



Convenience Advertising

Review Of Convenience Advertising's Safe Sex and Alcohol Use Campaign

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**prepared by Ron Garland
for
Convenience Advertising (NZ) Ltd**

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Companion report:

Fraser, R and McClellan, V (1996). *'An evaluation of the Convenience Advertising safe sex and alcohol use campaign,'* Confidential report by the Centre for Research, Evaluation and Social Assessment, Wellington, New Zealand.

Report available from Convenience Advertising (New Zealand) Inc,
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EXECUTIVE SUMMARY

1 THE CAMPAIGN

Convenience Advertising (New Zealand) Limited, under contract to the Central Regional Health Authority (CRHA), launched a public health education, youthtargeted safe sex campaign in four regions of the RHA, namely Palmerston North, Porirua, Hutt cities and Wellington city. The campaign is designed to:

- reinforce young people's existing safe sex behaviours
- increase the likelihood of positive safe sex behaviours among young people at risk of unsafe sex after drinking alcohol.

Posters advertising carefully designed public health information, are placed prominently in toilets at locations often frequented by the campaign's target groups eg. bars, pubs, nightclubs, tertiary student campuses.

2 INDEPENDENT EVALUATION

The campaign was independently evaluated by the Centre for Research, Evaluation and Social Assessment (CRESA). CRESA surveyed a sample of 800 young people aged between 18 and 28 in the four geographic areas of the campaign.

This report reviews the wider implications of the CRESA study results.

3. CRESA STUDY RESULTS SUMMARY

- The campaign was successful in reaching the target audience. A high level (73%) of the target audience recalled having seen the posters without being prompted.
- The campaign is acceptable to and supported by the target group. 72% liked the posters, 92% did not find them embarrassing, 92% agreed that "health posters on the backs of toilet doors are a good method of getting this sort of message across to young people".

- The main message of the campaign is being picked up by the target group. Almost half of those who had seen the posters remembered, without prompting, that the health message was about the risks associated with mixing alcohol and sex, and about how to use a condom.
- The campaign is influencing behavioural intent and action. Over 70% indicate that the posters give advice that they would follow and over 30% had already used the information.
- The campaign is effective across ethnic, gender and regional groups.

4. OTHER INDICATIONS OF CAMPAIGN EFFECT

Anecdotal information received in fortnightly visits to the venues in which the posters are displayed indicated a high level of support for the campaign from bar staff and campus authorities. Significantly more condom machines have been installed in toilet areas with patrons demanding that the signs be backed up by the availability of condoms in the licensed premises.

5. COST EFFECTIVENESS

This method of delivering safe sex messages is extraordinarily cost effective. For a relatively low cost, in comparison to other advertising campaigns, this campaign has shown excellent results. The campaign has reached 76% of the target population; it has delivered substantial comprehension and agreement with the messages as well as a significant "call-to-action" from 18-28 year olds to protect their sexual health, particularly in the context of alcohol use.

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3. INTRODUCTION AND OBJECTIVES

Convenience Advertising (New Zealand) Limited, under contract to the Central Regional Health Authority (CRHA), launched a public health education, youth-targeted safe sex campaign in four regions of the RHA, namely Palmerston North, Porirua, Hutt cities and Wellington city. The campaign is designed to:

- reinforce young people's existing safe sex behaviours
- increase the likelihood of positive safe sex behaviours among young people at risk of unsafe sex after drinking alcohol.

The company name 'Convenience Advertising' aptly describes the medium used to deliver this campaign, in that **poster advertising** (based on public health information to particular target groups) is placed prominently in toilets at locations often frequented by these target groups. These public education posters are placed in frames above urinals, behind toilet doors, above hand drying units and on exit doors, in toilets in tertiary education institutions and in licensed premises such as taverns, hotels, cafes, bars and nightclubs.

Convenience Advertising have placed 703 signs (see attached examples of the six 'signs' or posters used in the campaign) in 81 sites across four sub-regions of the Central RHA as follows:

Palmerston North	23 sites	235 signs
Porirua*	9 sites	85 signs
Hutt cities	14 sites	124 signs
Wellington city	35 sites	259 signs
Total	81 sites	703 signs

- * The smaller number of sites and signs in Porirua, and to some extent in Hutt cities, is deliberate in that the target population tends to travel to Wellington city for entertainment.

The distribution of signs is not proportional to the size of the target population in each sub-region.

Location	Sites	Signs	Population 18-28 years*	Ratio of venues: population	Ration of signs: population
Palmerston North	23	235	14,700	1:639	1:63
Porirua	9	85	8,000	1:889	1:94
Hutt cities	14	124	22,300	1:1593	1:180
Wellington	35	259	30,400	1:868	1:117
Greater Wellington	58	468	60,700	1:1047	1:130

**Statistics New Zealand (1994) Wellington Regional Report.*

Rather, distribution of signs depends upon the number and type of venues (both tertiary education institutions and licensed premises) and co-operation of the managers/owners of these venues. Some venues are selected on account of their throughput of patrons while others are selected for their patronage by otherwise hard-to-access groups.

The target population is 18-28 year olds living in each of the four sub-regions. The ratio of venues and signs to the target population, all other things being equal, suggest that Palmerston North youth have a greater chance of seeing the campaign, followed by Porirua youth (given that they often seek entertainment in Wellington Central) and then those from Wellington and Hutt cities.

In March 1996 the performance of Convenience Advertising's public health education campaign was independently evaluated by the Centre for Research Evaluation and Social Assessment (CRESA, Wellington). The main objectives of this evaluation were to:

- evaluate the effectiveness of the campaign in terms of reaching its target audience, especially in the location of greatest risk (mainly where alcohol is consumed)
- assess the acceptability of the campaign posters
- assess the usefulness of the campaign posters' messages

This report incorporates the CRESA evaluation and reviews the wider implications of the results.

4. METHODOLOGY

The CRESA evaluation design was based on an Interviewer-administered, face-to face survey, using a structured, largely close-ended questionnaire. Survey interviews were carried out in four urban centres: Wellington; Porirua; Lower Hutt and Palmerston North.

Interviews were conducted by four teams of interviewers, one per region. Each team of two interviewers, was made up of one male and one female, and included Pacific Island, Maori, European and Asian interviewers. The interviewers were all between 19 and 25 years of age. All interviewers attended a training session prior to commencing the survey's fieldwork.

The interviews were centred around two types of locations in each of the four regions. The interviews were reasonably evenly divided between tertiary institutions (53%) and bars/nightclubs/pubs (47%) in the four regions. These locations were chosen as most appropriate to meet the research objectives. In each of these two locations interviewers randomly selected people passing-by, asking them to take part in a short survey. These intercept interviews were conducted in the areas with the highest "traffic flow", for instance, cafeterias, malls, movie theatres and outside bars.

The survey was developed by CRESA, in consultation with Convenience Advertising (NZ) Limited. The questionnaire was piloted with a group of 20 young people within the target age range and adjusted accordingly.

This survey's design is based on quota sampling techniques and is not a pure random sampling design. However, it is exactly like the sampling design of many **intercept surveys** conducted by market research companies the world over. If purely random or stratified random sampling techniques were used to choose respondents by door knocking or telephoning households (to identify potential respondents), the costs of finding qualifying respondents would be astronomical. Therefore the compromise of seeking out the target population where its members are easily found is acceptable; once stationed at "productive venues", interviewers randomly selected passers-by who appeared to fit the 18-28 year age criterion.

Given these qualifying comments there are no qualms about presenting the results as though they were derived from a random sample with the proviso that there will be an atypically high design factor due to interviewing at relatively few sites and the imposition of the following quotas:

- 50 : 50 gender split
- 15% minimum Maori and Polynesian respondents (in fact, quota exceeded and equalled 31%)
- 25% equal split for each sub-region.

The effect of these quotas, of interviewing from 20 separate sites, and of a student respondent bias results in clustering bias. It would be wise to allow for a design factor of 3, reducing the effective sample size to approximately 270. If random sampling was accepted under these sanctions, then this effective sample would still yield a maximum margin for error of plus or minus 6% at the 95% confidence interval. That is, we could be 95% certain that any result using the total sample (the whole 800 interviews) would be within 6% of the true result.

Copies of the posters used for prompting respondents are available in Appendix I.

The survey population consisted of a quota sample of 800 young people, aged 18-28 years. The quota sample was selected on the basis of age, sex and ethnicity. A full profile of the survey population is provided in Table 1.

Table 1: Characteristics of the study population

Characteristic	N = 800	%*
Sex		
Male	396	49
Female	404	51
Age		
< 18 years	112	14
18-20 years	321	40
21-24 years	234	29
25-28 years	133	17
Ethnicity		
Pakeha	462	58
Maori	118	15
Pacific Island	131	16
Other*	89	11
Occupation¹		
Student	592	74
Employed/fulltime	131	16
Employed/part-time	38	5
Unemployed	31	4
Other	8	1
Region²		
Hutt Valley	204	26
Wellington City	202	25
Porirua City	199	25
Palmerston North	195	24

*Table 2 below gives a breakdown for the "other" ethnicity category

¹ Some respondents listed a second occupational activity – employed fulltime (N=7), employed part-time (N=55), unemployed (N=2).

² There was some variation between the place where interviews were conducted (Table 1) and location where respondents lived – 263 lived in Wellington, 128 in Porirua, 188 in the Hutt Valley and 189 in Palmerston North and 32 said they lived in "other" places.

The minimum 15% requirement for Maori and Pacific Island respondents was, in fact, exceeded, in that, Maori and Pacific Island young people made up 31 percent of the total study population. This latter result was assisted by:

- some interviews having been conducted at Porirua's Whitereia Community Polytechnic whose student population includes a high proportion of Maori and Pacific Island students
- CRESA's employment of both Maori and Pacific Island interviewers.

The "other" category under ethnicity contains a range of different ethnic groups, including a number of young people who defined themselves as "New Zealanders". Interviewers' impressions were that this group who defined themselves as "New Zealanders" were predominantly Pakeha. A breakdown of the "other" category is provided in Table 2.

Table 2: Respondents (11%) who listed "other" for their ethnicity

Ethnicity	N	%
New Zealander	25	28
Asian	33	37
Indian	15	17
Maori/Pakeha	10	11
Fijian	1	1
Greek	1	1
American	4	4
Total	89	99

5. RESULTS AND DISCUSSION

5.1 Is the Campaign reaching its target population?

The results shown in Figure 1 below demonstrate a resounding "yes" to the question "is the campaign reaching its target population". Overall, 76% of the sample claimed to have seen a safe sex poster message in the toilets of pubs/bars or around campus. (All signs were installed by early March when tertiary institutions re-opened, with most having been installed in December 1995).

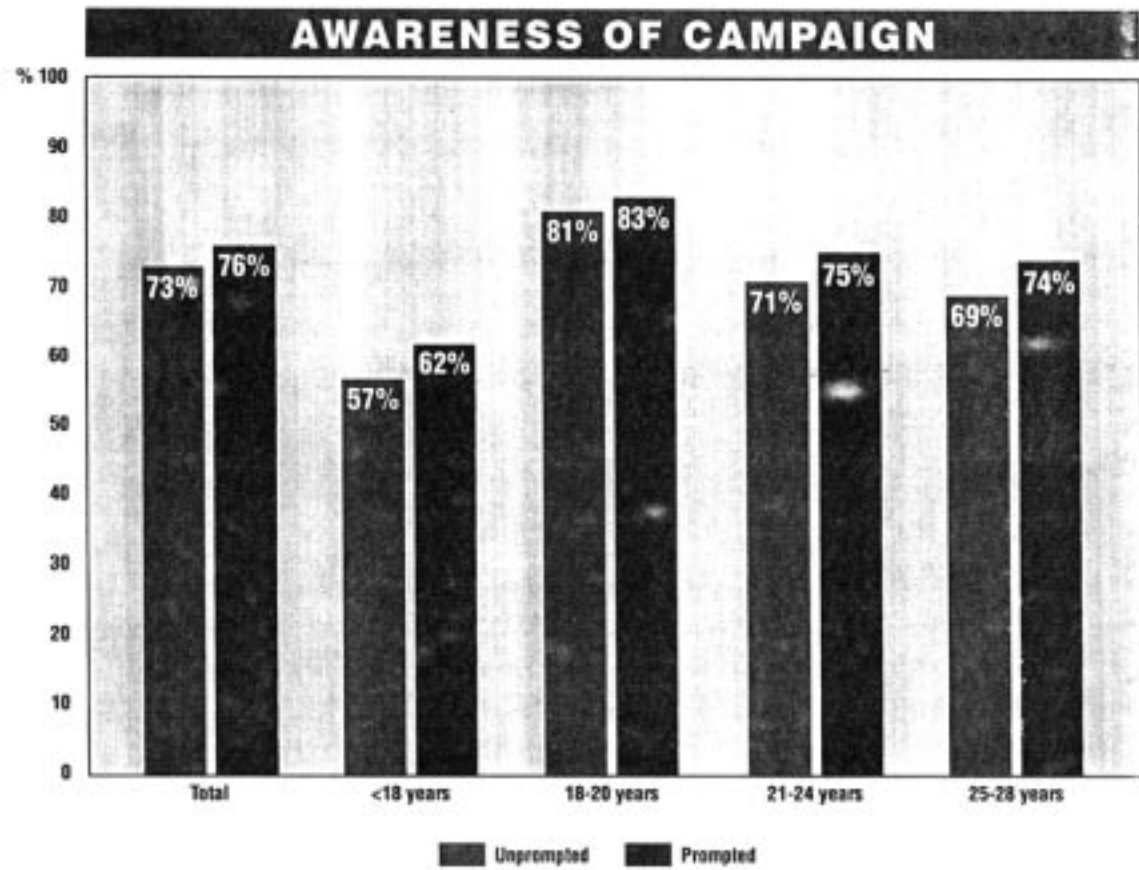


Figure 1

The impact of 'the campaign is even stronger when one considers the questioning procedure. Initially members of the target population were asked to recall safe sex poster advertising **without** prompting by viewing the posters. This is akin to unprompted recall of advertising or brands in product or services marketing. Figure 1 shows not only a 73% unprompted awareness, but also the highest levels of unprompted awareness for the campaign came from 18-20 year olds, and the youth of Palmerston North (where the ratio of venues and signs per capita is higher than elsewhere, strengthening the argument for more signage).

When those respondents who had not recalled seeing the campaign were prompted with examples of the safe sex posters, a further 3% claimed awareness, taking the 73% unprompted awareness of the campaign to a total of 76% awareness. Just as we have seen discussed above, overall highest awareness is with the 18-20 year olds (many of whom were students) and Palmerstonians. Somewhat lower levels of awareness (although still "high" in relative terms) were claimed by the youth of Wellington (where the ratio of signs per capita is half that of Palmerston North) and by Pacific Islanders. It is recognised in business and health sectors that it can be particularly difficult to reach young people, Maori and Pacific Island peoples with information. The campaign's ability to reach these populations makes the results particularly impressive.

The efficiency of reaching the target population, especially those members who are at risk from overlooking safe sex practices through alcohol consumption, by the convenience advertising medium seems undeniable. Just under three quarters (71%) of the target population claimed to have visited a pub/bar/nightclub in the previous two weeks (Table 3)

**Table 3: Number of respondents who had been to pubs/bars/nightclubs
in the previous two weeks**

Response	N	%
Yes	568	71
No	232	29
TOTAL	800	100

There was a relatively even distribution of visitation to licensed premises with the exception of the under 20 age group, most of whom were students, and many of whom had the opportunity of seeing the safe sex posters on campus. Further analysis of the campaign's reach can be summarised as:

61% (n=485) of the sample claimed to have seen posters on premise or on campus

15% (n=123) of the sample claimed to have seen posters only on campus

14% (n=109) of the sample claimed **not** to have seen posters and had **not** been on premise

10% (n=83) of the sample claimed **not** to have seen posters and had been on premise

While it is tempting to claim that only 10% of the target population are truly "at risk" in that they had not seen the campaign but drink on premise, this is too simplistic as there are many places where safe sex behaviours are put at risk. Nonetheless, these results suggest that the majority of those 18-28 year olds who are "at risk" have been exposed to the campaign, and mostly at venues where their decision making might be impaired.

5.2 How cost effective is the campaign so far?

The convenience advertising approach uses a "narrowcasting" medium, which attempts to attract the attention of the target audience in potential risk locations sometimes **during the potential risk**. Almost all other methods of advertising can be termed "broadcast" media which, as the term connotes, "casts the message(s) far and wide". Generally broadcast media like television, radio, print (newspaper and magazines) are suitable for wider target audiences than the 18-28 year old audience for this campaign although some radio stations and magazines might disagree. Ratecard costs for each of these media are easily obtained from advertising representatives of local, regional or national media companies.

To place Convenience Advertising's campaign in context, the levels of unprompted awareness from the target population compare most favourably with those levels received by leading British retailers (Supermarkets) from their target audiences (grocery shoppers) or indeed from New Zealand adults' awareness of fire and general insurance companies. These examples, and their advertising expenditures per annum, have been included to provide context and comparisons. (Most data such as these are confidential but this information happened to be available in the public domain).

Table 4 Awareness levels and advertising expenditure for Britain's major retailers in 1989*

Retailer	Prompted awareness (%)	Advertising expenditure (£)
Woolworths	above 95%	£9,600,000
Boots	above 90%	£9,364,000
Tesco	above 85%	£7,087,000
Sainsbury	above 85%	£4,038,000

*Editor, (1994), 'Just a Minute', June, page 2.

Table 5: Awareness levels and advertising expenditure for New Zealand's leading fire and general insurance companies 1989*

Company	Unprompted awareness	Prompted awareness	Annual Advertising expenditure
State	73	99	\$673,000
NZ Insurance	49	95	\$1,895,000
AMP	30	95	\$136,000
National	29	86	\$1,313,000
AA/SIMU	21	93	\$908,000
Commercial Union	13	79	\$89,000
Norwich	10	82	\$108,000
Convenience	73	76	\$90,000
Advertising Safe			
Sex Campaign			

*AGB McNair 1989: Hunter: AGB Monthly Media Expenditure Analysis, December 1989

The methodology for obtaining awareness results (both unprompted and prompted) in the retail and insurance examples above were almost identical to those used for the current project. Taken overall, Convenience Advertising's extremely high levels of awareness after such a short exposure (four months) to the target population compare extraordinary well with the longterm advertising results of the major companies listed in the examples above.

Perusal of the results in Tables 4 and 5 suggest that Convenience Advertising's campaign is especially good value, particularly when one considers that the costs of advertising production (making television and radio commercials, print advertisements) are not included in these figures.

It is worth noting a number of outcomes which have a bearing upon the success of the campaign. Convenience Advertising note in their Quarterly Report for March 1996 that while all signs were installed by early March, many signs seemed to disappear in January (probably in conjunction with New Year revelry) and again in late February - early March when students returned to campuses. A total of 235 signs (33% of the 703 signs) were replaced over the January - March period and anecdotal research with bar staff and patrons suggests that signs are becoming collector's items in young people's flats. Signs representing each one of the six advertising examples have been stolen with the "too drunk" and "like to feel used" examples especially popular!

Conversations with condom sales personnel suggest that condom sales have risen noticeably in the Convenience Advertising areas; approximately one third of the venues that are displaying the signs have purchased new or additional condom dispensing machines. Additionally, bar managers and bar staff tend to be complimentary about the campaign. Excerpts from Convenience Advertising's Quarterly Reports (available from CANZ) consolidate this claim.

Overall this public health education, youth-targeted safe sex campaign has yielded excellent value for Central RHA.

Pages 9-18 of original CRESA report follow

5.3 Campaign's acceptability to the target group (see Figure 2)

Respondents were given a show card listing a number of statements about the acceptability of the campaign's approach and its poster messages. The total responses to each of these acceptability statements are provided in the following discussion and tables.

"I like these posters"

Table 6 below shows that most respondents who had seen the posters liked them. Very few people disagreed with the statement, however, nearly one quarter of respondents were neutral in their assessment.

Table 6: "I like these posters" by respondents who had seen the posters

Level of agreement	N	%
Agree	436	72
Disagree	34	6
Neutral	138	23
Total	608	100

Wellington, Lower Hutt and Porirua respondents demonstrated a high level of agreement with the above statement (all above 75%). Palmerston North respondents, on the other hand, were less likely to say they liked the posters, with only 58 percent saying they agreed with the statement. Palmerston North respondents were also more likely to be neutral.

"These posters are unconvincing"

Most respondents appeared to find the posters convincing in that well over three quarters disagreed with the statement that the posters were unconvincing and only 13 percent choosing the neutral option.

Table 7: "These posters are unconvincing" by respondents who had seen the posters

Level of agreement	N	%
Agree	38	6
Disagree	487	80
Neutral	81	13
Total	606	100

Lower Hutt respondents were more likely to agree with the statement whereas Wellingtonians were more likely to agree that "these posters are unconvincing".

"These posters are embarrassing"

Table 8 shows that of the respondents who saw the posters, few found the posters embarrassing. There were no statistically significant differences in terms of age, sex, ethnicity or region.

Table 8: "These posters are embarrassing" by respondents who had seen the posters

Level of agreement	N	%
Agree	18	3
Disagree	560	92
Neutral	29	5
Total	607	100

"These posters are easy to remember"

Most respondents who had seen the posters found the posters easy to remember (see Table 9 below). However, females were less likely than males to say the posters were easy to remember.

Table 9: "These posters are easy to remember" by respondents who had seen the posters

Level of agreement	N	%
Agree	500	83
Disagree	34	6
Neutral	72	12
Total	607	100

"These posters are very eye catching"

Most respondents (86%) who had seen the posters agreed that "these posters are very eye catching" (see Table 10 below). Wellington respondents were more likely than the three other regional groups to disagree with the statement. However, Porirua respondents were more likely to be neutral.

Table 10 "These posters are very eye catching" by respondents who had seen the posters

Level of agreement	N	%
Agree	521	86
Disagree	29	5
Neutral	57	9
Total	607	100

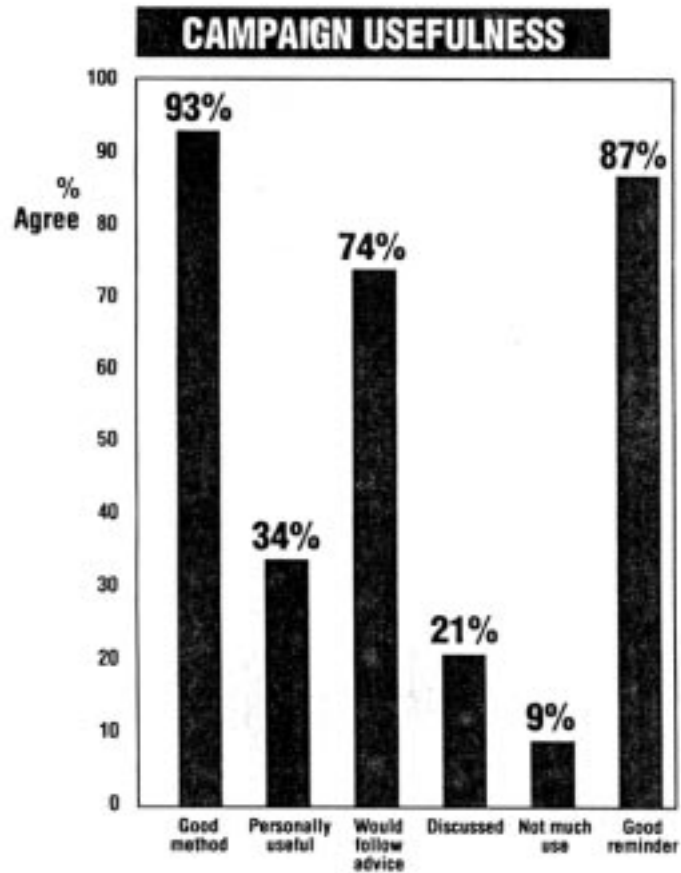


Figure 3

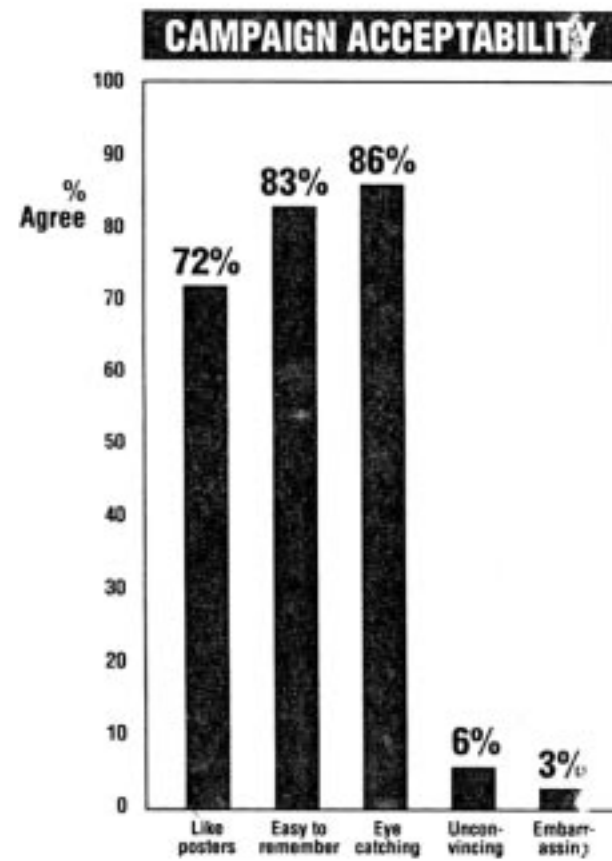


Figure 2

5.4 Usefulness of the campaign to the target group (see Figure 3)

One of the objectives of the evaluation was to assess the usefulness of the Safe Sex and Alcohol Use campaign's messages to the target group. Respondents were read a selection of statements and asked whether they agreed or disagreed with them.

"Health posters on the backs of toilet doors are a good method of getting this sort of message across to young people"

Table 11 below shows that, an overwhelming majority of respondents (93%) agreed with the above statement, suggesting that the target population found the medium used to deliver the Safe Sex and Alcohol Use message useful.

Table 11: "Health posters on the backs of toilet doors are a good method of getting this sort of message across to young people" by respondents who had seen the poster

Response	N	%
Agree	398	93
Disagree	7	2
Neutral	23	5
Total	428³	100

No significant differences were found, in, terms of age, sex and ethnicity. Interestingly, Porirua respondents reported 100 percent agreement with the statement, meaning this region had a slightly above average agreement level.

³ The total number of possible responses to this question was 609. Due to a design problem in the questionnaire, 181 respondents were not asked this question.

"These posters have been useful to me"

Table 12 below shows that respondents tended to be evenly divided about whether or not they had found the posters useful.

Table 12: "These posters have been useful to me" by respondents who had seen the poster

Response	N	%
Agree	207	34
Disagree	191	32
Neutral	208	34
Total	606	100

No significant differences were found in terms of age or ethnicity. Females were, however, far more likely than males to say they found the posters useful. Wellington respondents were also more likely to record a neutral response to the statement, while respondents in Palmerston North were more likely to disagree with it.

"These posters give advice I would follow"

Table 13 below shows that the majority of respondents, almost three-quarters (74%), agreed that the posters gave advice they would follow. A minority of respondents (7%) disagreed with the statement, while 19 percent were neutral.

Table 13: These posters give advice I would follow by respondents who had seen the poster

Response	N	%
Agree	446	74
Disagree	44	7
Neutral	117	19
Total	607	100

The above question about usefulness of the posters was asked in the past tense, "have the posters been useful to you" (see Table 12). This means that while only 34 percent agreed that the posters had been useful, Table 13 shows the potential for future usefulness, in that, the majority of respondents (74%) agreed that the posters give advice they would follow if they needed to.

Of note in the analysis of the data by demographic characteristics are two points. Firstly Pacific Island and Maori respondents were less likely to agree that the posters give advice they would follow and were more likely to be unsure. Secondly, respondents in the Wellington region were less likely to agree that the posters give advice they would follow.

"I have discussed these posters with other people"

The above statement was designed to determine whether there was a flow-through-effect from reading the poster messages to others. The majority of respondents said they had not discussed the posters with others (74%) (see Table 14 below).

Table 14: "I have discussed these posters with other people" by respondents who had seen the poster

Response	N	%
Agree	127	21
Disagree	449	74
Neutral	31	5
Total	607	100

Females were more likely than males to have discussed the posters with other people. Respondents in the under 18 age group were more likely to have discussed the posters with others. Pakeha respondents were most likely to have discussed the posters with others (25%), while Pacific Island respondents were least likely (13%) to have done so. There were also some regional differences, with respondents in Hutt Valley and Palmerston North reporting they were more likely to have discussed the posters with other people.

"These posters are not much use"

Table 15 below shows that, the majority of respondents, over three-quarters (80%), disagreed that "these posters are not much use". Less than 10 percent of respondents agreed with the statement (9%).

Table 15: "These posters are not much use" by respondents who had seen the poster

Response	N	%
Agree	52	9
Disagree	482	80
Neutral	71	12
Total	605	101

Males were more likely to disagree with the statement than females. Respondents in the 25-28 age group were more likely to agree that the "posters are not much use". There was also some regional variation, respondents in the Porirua region were more likely to agree that the posters were not much use, and Wellington respondents were more likely to be neutral.

"Do you think these posters are a good method of reminding people who have been drinking to use condoms to keep themselves safe?" (see Figure 4)

Table 16 shows the majority (87%) of respondents, agreed that the posters act as a good reminder.

Table 16: Do you think these posters are a good method of reminding people who have been drinking to use condoms to keep themselves safe? by respondents who had seen the posters

Response	N	%
Yes	527	87
No	50	8
Other	32	5
Total	609	100

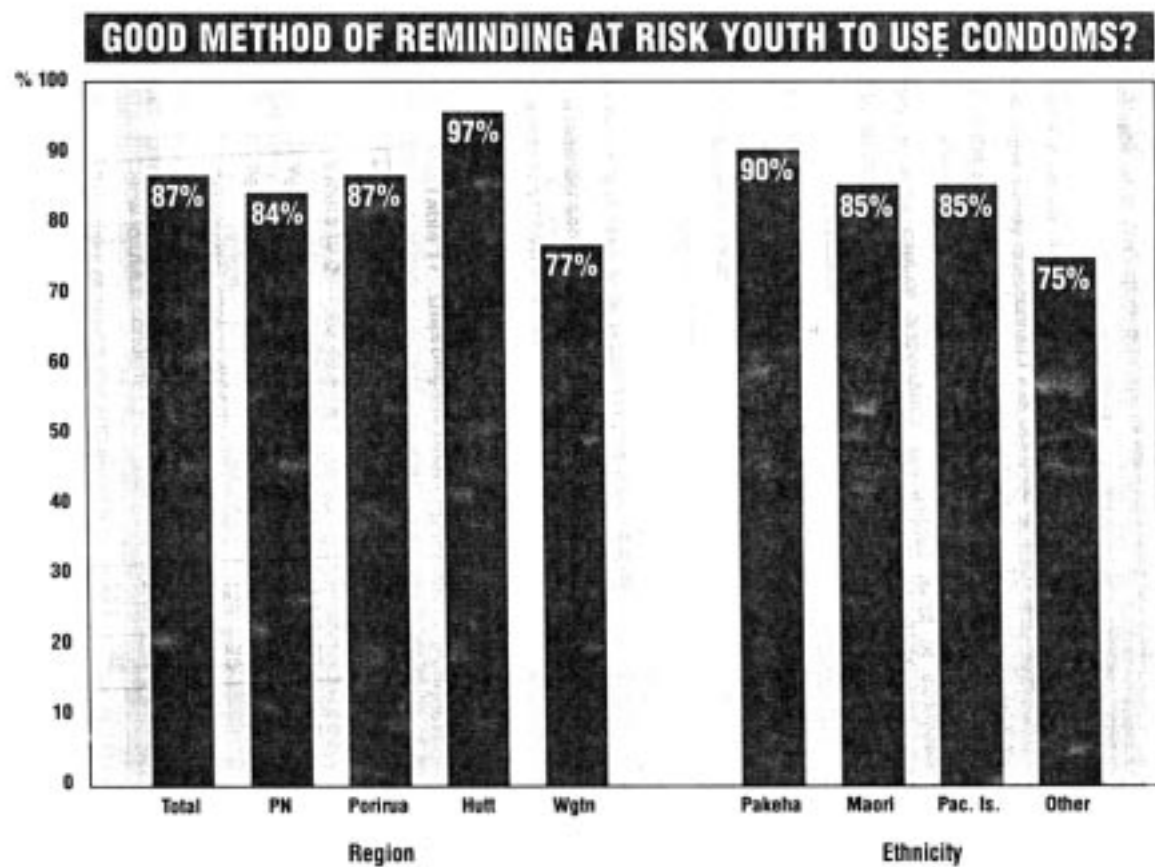


Figure 4

Hutt Valley respondents were significantly more likely to think that the posters were a good reminder to people who have been drinking to use condoms to keep themselves safe, while Wellington respondents were less likely to do so.

5.4.1 Recall of poster messages

Question 9 in the survey questionnaire was designed to test respondents' recall of the intent of the posters health education messages. Respondents were asked about what information they remembered from the posters. Question 9 was constructed to firstly capture respondents' unprompted recall of information, followed by an interviewer-read list of poster messages to prompt recall. Table 17 shows the three unprompted information items most frequently recalled by respondents were:

- the risks of mixing sex and alcohol
- how to use a condom
- reasons for using a condom.

The information least likely to be recalled unprompted included:

- a reminder about HIV/AIDS
- where to get help for STDs
- having a sexual health checkup.

Table 17: Unprompted recall of information (N=524)*

Health message	N	%
Where to get help for STDs	81	16
Your right to choose whether or not to have sex	119	23
Emergency contraception	129	25
Having a sexual health checkup	77	15
How to use a condom	247	47
The risks of mixing sex and alcohol	251	48
Reminder about HIV/AIDS	98	19
Reasons for using a condom	223	43
Other	17	3

* Multiple responses to Question 9.

Table 18 shows the prompted recall of poster campaign messages. The results show a more even spread of health messages recalled, with the majority of statements being recalled by between 20 and 30 percent of respondents. The most frequently prompted recall of health messages included:

- the risk of mixing sex and alcohol
- your right to choose whether or not to have sex
- emergency contraception.

Table 18: Prompted recall of information (N=388)*

Health message	N	%
Where to get help for STDs	82	21
Your right to choose whether or not to have sex	132	34
Emergency contraception	108	29
Having a sexual health checkup	95	25
How to use a condom	95	25
The risks of mixing sex and alcohol	198	51
Reminder about HIV/AIDS	108	28
Reasons for using a condom	101	26
Other	0	0

* Multiple responses to Question 9.

5.4.2 Poster Awareness

As part of the survey process, respondents were shown copies of the campaign posters⁴ and asked to identify which posters they had seen. Table 19 below, shows that the poster most commonly seen in the case of male respondents was poster number 1 (56%). The female equivalent of poster number 1, poster number 5, was the poster most often identified by the female respondents (49%). The posters recalled less frequently were the posters with the least information, posters 3 and 6. In general respondents were positive about the campaign posters and their design. A number of respondents made comments about the posters and also suggested some possible improvements. A list of these comments can be found in the original CRESA report.

⁴ The posters have been reproduced in Appendix I.

Table: 19 Posters identified by respondents who had seen the posters (N=527)*

Poster	N	%
1. "If you were too drunk to know if you used a condom you probably didn't"	294	56
2. "These little things love waking up in the morning feeling used"	185	35
3. "Sexual Health let the Condom Roll"	168	32
4. "Too Boozed To Choose"	173	33
5. "If you were too drunk to know if he used a condom he probably didn't"	257	49
6. "Sexual Health you call the Shots"	140	27

* Multiple responses to Question 10.

APPENDIX I

POSTERS

**These little things
love waking up
in the morning
feeling used!**



- Be prepared, carry a condom
 - Always use a condom
 - Take care not to rip or damage the condom with jewelry or fingernails
- Condoms, if used properly, greatly reduce your risk of:
- infection with sexually transmitted diseases (STDs), including HIV/AIDS
 - an unplanned pregnancy

How to use a Condom



For confidential help and information contact:

• Sexual Health Clinic (0333) in Wellingdon, Paines and the Han Valley - Phone 365 5996
or Mavis Educators on Sexual Health (Wellingdon), Phone 365 3028
or a Family Planning Clinic in Wellingdon - 09 1992, Paines - 257 8895, Lower Han - 369 3025, Paines North - 336 4299 or a doctor

THIS PUBLIC HEALTH MESSAGE COMES TO YOU FROM THE CENTRAL REGIONAL HEALTH AUTHORITY

If you were
too drunk
to know if you used
a condom
...you probably
didn't!



Have a Sexual Health Checkup

A sexual health check-up will let you know if you have a sexually transmitted disease (STD) and give treatment if you need it.

Have a sexual health check-up, even if you don't have obvious signs - you can be infected without knowing.

Emergency contraception is available for women after:

- unplanned, unprotected sex, or
- if you think your method of birth control failed

Emergency Contraception Pills (ECPs) work best within 48 hours but can still be taken up to 72 hours after unprotected sex. ECPs are available at Family Planning Clinics or from doctors.



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Too Boozed To Choose?

Mixing too much alcohol (or drugs) with sex increases the risks of unsafe decisions and situations

- Sex without a condom?
- Not using the condom properly?
- Rape or assault?
- Sex you don't really want?
- Possible pregnancy or sexually transmitted diseases (STDs), including HIV/AIDS?

Stay in charge:

- Whether or not to have sex is **your** choice.
- Carry a condom and use it to protect your sexual health.
- Get home safely (a cab or phone a friend). You call the shots!



For confidential help and information contact:

• **Sexual Health Clinic (SHC)** in Wellington, Porirua and the Wairarapa - Phone 365 5996
or **Sexual Educators on Sexual Health (WELLSEX)**, Phone 365 5978
or a **Family Planning Clinic** in Wellington - 081 1992, Porirua - 237 0895, Lower Hutt - 369 3023, Palmerston North - 534 6295 or a doctor

THIS PUBLIC HEALTH MESSAGE COMES TO YOU FROM THE CENTRAL REGIONAL HEALTH AUTHORITY

If you were too drunk to know if he used a condom ...he probably didn't!



Emergency Contraception

is available for women after

- unplanned, unprotected sex, or
- if you think your method of birth control failed

See a Family Planning Clinic or a doctor.

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Sexual Health: you call the Shots



THIS PUBLIC HEALTH MESSAGE COMES TO YOU FROM THE CENTRAL REGIONAL HEALTH AUTHORITY

Sexual Health: Let the Condom Roll



THIS PUBLIC HEALTH MESSAGE COMES TO YOU FROM THE CENTRAL REGIONAL HEALTH AUTHORITY