<b>-3,5062</b>	<b>0,0005**</b>
	<b>(N = 38)</b>	<b>(N = 38)</b>		
<b>Yrs worked in shop by respondent</b>	<b>2,18</b>	<b>3,74</b>	<b>-3,9685</b>	<b>0,0001**</b>
	<b>(N = 38)</b>	<b>(N = 38)</b>		
<b>No. of employees</b>	<b>0,91</b>	<b>1,67</b>	<b>-2,2312</b>	<b>0,0257*</b>
	<b>(N = 35)</b>	<b>(N = 36)</b>		
<b>No. of vehicles</b>	<b>0,89</b>	<b>1,68</b>	<b>-3,4547</b>	<b>0,0006**</b>
	<b>(N = 37)</b>	<b>(N = 38)</b>		
<b>Amount of equipment</b>	<b>0,95</b>	<b>2,03</b>	<b>-4,0896</b>	<b>0,0000**</b>
	<b>(N = 38)</b>	<b>(N = 38)</b>		
<b>Education of the respondent</b>	<b>5,30</b>	<b>6,61</b>	<b>-1,7868</b>	<b>0,0740</b>
	<b>(N = 38)</b>	<b>(N = 38)</b>		

\* *P* < 0,05.  
\*\* *P* < 0,001.



workers who were more educated than the others. Chi-square analyses were done on discretely measured factors and revealed that the high scorers were much more prone to keep accounts ( $P < 0,0043$ ). In summary, the shops scoring higher on the centre of influence index tended to be more established than the others in terms of their infrastructure, income and experience of key workers.

## Discussion

The results of this exploratory investigation have implications for the design of social marketing AIDS prevention programmes intended to reach township residents.

Many informal sector shops are centres through which information is exchanged and disseminated into the community through people meeting and talking with each other on the premises as well as being exposed to media and advertising messages there. This raises the possibility that shops might be targeted as a venue through which AIDS prevention communications could be directly disseminated to township residents.

Whether or not this is feasible depends on the willingness and interest of the personnel in having their shops participate in such health education. Responses by those interviewed suggested that many owners and senior workers might be willing to assist in efforts to inform their communities about AIDS and its prevention. The fact that shop personnel wanted more posters to put up and that some spontaneously suggested shops helping with AIDS prevention by displaying posters and pamphlets suggests such printed media might be accepted for distribution. That a majority of the shops had radios and that a subset even had television sets suggests that a broadcast media component to any AIDS prevention campaign should consider shop patrons and workers as a portion of its potential audience. In addition, the fact that about one-sixth of the shops had hosted demonstrations and that the majority of respondents felt competitions were a good idea suggests that personal presentations by health care workers and even competition-based programmes might be allowed on shop premises.

Some of the shop personnel contacted reported having characteristics consistent with opinion leadership. This raises the possibility that shopworkers could provide a means by which AIDS information could be indirectly disseminated. Shop personnel could be targeted as an important segment to reach through media and personal communications in the early stages of a social marketing programme, so that they could then serve as informed middlemen conveying information about AIDS and its prevention to others through word of mouth. This early targeting is important because, although the interviewees displayed some knowledge of AIDS, it was superficial. The fact that over half the respondents reported that customers came to them for advice about health products suggests it would be essential to ensure shop personnel have accurate understanding about AIDS and its prevention to pass on to any seeking their advice about it or the validity of a social marketing programme.

The fact that the majority of the shops surveyed sold personal hygiene and medical products and that customers were reported to come to shopworkers for advice on health products suggests the possibility that informal sector shops are an as-yet-untapped channel for the distribution for condoms. Most of the respondents indicated a willingness to sell condoms in their shops, but the qualifying comments about this idea suggest any campaign to promote this would have to be handled with care and sensitivity to concerns about privacy. That some of the owners of the shops surveyed were part of business networks suggests that existing relationships among shops might increase the speed with which condoms are

included in inventories if influential shopkeepers were early adopters of this idea. Lessons learned from successful campaigns in countries such as Zaire<sup>19</sup> suggest that financial and other incentives for the shop owners need to be built into a distribution programme and that a 'pull' from the market must be created first through promotional campaigns that inspire people to go to the stores and request condoms. Other marketing strategies, such as use of a sales force functioning like medical representatives, could be utilised to help shopkeepers learn the merchandising and promotional skills necessary for the shops to address privacy concerns about selling condoms and be successful sales outlets for those products as well as AIDS prevention information.

In summary, social marketing must be grounded in an understanding of the attitudes and needs of the people being served.<sup>10</sup> This could best be achieved if shop personnel and other members of the community were themselves brought into the design, planning and implementation of AIDS prevention programmes. Their participation in the creation of community interventions could increase the chance of such programmes being appropriate both to township residents<sup>20</sup> and to the enlightened self-interest of the entrepreneur, which has motivated the emergence of informal sector shops in urban South Africa.

The authors gratefully acknowledge the funding of this research by the Centre for Epidemiological Research in Southern Africa of the South African Medical Research Council. They also thank nurses Hilda Ntanyana and Priscella Baleni whose care and initiative sustained the data collection. Special thanks to Dr Derek Yach for inspiring this research, offering critical insights and assistance and reviewing the article; Drs Malcolm Steinberg and Derek Bromfield, Professors Leyland Pitt and Linda Human, Vivian Downes, Geoffrey Marks, Louise Kuhn, and Donald Skinner for critiques of the design; Mike Page for constructive insights on the design and analysis; and Diane Cooper for fieldwork advice.

## REFERENCES

1. Van der Merwe IJ. A geographic profile of the South African population as a basis for epidemiological cancer research. *S Afr Med J* 1988; **74**: 513-518.
2. Rossi-Espagnet A. Primary health care in urban areas: reaching the urban poor in developing countries (A state-of-the-art report by UNICEF and WHO) (SHS/84.4). Geneva: WHO, 1984.
3. Padayachee GN, Schall R. Short-term predictions of the prevalence of HIV infection among the black population in South Africa. *S Afr Med J* 1990; **77**: 329-333.
4. Sher R. HIV infection in South Africa, 1982 - 1988 — a review. *S Afr Med J* 1989; **76**: 314-318.
5. Whiteside A. AIDS in southern Africa. *Indicator SA* 1988; **5**: 25-29.
6. Schall R. On the maximum size of the AIDS epidemic among the heterosexual black population in South Africa. *S Afr Med J* 1990; **78**: 507-510.
7. Mathew C, Kuhn L, Metcalf CA, Joubert G, Cameron NA. Knowledge, attitudes and beliefs about AIDS in township school students in Cape Town. *S Afr Med J* 1990; **78**: 511-516.
8. Yach D, Pick W, Padayachee N. Critical issues for community health in South Africa in the 1990's. *CHASA: J Comprehensive Health* 1990; **1**: 38-49.
9. Frederiksen LW, Solomon LJ, Brehony KA. *Marketing Health Behavior*. New York: Plenum Press, 1984.
10. Kotler P, Andreasen. *Strategic Marketing for Nonprofit Organizations*. 3rd ed. Englewood Cliffs, NJ: Prentice-Hall, 1987.
11. Fine S. *Social Marketing*. Boston: Allyn and Bacon, 1990.
12. Raphaely C. Spaza phenomenon. *Finance Week* 1990; Feb. 16-22, 21-22.
13. Myers H, Robertson TS. Dimensions of opinion leadership. *J Marketing Research* 1972; **9**: 41-46.
14. Corey LG. People who claim to be opinion leaders: identifying their characteristics by self-report. *J Marketing* 1971; **35**: 48-53.
15. Armstrong GM, Feldman LP. Exposure and sources of opinion leaders. *J Advertising Research* 1976; **16**: 21-27.
16. Kotler P. *Marketing Management: Analysis, Planning, Implementation and Control*. 6th ed. Englewood Cliffs, NJ: Prentice-Hall, 1988: 603.
17. Robertson TS. *Consumer Behavior*. Glenview, Ill.: Scott Foresman, 1970.
18. Seekings J, Graaf JF de V, Joubert PG. Survey of residential and migration history of residents of the shack area of Khayelitsha. Occasional Paper, Research Unit for Sociological Development, Department of Sociology, University of Stellenbosch, April 1990; No. 15: 1-73.
19. Wa Nkera R, Grundfest-Schoepf B. Social marketing of condoms in Zaire. *AIDS Health Promotion Exchange* 1989; No. 3: 2-4.
20. AIDS education — a beginning. *Popul Rep [L]* 1989; **17**: 1-31.