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The “taboo” question: condom retailing in Vietnam and social marketing implications

Purpose

This paper aims to illustrate the need for both upstream and downstream social marketing in relation to condom merchandising in the Vietnamese context.

Design/methodology/approach

A mystery shopper audit of condom merchandising practices and retail outlets was undertaken in a number of locations throughout Ho Chi Minh City, Vietnam. In addition to the audits, a series of depth interviews with retailers of condoms on barriers and facilitators for purchase was undertaken.

Findings

The research highlighted some very interesting dynamics in relation to condom retailing in Vietnam. The accessibility and availability of condoms for purchase is problematic. Condoms are difficult to obtain in the retail environment and retailers see no reason to change their behaviours as they see their role as protecting their customers from embarrassment, thereby limiting access. As sex is still a taboo topic in Vietnam, this is a serious concern for social marketing in the sexual and reproductive health domain.

Practical and social implications

Given the capacity to portray taboo topics in Vietnamese media context, social marketing will be challenging. The development of a social marketing strategy for macro, meso and micro levels will be necessary for successful social marketing. Stigma associated with safe-sex practices and condom use may require a consideration of a social norms social marketing campaign.

Originality/value

This research is the first of its kind in the Vietnamese context. While there are a large number of NGOs campaigning in the region, safe-sex practices and condom use within the general population remains a concern. This research demonstrates that access and availability are key components of the social marketing mix.

Background – (un) safe sex in Vietnam

Rapid political, social and economic change in Vietnam has coincided with an evolution in attitudes towards sex and contraception (Clements, 2006). While there has been a rise in modernity as a result of these broader social changes, young people in Vietnam face a social balancing act; whereby they must find a line between the modern and the traditional when it comes to social mores and family values. Vietnam is a society in transition and so are some of the practices that surround traditionally taboo topics such as sexual behaviour. Vietnamese people are respectful of the past, respectful of their elders and place importance on concepts of face (M. D. Nguyen, 1985; Taylor, 2013).

Furthermore, sex outside of marriage is not openly countenanced, although it is evident from the rise in the number of STDs (Ha and Fisher, 2011; MacKellar, and Dao, 2008), that it takes place and has consequences. Therefore while sexual activity is on the rise (Ghuman et al., 2006), the prevailing social mores and taboos prevent open discussion of the risks associated with unprotected sexual intercourse and therefore lead to heightened risk when it comes to sexual and reproductive health (SRH).

Vietnam has more than 92 million inhabitants, making it the fourteenth most populous country in the world (Central Intelligence Agency, 2013) and is a relatively densely populated nation, with 267 people per square kilometre. Despite growing urbanisation in recent years, 66.7 per cent of Vietnamese still live in rural areas (General Statistics Office, 2012). In addition, the Vietnamese populace is predominantly young,

with more than 40 per cent under 25 years of age. Further analysis reveals that 17 per cent of Vietnam's population are adolescents between the ages of 15 and 24 (General Statistics Office, 2012). This demographic trend was precipitated by a high total fertility rate (or 'TFR' – the average number of children a woman would bear in her lifetime) some decades earlier. In 1979 the Vietnamese TFR was 4.8, a rate that would have seen the population double within three decades if sustained. By contrast, the General Statistics Office (2012) recorded a more sustainable TFR of 2.05 children, reflecting the impact of a vigorous government-led population management drive (Haub and Huong, 2003) centred often on desirability of the two-child-only family.

The official number of abortions performed on married women has halved over the last decade (General Statistics Office, 2012). However, this decline is likely to be less pronounced given that reporting of the procedure is sometimes incomplete, the growing number of private and semi-private clinics and hospitals offering abortion which are not included in these figures (Sedgh, et al., 2007; Teerawichitchainan and Amin, 2009), and in some cases abortions still take place in secret and illegally (MacDonald, et al., 2013). Vietnam still has one of the highest rates of abortion in the world (MacDonald, et al., 2013; UNFPA, 2007) and has been reported to be as high as between 2.5 and 2.8 abortions per woman at the turn of the millennium (Mai, 2003 cited in UNFPA, 2007; Sedgh, et al., 2007). Adolescent abortions account for 20 per cent of the total number of abortions (Ha and Fisher, 2011). The procedure is offered free of charge for married women or for a minimal fee (Teerawichitchainan and Amin, 2009).

With an increasing gap between the onset of puberty (which is occurring earlier than in the past) and first marriage (which is occurring later) (General Statistics Office, 2012; Khuat, 2003), non-marital sex is becoming much more common, especially in urban centres (Bondurant, Henderson, and Nguyen, 2003; Ghuman, et al., 2006; Haub and

Huong, 2003). This brings its own problems from a reproductive health perspective, as non-marital sex is still considered socially and morally undesirable in Vietnam (Bondurant, et al., 2003; Efroymsen, Thanh and Trang, 1997; Ghuman, et al., 2006). Non-marital sex is therefore an illicit activity for many, making the maintenance of reproductive health that much more difficult. Further, while there are moves to address HIV transmission within some sections of the community (Van Nguyen, Dunne, and Debattista, 2013), the general populace remains relatively uninformed about the risks (Ha and Fisher, 2011).

Knowledge is now widely accepted as a fundamental pre-requisite for health protective behaviours (Nutbeam and Harris, 2004). The challenge, in the Vietnamese environment, is to ensure that young people have access to relevant, reliable, unthreatening and unbiased SRH information (Nguyen et al., 2010), so that they are better able to maintain good overall sexual and reproductive health. In addition, access to a variety of protective products is a necessary component of decreasing the risk and the deficits associated with unprotected sex such as HIV, chlamydia, human papilloma virus, unwanted pregnancies and so on. Thus, there is a role for social marketing within this context, even if it is only in the provision of accurate and high quality decision making information (Bernhardt, Mays and Hall, 2012).

In general, sexual knowledge is very limited, especially among young people living in Vietnam – formal sex education in schools is extremely limited and heavily censored (Bondurant, et al., 2003; Ha and Fisher, 2011; Khuat, 2003). Strong prevailing social taboos also prevent most Vietnamese parents and school teachers from speaking openly with children and young adults about the risks of unprotected sex (Ha and Fisher, 2011; Khuat, 2003; WHO, 2003). The current transitional generation – the ‘children of Doi Moi’ – face further challenges. Members of this group are experiencing increasing pressure from

peers and partners to become sexually active, while simultaneously receiving strong pressure from parents to remain sexually abstinent until marriage (Ha and Fisher, 2011).

The majority of family planning/contraceptive information services are targeted at married couples but the mean age for first marriage in Vietnam is now mid-20s (General Statistics Office, 2012), with limited information targeted to adolescents and young adults (Ha and Fisher, 2011). The average age of sexual debut, however, is 19.6 years (Ministry of Health, 2005). This creates a sexual health knowledge 'vacuum' for young, unmarried Vietnamese. Common sources of improvised sex education include newspapers, magazines, pornography and discussions with friends, a situation that often perpetuates misconceptions (Efroymson, et al., 1997; Ha and Fisher, 2011; Haub and Huong, 2003; Martin, 2010).

Social marketing for sexual and reproductive health in Vietnam

Social marketing campaigns for condoms are available in the country. In recent years, there has been an increasing amount of HIV/AIDS-focused information propagated in Vietnam, especially from government sources. This information, however, tends to be presented in such a way that, even though awareness about HIV/AIDS as a concept is relatively high across the general population, specific knowledge about the virus is still very limited (Ha and Fisher, 2011).

HIV/AIDS is also frequently taken out of the context of good overall sexual health, so much so that for many it has become a standalone, decontextualised 'boogeyman' disease (often complete with 'you WILL die'-type imagery – see Figure 1) that is usually most strongly connected to intravenous drug use (Haub and Huong, 2003). This seems to reinforce the common perception that HIV/AIDS is a disease peculiar to people from undesirable high-risk groups such as sex workers and intravenous drug users. The inference, by extension, is that HIV is not a risk for 'normal' people (The POLICY Project,

2003). Indeed, a popular government poster from the 1980's stated that HIV could not be contracted if married couples behaved 'healthily'. This focus on HIV/AIDS in isolation also takes attention away from the many other sexually transmitted infections that young people are at risk of contracting, as well as detracting from broader but equally pressing reproductive health issues such as unplanned pregnancy.



Figure 1. "Drugs; AIDS; Don't try even once". An AIDS awareness billboard, emphasizing the relationship between drug usage and AIDS. Source: World Bank (2011)

Government-led family planning campaigns combined with an epidemic of unwanted pregnancy has made the need for availability and education about contraception increasingly important (P. H. Nguyen and Budiharsana, 2012). As far back as 1997, Goodkind and Phan found the reasons for rising condom use amongst the sexually active in Vietnam included such factors as socio-economic status and market reforms; its compatibility as a contraceptive method with its traditional counterparts; its popularity among young, wealthy and better educated people in urban areas which also happens to be the destination of migratory patterns and upward social mobility; and, the preference of

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condoms over pills in Confucian societies (Goodkind and Phan, 1997). However, condoms are useful as a form of transitory contraception (Do and Koenig, 2007). As such, they may be particularly useful for young couples not yet in permanent relationships. While it may seem self-evident to state that the accessibility of condoms is an important criterion in their use (Ohnishi and NotiCO, 2011), access and availability in Vietnam remains problematic.

Among married or cohabiting couples intra-uterine devices (IUD) are the most common method of contraception with 31.0 per cent using this form of birth control. Other methods, including the pill and condoms, are used by 10.1 per cent and 12.7 per cent of married couples respectively (United Nations, 2012). These figures do not include non-heterosexual couples and those having sex outside of marriage.

Organisations such as Population Services International (PSI) have been successful at increasing the number of hotels and guest houses that provide condoms to their clients; thereby utilising a place strategy to good effect (Population Services International, 2013). However, these campaigns are quite selective in their target markets and are largely designed to increase condom availability for sex-workers in specific locations such as 'karaoke bars' and rent-by-the-hour hotels. PSI research indicates that 95 per cent of pharmacies stock condoms (Population Services International, 2013) thus, on the surface of it, there is no reason that the general population should need to avail themselves of these channels. Moreover, condoms are increasingly stocked in supermarkets and modern convenience stores.

In Vietnam and elsewhere, there is evidence that shows a link between availability and store merchandising, and condom purchase (Ashwood et al, 2011; Scott-Sheldon et al., 2006; Thang, 2007). The role of the community pharmacy in distribution of condoms and facilitating safe sex practices is well known in the West (Anderson, Blenkinsopp and Armstrong, 2009), but there is little available about this in the East, especially Vietnam.

However, so far there appears to be limited research in Vietnam about contraception preferences between unmarried couples in Vietnam (Do and Koenig, 2007) although there is recent research about condoms and HIV transmission (e.g. Chi, Gammeltoft, Hanh, and Rasch, 2012; M. T. Nguyen and Huong, 2003; Vu, Nadol and Le, 2012).

Condoms and the connotations attached to their use is a typical symbolic manifestation of social mores, not just in Vietnam (Sabri, Manceau and Pras, 2010). To purchase condoms may be a sign of loose morals (MacDonald et al., 2013) and therefore purchasers fear stigmatisation by those that are selling condoms in public settings (Reilly et al., 2013; Roth, Krishnan and Bunch, 2001; Wells and Alano, 2013). Social marketing may have a role to play in deconstructing social taboos surrounding safe sex practices. In addition, as a result of taboos regarding sex (see Clements, 2006) studies of condom retailing and merchandising methods in Vietnam have been more or less neglected. Social marketing needs to take place within the cultural context (Tierney, 2013). Thus, a deeper understanding of these issues is required.

Upstream social marketing – and distribution channels

Normalising the use of condoms as a part of safe sexual practice requires that condoms are normally available. That is, available at the time and in the locations where the target market may buy them or find them; if not actually purchase them. While this might seem a self-evident marketing statement, in social marketing we need to consider, not only the barriers and facilitators from the individual's point of view but also the marketing or social system (Webster and Lusch, 2013) as a whole (Kennedy and Parsons, 2012). This will involve understanding the relative roles of the interactants in the supply

chain (Wilkinson and Young, 2013). As persuasively argued by Russell Bennett, Wood and Previte (2013), it is time for some fresh thinking in social marketing.

In Vietnam the condom supply chain is quite complicated with few large-scale retailers and many small-scale retailers selling condoms. Pharmacies and outlets such as that depicted in Figure 2 abound.



Figure 2. A typical Vietnamese pharmacy outlet

As you can see, there are some serious physical and other barriers to merchandising in these conditions. Furthermore given the nature of the climate in Vietnam the integrity of the storage conditions is likely to be compromised. Especially in the circumstances that prevail such as those displayed in the following pictures:



Figure 3. A typical mixed business in Ho Chi Minh City (District 1)



Figure 4. Condoms and other merchandise are often exposed to the weather

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Mainstream marketing literature has for a long time recognised the impact of point-of-purchase display and store nature on people's buying behaviour. In the social marketing setting, there are two oft-cited barriers to condom purchase in the literature: consumer embarrassment and retailer/management barriers (Ashwood, et al., 2011; Dahl, Darke, Gorn and Weinberg, 2005; Dahl, Manchanda and Argo, 2001). As this earlier research shows, condoms are products with high levels of embarrassment attached to the purchase process, where the 'presence' of other people, whether real or imagined, can act as a major hindrance to purchasing behaviour. Lack of personal confidence and the possibility of projecting an image of promiscuity are cited as reasons for negative attitudes towards condom purchase. To overcome this, Dahl et al. (2005) suggested that the purchasing environment be altered to reduce any potential negative or social desirability biases on condom buyers.

Furthermore, while Ansell, Durex and other manufacturers recommend rotating of inventory to ensure that the first in is the first out, use by dates are not commonly visible and may not be ascertainable until after purchase. Moore et al. (2008) found that the embarrassment that may occur *during* condom purchase exceeded that of pre-purchase, use and disposal. An embarrassed consumer is unlikely to take the time to go through a box of condoms in full public view to check the integrity of the storage and use-by dates. In addition, there is evidence that shows that when put on open shelves, sales of condoms have increased (Ashwood, et al., 2011; Moore, et al., 2008). However, sometimes theft and the retailer's own hesitation in having themselves and their stores negatively judged by customers mean that these products are often kept in a secure and therefore inaccessible location (Ashwood, et al., 2011). Consequently, we have a social marketing conundrum: condoms are available for free to sex-workers and in hotels and bars (no monetary price) but not available freely to others who need them (the social [face] price is too high).

In order to understand the barriers to condom availability within the Vietnamese context we set out to examine the dynamics of condom retailing. While there have been plenty of NGO initiatives to make condoms available for free to ‘high-risk’ groups in Vietnam as well as governmental efforts in raising awareness about condom as a desirable contraceptive method among married couples, little has been done to understand the condom retailing landscape in Vietnam, which is the point of access to the product for the ‘general public’. The two research questions we used to frame the examination of these concerns were:

- 1) How are condoms being merchandised and distributed in Ho Chi Minh City?
- 2) What is the retailers' reasoning behind their chosen merchandising method?

Approach

The mystery shopper study employed mixed methods of direct observation and semi-structured interview in order to answer the two research questions and follow the principles of triangulation (Denzin, 1970). Considering the conversationally-restricted taboo nature of condoms, it was our assumption that asking sensitive questions in a face-to-face manner might have not yielded sufficient and accurate responses (Neuman, 2009); especially as the research team consisted of Western and young Vietnamese researchers. Other evidence also suggests that embarrassing behaviours are often misreported in surveys (Tourangeau, 2007). Although direct observation was more available in the sense that it did not rely on the responses of participants, it also posed the risk of observation bias. Hence, interviews with storeowners were conducted in order to limit the potential for common method bias (Podsakoff, 2003). Data were collected from structured observations that were undertaken at 21 condom retail outlets throughout Vietnam’s biggest city, Ho

Chi Minh City (HCMC): ten pharmacies, six condom ‘boutiques’ and five convenience stores. Table 1 details the list of observables for this study.

Store characteristics	Product availability	In-store access Self-serve	In-store access – service required	Access
Name	Visible	Counter –top	Cabinet	Locked
Location of store	Not visible	Counter – bottom	Display	Unlocked
Size of store		Counter - middle	Shelf	Open access
Type <ul style="list-style-type: none"> • Pharmacy • Condom Boutique • Convenience store 				

Table 1. List of observables

Ten follow up interviews with pharmacy and condom boutique owners were also conducted. To gain a city overview a purposive sample was undertaken of stores within three districts representing different levels of urbanization. Questions asked of the owners included why condoms were displayed the way they were in their stores, whether they are aware of alternative merchandising methods, whether they think their merchandising methods are the most effective, and whether they think they will employ alternative merchandising methods in the future.

The methods employed in this study are qualitative in nature. While qualitative research methods are infrequently used within social marketing, their merits are well founded and have a potential to broaden the field’s research repertoire (Pettigrew and Roberts, 2011). Qualitative research, often characterised by the lack of statistics and numbers in both their design and analysis (Calder 1977, Glaser 1992), is useful for exploratory projects looking to establish preliminary understandings on under-researched

phenomena without generating ‘hard evidence’ or developing causal models (Denzin and Lincoln, 2005). Within this study, qualitative research was employed to explore the characteristics of condom retailing in Vietnam, a largely neglected area of research in the topic of sexual and reproductive health in the country.

Findings

Condom retailing landscape in Vietnam

Given the taboo nature of condoms, it is surprising that condoms can be purchased in a relatively wide variety of locations and store types. Condoms were readily available on open shelves in 14 out of the 21 stores examined; six kept the condoms in visible locked cabinets either on/under shelves or below the service counter and one store kept the condoms out of customers’ sight. While all the condom ‘boutiques’ and convenience stores put condoms in open shelves, six out of the ten pharmacies put them in locked cases or did not display condoms at all, making pharmacies potentially the least customer-friendly places for condom shoppers.

A ‘normalization’ of condom retailing in HCMC appears to be occurring, particularly with condom ‘boutiques’ but whether people actually purchase condoms from these open to the street and brightly lit destination retailers is worth investigating in a future study. The novelty stores are attracting attention but it may be of the wrong type of attention to expand to the general population; if only because these stores are not typical stores in the Vietnamese tradition. A sample Vietnamese strip shopping centre in which these stores must stand out from the crowd is depicted in Figure 5.



Figure 5. A typical strip shopping centre streetscape

The general clamouring for attention that any retail outlet must do in this environment limits the capacity for consumers (or passers-by) to absorb any messaging at all. Condom retailers, therefore, as specialty ‘destination’ stores, might have an ability to cut through the general clutter (see Figure 6). However, as mentioned previously, it remains to be seen if these stores will be profitable enough to be a sustainable model.



Figure 6. Condom boutiques in HCMC Vietnam

Reasoning for condom merchandising methods

In most of the non-specialty stores (e.g. pharmacies and small retailers), condoms were to be found behind locked cabinets of the type displayed in Figure 7.



Figure 7. A typical locked display cabinet containing condoms in a grocery retail store

On interview, common reasons given by staff to justify their placing of condoms in locked cases included, “cultural sensitivity”, “discretion”, “condoms are ‘secondary’ products” and “people aren’t embarrassed to ask for it”. Of these reasons, cultural sensitivity and discretion relate to the concept of sex as a taboo subject and condoms are clearly associated with sex. Hence, these retailers are performing a form of product market censorship in their merchandising strategy. The second reason is less clearly associated with taboos; condoms are not ‘core business’ and therefore do not warrant any investment or attention by way of merchandising. However, why condoms would be considered sufficiently important enough to lock away but not important enough to have readily available is something that could or would not be explained to our research team. The final reason about embarrassment is in contradiction with results of others studies and indicates that perhaps the retailers are out of touch with the needs of their target market.

On the other hand, when staff from condom boutiques were interviewed, key reasons given included “people are more open-minded these days”, “people like to discuss about condoms with us” and “they buy condoms here because we don’t judge them”. Although, some retailers also reported having customers bringing their partners along or wearing their face-masks (typically worn by motorcycle users to limit pollutant inhalation) to avoid embarrassment (see Figure 8).



Figure 8. Face-masks are typically worn by Vietnamese motorbike users

In some cases, the frequent customers of condom boutiques ordered condoms to be home-delivered. This finding is in contrast to findings from studies on condom embarrassment coping techniques in Western countries, where increased familiarity with the product results in lesser levels of embarrassment and therefore more direct, in-store,

and individual purchasing. This difference might owe itself to the unique cultural and social context of Vietnam, although further research is needed to validate the findings. In further research, it would be useful to gain insights into the consumer end of the spectrum to see what factors actually prevent or support condom purchasing. The result of our study is consistent with the findings of Clements (2006) with regard to the status of condoms as a taboo product within the context of Vietnam. The very public nature of shopping in Vietnam makes condom merchandising problematic for a taboo product. Quaint alternatives have been established such as this cigarette and condom vendor on a HCMC street (Figure 9).



Figure 9. Street vendors selling cigarettes together with condoms

A packet of condoms is around the same size as a packet of cigarettes. Hence, a buyer can get off their motorbike and buy condoms in full view and no one will know. This is an author's pre-publication copy of the paper Nguyen, D., Parker, L., Brennan, L., & Clements, A. (2014). The taboo question: Condom retailing in Vietnam and social marketing implications. *Journal of Social Marketing*, 4(2), 133-154.

except the vendor. However, on a lighter visual note, condom promotion is taking place relatively openly, as this photograph of a recent HCMC mobile campaign illustrates. Although, these manufacturers' attempts at promoting and at the same time normalising condoms can sometimes appear confrontational, as illustrated in Figure 10 where a 'foreign' condom brand put together a promotion mob of bike-riders riding around Ho Chi Minh City carrying messages of not safe sex, but pleasure prolongation with suggestive images. This message crosses the taboo boundary and creates a sensation, but not a conversation about safe sex. So, while it might be permitted, it is not culturally acceptable to promote products in this way, and the safe sex message gets lost altogether.



Figure 10. Condom promotion bike-rider carrying suggestive messages

Discussion

Increasing condom availability to the general population

The first thing that needs to be done to make condoms more available is to ensure that people are able to buy them without embarrassment. Hence, while exposure to the cartoon-like and highly stylised but symbolic images of condoms is ample (see Figure 6), the consumers' exposure to the actual product in a readily available manner is limited. This would require putting condoms on open shelves where the customers can easily pick them up without having to ask. Thus, they would be able to buy without violating the conversationally restricted taboo nature of the product. Other options including condom vending machines in discreet locations should also be explored. These locations should be where people do not risk embarrassment when obtaining condoms.

In order for this to happen, however, condom retailers may require support from the government in both monetary and educational terms. The risks retailers have to face in freeing condoms from locked cabinets are three-fold: theft, quality loss and embarrassment – two of which have a social nature. In Vietnam, social risks often outweigh financial ones. Thus, the government might need to cross-subsidise any loss caused by theft and natural weather conditions that are detrimental to product quality in order to help pharmacies deal with financial risks. Further, a government 'decree' to openly stock condoms may partially resolve the shame that could otherwise redound to the retailers because they would simply be complying with the law. Condom selling embarrassment, as powerful a force as purchasing embarrassment, also means that purely monetary incentives may not be enough as a motivational force. In this sense, tighter standards and regulation for pharmacies need to be enforced. There should not be an aftermarket for out-of-date condoms. Together with the recent introduction of Good Pharmacy Practice (GPP) to the country (PATH, 2012), the Vietnamese government might need to consider employing a local standard in addition to

the international benchmark it borrows. This standard could be tailored to Vietnam's unique culture and the relative status of sexual and reproductive health issues in the country.

Additionally, the normalization of condoms could be accelerated with governmental intervention. With more exposure and access, come increasing familiarity and a lessening of social risk, and ultimately the establishment of a new norm where the taboo nature of condoms may be deconstructed. As a possible direction for future research, studies into the consumers' ideas of what support and hinder condom purchasing in Vietnam could provide insights into the development of more detailed and thorough upstream, as well as downstream social marketing initiatives with a view to increasing condom accessibility and decreasing social risk.

The impact of short-term promotions on sustainable social marketing

Condoms were not displayed on a regular basis in mainstream retail outlets. The openness of the display was related to whether or not there were incentives from the manufacturers to have a particular brand of condom on display. These promotions were transient and were therefore inconsistent. The pharmacy staff reported having displayed condoms openly on the counter as part of a promotion program requested by condom manufacturers, but the condoms were quickly returned to locked glass cabinets as soon as the program ended. "There's no point displaying them outside, it doesn't make any difference. We just did that [display condoms openly] because those manufacturers gave us the money and the decorations to. When the contract is over, there's no benefit for us, so we don't display it, it may embarrass other customers". This inconsistent retailing behaviour is problematic from a social marketing point of view. Behaviour change requires consistent action over time to be sustained. If the consumer cannot rely on the product

being available in the same way more than once, they may find the alternative (not buying condoms), preferable to the embarrassment of asking. The barriers and facilitators for condom merchandising are illustrated in Figure 11. We have conceptualised these as a sort of scale with relative weightings: social marketing may shift the balance of the barriers by adjusting some of the elements depicted in the facilitators part of the scale.

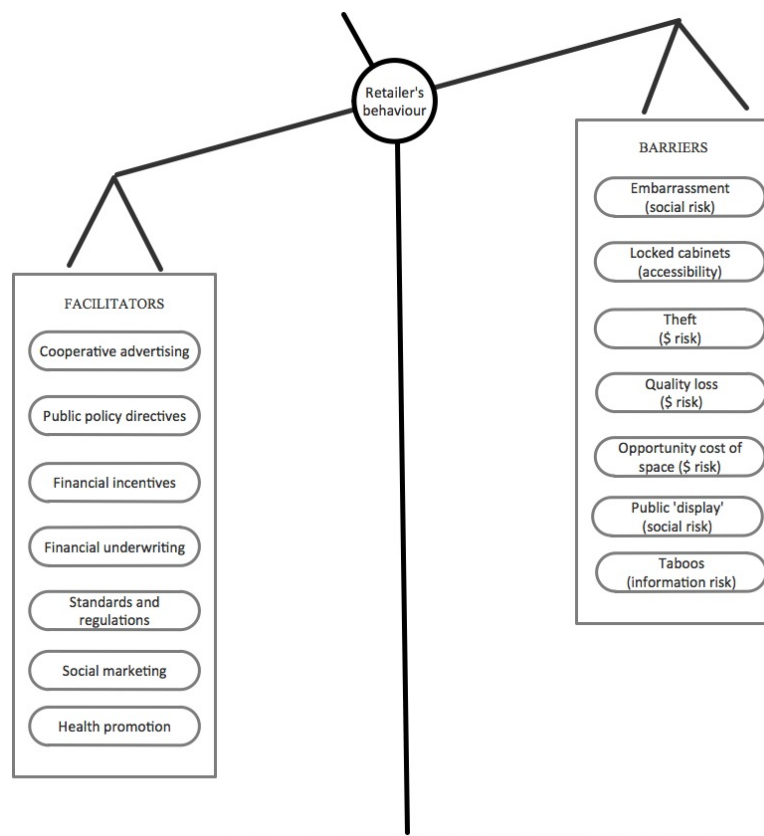


Figure 11. Barriers and facilitators of condom merchandising

Social marketing implications

While there are at least four Ps in the mainstream marketing mix, this research demonstrates that the place P is essential to the success of social marketing. Changing behaviours will take a combined approach, starting upstream with manufacturers and retailers to make products available in a customer oriented manner. Manufacturers might consider more sustained promotions and more cooperative advertising. Retailers might

consider unlocking their cabinets (meso-level changes required). However, even further upstream is that of government and health authorities ensuring that condoms are available in accessible and non-confrontational locations (macro-level).

There may be a role for NGOs here in making condoms available and covering the potential cost of theft from those too embarrassed to 'buy' from the person behind the counter. As discussed previously, NGOs around Vietnam have done a lot of work in making condoms available for free to specific high-risk target groups, and this has its own merits in reducing and preventing HIV/AIDS as well as STDs in the country. However, one of the by-products of this selective approach could possibly have been the further stigmatisation of condom being a protection for, and against, those involved with 'social evils'. Given the traditional, and present day, taboo of non-marital sex, extra-marital sex and homosexuality, the original focus of the campaigns and targeting of these groups, may have given the condom a bad name and potentially be undermining the normalisation of this prophylactic. However, further research into Vietnamese attitudes towards condoms and condom-use may be required to determine whether this is an issue that needs to be addressed. Social stigma surrounding condom purchasing is a positioning problem that could potential be overcome with the application of social marketing. For example, future campaigns need to aim at normalising condoms among young Vietnamese people and may benefit from employing a humorous, less 'serious' approach to safe sex (micro-level approaches). There is also a role for downstream social marketing when it comes to educating people about the requirements for a good quality product and getting them to not-buy condoms that have been incorrectly or dubiously stored and where there is no identifiable expiry date. Buying from street vendors is always risky, as they come at the very end of the distribution channel. While street vendors supply a usually very necessary

service for reaching a widely distributed market, in this case the aftermarket for out-of-date condoms should be disposal, not further distribution.

The normalization of condoms in HCMC seems to be happening in a way that condoms are being displayed (if not openly) in a majority of stores (and advertised by motorbike mobs as in Figure 10). More research on people's condom shopping behaviour, store awareness and preference needs to be done in order to explore the issue from the customers' perspective. Pharmacies remain the least customer-friendly for condom shoppers, and one of the reasons for this is that pharmacy owners do not consider condoms as a mainstream product. This may imply that social marketing with pharmacy owners is needed in order to change their mindset. However, if condoms are freely available in by-the-hour-hotels and for the sex trade, there is probably little profitability in selling condoms in any case (financial risk). Further research on whether people in HCMC are becoming increasingly comfortable to talk about condoms is needed to validate the results from this study, as overcoming the taboos about condoms may have wider implications for social studies in Vietnam.

This study illustrates the importance of 'supply chain' considerations in the marketing of social products such as safe sex. Especially in environments where there is a clash between traditions relating to sex education such as that which prevails in Vietnam. Increasing the accessibility and availability of condoms is of paramount importance if some of the substantive problems associated with unsafe sex are to be addressed.

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