



Convenience Advertising

AN EVALUATION

OF

***THE CONVENIENCE ADVERTISING SAFE
SEX AND ALCOHOL USE CAMPAIGN***

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1 BACKGROUND

In December 1995 Convenience Advertising (New Zealand) Limited launched a public health education, youth-targeted, safe sex campaign designed to:

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

Convenience advertising is based on a public health education approach tailored to deliver sensitive public health information to particular target groups, in toilets situated in specific locations frequented by the target group. Convenience advertising campaigns are conducted in co-operation with owners of venues frequented by the target group, in the case of the Safe Sex and Alcohol Use campaign's target group - toilets in tertiary education institutions, pubs, bars and nightclubs.

In March 1995 the Centre for Research, Evaluation and Social Assessment (CRESA) was commissioned by Convenience Advertising (New Zealand) Limited to undertake the evaluation of the company's, *Safe Sex and Alcohol Use*, public health education poster campaign.

2 RESEARCH OBJECTIVE

The principle objectives of the evaluation aimed to:

- (1) evaluate the effectiveness of the campaign in terms of the campaign's health messages having:
 - reached the target audience (young people aged 18-28 years)
 - reached the target group in the location of greatest risk, mainly where alcohol is consumed
- (2) assess the acceptability of the campaign posters to the target group
- (3) assess the usefulness of the poster campaign's messages to the target group.

3 METHODOLOGY

The 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.

3.1 Questionnaire development

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 (the responses of the pilot group have not been included in the analysis for this report).

Topics covered in the survey questionnaire included:

- personal demographic data
- pubs/bars or night club visits in the two weeks prior to interview
- knowledge of the campaign's safe sex campaign poster in toilet sites
- unprompted and prompted recall of the poster messages' content
- sites where posters seen
- assessment of the value and effectiveness of the posters.

A copy of the survey questionnaire is available in Appendix II of this report. Copies of the posters used for prompting respondents are available in Appendix III.

3.2 Survey population

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	50
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 1a 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 in Wellington, 128 in Porirua, 188 in the Hutt Valley and 189 in Palmerston North and 32 said they lived in “other” places.

The sampling framework was designed to achieve a 50 percent gender split. To achieve this a gender split in the interviewing teams was used, that is, interviews were conducted on a same sex basis - females interviewed females and males interviewed males. Convenience Advertising (NZ) Limited also wanted an overall mix of different ethnic viewpoints, specifically a minimum of 15 percent Maori and Pacific Island combined. That minimum requirement 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 1a.

Table 1a: Respondents 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

Confidence levels

The study has a 95 percent confidence level, with a margin of error of plus or minus 5 percent. Confidence levels for the regional breakdowns of 200 have a margin of error of plus or minus 7 percent.³ However, non-response rates were not recorded at all, therefore we are unable to test for systemic bias.

³ Both the sampling and confidence frames were provided by Ron Garland, Senior Lecturer, Department for Marketing, Massey University.

3.3 Data Analysis

All frequencies and cross tabulations were produced using the "*Statistical Package for the Social Science*" (SPSS).

Significance levels

Pearson co-efficient test for statistical differences were carried out on those survey responses where possible differences between various sub-population groups might have implications for future campaign management and direction.

Involvement of young people in the research process

The evaluation has involved young people at all phases of the research process, that is, in the design and planning of the research project, in the co-ordination of the fieldwork and interviewing process, in the data analysis and writing up of the evaluation report.

4 RESULTS

This section of the report presents the findings of the evaluation of Convenience Advertising (NZ) Limited's *Safe Sex and Alcohol Use* campaign. The structure of the report largely follows the evaluation objectives described in Section 2 of this report.

4.1 Did the campaign reach the target group?

Respondents were asked if they had seen the campaign posters in two survey questions, once without being shown the posters (question 7, see Appendix II), and once after being shown the posters (question 10, *ibid*). Prior to being shown copies of the actual campaign posters, slightly less than three quarters (73%) of the total study population had seen them, however, when shown the posters, slightly over three-quarters (76%) of respondents reported having seen them.

Table 2: Respondents who had ever seen the posters

	N	%
Yes	609	76
No	191	24
TOTAL	800	100

Responses above are to question 10 (see Appendix II)

4.2 Reaching the target group in locations of greatest risk?

Slightly less than three-quarters of the total study population had visited a pub, bar or nightclub in the two week period preceding interview, just over a quarter had not (see Table 3 below).

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

Responses above are to question 6 (see Appendix II)

Of the 232 respondents who stated they had not visited a pub/bar/nightclub in the last two weeks, nearly half (47%) had not seen the posters. However, it is worth noting that 53 percent had seen the posters despite their having not visited a pub or bar in the last two weeks.

Respondents were asked to specify where they had seen the campaign posters and were given a number of possible location options. Table 4 below shows that of the respondents who had seen the campaign posters (response to question 8), pub and bar toilets were the most common location in which they had been seen. Tertiary institutional campus toilets were the second most common location. Many respondents reported having seen the posters in more than one site

Table 4: Locations where posters were seen (N=585)

Location	N	%
Pub/bar	431	74
On campus	309	53
Other	10	2

Multiple responses to question 8, (see Appendix II)

Table 5 below shows there were few significant differences in terms of the various demographic characteristics of respondents who did, and did not, report having seen the posters. The group most likely to have seen the posters were 18 to 20 year-olds. Respondents under 18 years⁴ and Pacific Island young people generally were less likely to have seen the posters. There were also some regional differences, mainly, Wellington City respondents were less likely to have seen the campaign posters while Palmerston North City respondents were more likely to have seen them.⁵

⁴ Currently campaign posters have not been placed in secondary schools.

⁵ One possible explanation for these regional variations may be due to there having been fewer Wellington interviews conducted on campus, whereas all Porirua and Palmerston North respondents were interviewed on campus.

**Table 5: Posters seen in pubs/bars/nightclubs/campus
in the previous two weeks by demographic characteristics**

Characteristic	YES (N=609)		NO (N=191)		Total (N=800)
Sex					
Male	307	77	89	23	396
Female	302	75	102	25	404
Age					
< 18 years	69	62	43	38	112
18-20 years	266	83	55	17	321
21-24 years	176	75	58	25	234
25-28 years	98	74	35	26	133
Ethnicity					
Pakeha	361	78	101	22	462
Maori	92	78	26	22	118
Pacific Island	88	67	43	33	131
Other	68	76	21	24	89
Region					
Hutt Valley	162	79	42	21	204
Wellington City	126	62	76	38	202
Porirua City	151	76	48	24	199
Palmerston North	170	87	25	13	195

Demographic breakdown of Responses to question 10 (see Appendix II)

4.3 Campaign's acceptability to the target group

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. Responses to the statements by respondents' demographic characteristics as well as significance levels are provided in Appendix I.

"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 (see Table 6d, Appendix I).

"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" (see Tables 7d, Appendix I).

"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 (see Tables, 8a, 8b, 8c and 8d, Appendix I).

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 reported 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 (see Table 9a, Appendix I)

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 (see Table 10d, Appendix I).

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

4.4 Usefulness of the campaign to the target group

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	428⁶	100

No significant differences were found, in terms of age, sex and ethnicity (see Tables 11a, 11b and 11c). Interestingly, Porirua respondents reported 100 percent agreement with the statement, meaning this region had a slightly above average agreement level (see Table 11d, Appendix I).

"These poster 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

⁶ 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.

No significant differences were found in terms of age or ethnicity (see Tables 12b and 12c, Appendix I). Females were, however, far more likely than males to say they found the posters useful (see Table 12a, Appendix I). 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 (see Table 12d, Appendix I).

"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 (see Table 13c, Appendix I). 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 (Table 14a, Appendix I). Respondents in the under 18 age group were more likely to have discussed the posters with others (Table 14b, Appendix I). 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 (see Table 14c, Appendix I). 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 (see Table 14d, Appendix I).

"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, (see Table 15a, Appendix I). Respondents in the 25-28 age group were more likely to agree that the "posters are not much use" (see Table 15b, Appendix I). 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 (see Table 15d, Appendix I).

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

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

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 (see Table 16d, Appendix I).

4.4.1 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, see Appendix II

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, see Appendix II

4.4.2 Poster Awareness

As part of the survey process, respondents were shown copies of the campaign posters⁷ 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 Appendix IV.

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 II

5 CONCLUSIONS

Effectiveness

The evaluation findings indicate that the *Safe Sex and Alcohol Use* campaign has been highly successful in reaching its target audience, with three-quarters of the young people surveyed having seen the campaign posters.

Similarly, the decision to site the campaign posters in pubs, bars and nightclubs also appears to have been the right one. The vast majority of the study population had visited pubs, bars and nightclubs in the two weeks prior to interview, and these locations were the most commonly reported sites where the campaign posters were seen.

⁷ The posters have been reproduced in Appendix III.

The campaign posters appear to have been influential cross culturally: over two-thirds of each of the four ethnic groups involved had seen the posters in bars, pubs or nightclubs. However, Pakeha and Maori respondents were more likely to have seen the posters than "others" or Pacific Island respondents.

Young people aged 18 to 20 years were the most likely to have seen the posters in bars, pubs and nightclubs. The proportions in the older age groups who saw the campaign posters in these settings was also high. Not surprisingly, respondents under 18 years were less likely to have seen the posters-in these sites. Interestingly, however, just on two thirds of this age group had seen the posters in bars, nightclubs and pubs. It is clear from this research that that pubs, bars and nightclubs are social settings which attract the youth population.

The research findings also show a reasonably high level of unprompted recall of the campaign's health messages among the study population. They particularly recalled the key health messages of the campaign: the risks of mixing sex and alcohol.

Providing a backup site for locating posters also appears to have been an astute decision on the campaign planners part. Over half of the study population said they had seen the posters on campus. Its worth noting, however, that nearly three-quarters of the study population described themselves as full-time or part-time students.

Acceptability

The evidence is convincing that the decision to place campaign posters on toilet doors in public settings where alcohol is consumed was the right decision. The majority of survey respondents agreed that putting posters on the back of toilet doors was a good method of getting health messages across to young people. Most appeared comfortable with the posters' placement and health messages and few reported being embarrassed by them. The majority of respondents who had seen the posters liked them, thought them convincing and eye-catching, and found the health messages easy to remember. Palmerston North respondents were less likely to say they liked the posters, people in Wellington found the messages less easy to remember and Porirua respondents were less likely to agree that the posters were "eye catching".

Usefulness

Although there was a mixed response to the direct usefulness of the campaign's poster messages, there was, nevertheless, considerable disagreement with the view that "these posters are not much use". This discrepancy may be due to the fact that the question concerned was personalised and also implied past usefulness, whereas the latter question implies more general population usefulness.

There is some indication of potential flow-on effects from the posters. Over a quarter of female respondents had discussed the posters with others.

The evidence from this evaluation indicates strongly that Convenience Advertising's first venture into New Zealand has been highly successful. It has appealed to young people of both sexes and across cultural groups. The evidence lends support to expanding this type of public health approach into other parts of the country. It is worth noting, however, that the quota sample used for the evaluation survey is overly representative of an urban-based tertiary student population. We therefore advise Convenience Advertising (NZ) Limited to include an evaluation component into any expanded version of the campaign, particularly in provincial centres lacking tertiary institutional facilities.

APPENDIX I

TABLES

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Question 11: "I like these posters."

Table 6a: By sex (N=608)

Level of agreement	Females %	Males %
Agree	68	75
Disagree	6	6
Neutral	26	19
Total	100	100

Not statistically significant

Table 6b: By age (N=608)

Level of agreement	< 18 years %	18-20 years %	21-24 years %	25-28 years %
Agree	75	67	78	71
Disagree	4	6	3	8
Neutral	21	27	18	20
Total	100	100	100	100

Not statistically significant

Table 6c: By ethnicity (N=608)

Level of agreement	Pakeha %	Maori %	Pacific Island %	Other %
Agree	70	74	83	61
Disagree	6	4	5	7
Neutral	23	22	13	31
Total	100	100	100	100

Not statistically significant

Table 6d: By region (N=608)

Level of agreement	Lower Hutt %	Wellington %	Porirua %	Palmerston North %
Agree	77	79	76	58
Disagree	5	8	5	5
Neutral	18	14	20	37
Total	100	100	100	100

P = <.01

Question 11: "These posters are unconvincing."

Table 7a: By sex (N=606)

Level of agreement	Females %	Males %
Agree	6	6
Disagree	81	79
Neutral	12	15
Total	100	100

Not statistically significant

Table 7b: By age (N=606)

Level of agreement	< 18 years %	18-20 years %	21-24 years %	25-28 years %
Agree	6	5	9	7
Disagree	82	83	77	77
Neutral	12	12	15	16
Total	100	100	100	100

Not statistically significant

Table 7c: By ethnicity (N=606)

Level of agreement	Pakeha %	Maori %	Pacific Island %	Other %
Agree	4	3	11	13
Disagree	84	81	78	64
Neutral	12	15	10	22
Total	100	100	100	100

Not statistically significant

Table 7d: By region (N=606)

Level of agreement	Lower Hutt %	Wellington %	Porirua %	Palmerston North %
Agree	3	10	6	7
Disagree	88	71	79	81
Neutral	10	18	15	12
Total	100	100	100	100

P = <.05

Question 11: "These posters are embarrassing."

Table 8a: By sex (N=607)

Level of agreement	Females %	Males %
Agree	3	3
Disagree	92	93
Neutral	5	5
Total	100	100

Not statistically significant

Table 8b: By age (N=607)

Level of agreement	< 18 years %	18-20 years %	21-24 years %	25-28 years %
Agree	-	3	3	3
Disagree	94	94	89	91
Neutral	6	2	7	6
Total	100	100	100	100

Not statistically significant

Table 8c: By ethnicity (N=607)

Level of agreement	Pakeha %	Maori %	Pacific Island %	Other %
Agree	2	3	6	5
Disagree	94	91	86	91
Neutral	4	5	8	6
Total	100	100	100	100

Not statistically significant

Table 8d: By region (N=607)

Level of agreement	Lower Hutt %	Wellington %	Porirua %	Palmerston North %
Agree	1	3	5	2
Disagree	94	87	91	95
Neutral	4	10	3	2
Total	100	100	100	100

Not statistically significant

Question 11: "These posters are easy to remember."

Table 9a: By sex (N=607)

Level of agreement	Females %	Males %
Agree	77	88
Disagree	7	4
Neutral	16	8
Total	100	100

Not statistically significant

Table 9b: By age (N=607)

Level of agreement	< 18 years %	18-20 years %	21-24 years %	25-28 years %
Agree	78	83	80	87
Disagree	12	6	4	4
Neutral	10	11	15	9
Total	100	100	100	100

Not statistically significant

Table 9c: By ethnicity (N=607)

Level of agreement	Pakeha %	Maori %	Pacific Island %	Other %
Agree	85	81	78	72
Disagree	5	7	6	9
Neutral	10	12	15	19
Total	100	100	100	100

Not statistically significant

Table 9d: By region (N=607)

Level of agreement	Lower Hutt %	Wellington %	Porirua %	Palmerston North %
Agree	90	74	83	81
Disagree	3	6	7	7
Neutral	7	20	10	12
Total	100	100	100	100

Not statistically significant

Question 11: "These posters are very eye catching."

Table 10a: By sex (N=607)

Level of agreement	Females %	Males %
Agree	85	86
Disagree	6	4
Neutral	9	10
Total	100	100

Not statistically significant

Table 10b: By age (N=607)

Level of agreement	< 18 years %	18-20 years %	21-24 years %	25-28 years %
Agree	90	88	81	87
Disagree	6	3	5	8
Neutral	4	9	15	5
Total	100	100	100	100

Not statistically significant

Table 10c: By ethnicity (N=607)

Level of agreement	Pakeha %	Maori %	Pacific Island %	Other %
Agree	89	82	80	81
Disagree	4	9	2	6
Neutral	6	10	28	13
Total	100	100	100	100

Not statistically significant

Table 10d: By region (N=607)

Level of agreement	Lower Hutt %	Wellington %	Porirua %	Palmerston North %
Agree	96	80	76	89
Disagree	31	10	7	2
Neutral	73	10	17	8
Total	100.0	100.0	100.0	100.0

P = < .01

Question 11: "Health posters on the backs of toilet doors are a good method of getting this sort of message across to young people."

Table 11a: By sex (N=428)

Level of agreement	Females %	Males %
Agree	92	94
Disagree	2	1
Neutral	6	5
Total	100	100

Not statistically significant

Table 11b: By age (N=428)

Level of agreement	< 18 years %	18-20 years %	21-24 years %	25-28 years %
Agree	93	93	93	92
Disagree	0	2	1	5
Neutral	7	5	6	6
Total	100	100	100	103

Not statistically significant

Table 11c: By ethnicity (N=428)

Level of agreement	Pakeha %	Maori %	Pacific Island %	Other %
Agree	93	94	94	91
Disagree	1	2	0	7
Neutral	6	5	6	2
Total	100	101	100	100

Not statistically significant

Table 11d: By region (N=428)

Level of agreement	Lower Hutt %	Wellington %	Porirua %	Palmerston North %
Agree	96	91	100	92
Disagree	1	2	0	2
Neutral	4	7	0	6
Total	101	100	100	100

Not statistically significant

Question 11: "These posters give advice I would follow."

Table 12a: By sex (N=607)

Level of agreement	Females %	Males %
Agree	70	76
Disagree	9	6
Neutral	21	18
Total	100	100

Not statistically significant

Table 12b: By age (N=607)

Level of agreement	< 18 years %	18-20 years %	21-24 years %	25-28 years %
Agree	59	77	74	73
Disagree	13	5	7	9
Neutral	28	18	19	18
Total	100	100	100	100

Not statistically significant

Table 12c: By ethnicity (N=607)

Level of agreement	Pakeha %	Maori %	Pacific Island %	Other %
Agree	78	64	65	72
Disagree	5	10	11	10
Neutral	17	26	24	18
Total	100	100	100	100

P = < .05

Table 12d: By region (N=607)

Level of agreement	Lower Hutt %	Wellington %	Porirua %	Palmerston North %
Agree	64	56	87	84
Disagree	12	8	6	3
Neutral	24	37	7	14
Total	101	101	100	101

P = < .001

Question 11: "These posters have been useful to me."

Table 13a: By sex (N=606)

Level of agreement	Females %	Males %
Agree	39	29
Disagree	27	36
Neutral	34	35
Total	100	100

Not statistically significant

Table 13b: By age (N=606)

Level of agreement	< 18 years %	18-20 years %	21-24 years %	25-28 years %
Agree	35	33	35	36
Disagree	27	33	25	36
Neutral	28	35	39	29
Total	100	101	99	101

Not statistically significant

Table 13c: By ethnicity (N=606)

Level of agreement	Pakeha %	Maori %	Pacific Island %	Other %
Agree	32	40	35	39
Disagree	34	23	29	34
Neutral	34	37	37	27
Total	100	100	101	100

Not statistically significant

Table 13d: By region (N=606)

Level of agreement	Lower Hutt %	Wellington %	Porirua %	Palmerston North %
Agree	32	27	50	27
Disagree	36	29	17	436
Neutral	32	44	34	30
Total	100	101	101	100

P = < .01

Question 11: "I have discussed these posters with other people" (N=607)

Table 14a: By sex

Level of agreement	Females %	Males %
Agree	15	27
Disagree	80	67
Neutral	5	6
Total	100	100

P = < .01

Table 14b: By age

Level of agreement	< 18 years %	18-20 years %	21-24 years %	25-28 years %
Agree	29	18	22	22
Disagree	68	78	69	75
Neutral	3	4	9	3
Total	100	100	100	100

Not statistically significant

Table 14c: By ethnicity

Level of agreement	Pakeha %	Maori %	Pacific Island %	Other %
Agree	25	17	13	16
Disagree	72	77	78	76
Neutral	4	5	9	8
Total	101	99	100	100

Not statistically significant

Table 14d: By region

Level of agreement	Lower Hutt %	Wellington %	Porirua %	Palmerston North %
Agree	27	18	17	22
Disagree	68	73	82	74
Neutral	5	10	2	5
Total	100	101	101	99

P = < .01

Question 11: "These posters are not much use" (N=605)

Table 15a: By sex

Level of agreement	Females %	Males %
Agree	6	11
Disagree	84	76
Neutral	11	13
Total	101	100

P = < .05

Table 15b: By age

Level of agreement	< 18 years %	18-20 years %	21-24 years %	25-28 years %
Agree	7	8	7	15
Disagree	85	83	75	77
Neutral	7	10	18	8
Total	99	101	100	100

P = .01

Table 15c: By ethnicity

Level of agreement	Pakeha %	Maori %	Pacific Island %	Other %
Agree	8	8	12	10
Disagree	82	82	75	72
Neutral	11	10	14	18
Total	100	100	101	100

Not statistically significant

Table 15d: By region

Level of agreement	Lower Hutt %	Wellington %	Porirua %	Palmerston North %
Agree	3	6	20	6
Disagree	95	75	64	82
Neutral	2	19	15	12
Total	100	100	99	100

P = < .001

Question 12: Do you think these posters are a good way of reminding people who have been drinking to use condoms? (N=609)

Table 16a: By sex

Level of agreement	Females %	Males %
Agree	86	87
Disagree	8	8
Neutral	6	5
Total	100	100

Not statistically significant

Table 16b: By age

Level of agreement	< 18 years %	18-20 years %	21-24 years %	25-28 years %
Agree	93	85	88	84
Disagree	3	9	7	12
Neutral	4	6	5	4
Total	100	100	100	100

Not statistically significant

Table 16c: By ethnicity

Level of agreement	Pakeha %	Maori %	Pacific Island %	Other %
Agree	90	85	85	75
Disagree	7	8	9	15
Neutral	4	8	6	10
Total	101	101	100	100

Not statistically significant

Table 16d: By region

Level of agreement	Lower Hutt %	Wellington %	Porirua %	Palmerston North %
Agree	97	77	87	84
Disagree	2	15	9	9
Neutral	1	8	5	8
Total	100	100	101	101

P = < .001

APPENDIX II

QUESTIONNAIRE

CONVENIENCE ADVERTISING SURVEY

ID number

Interviewers name

Region

Location

This survey is looking at whether advertisements on the back of toilet doors and toilet areas are noticed and remembered by the people who see them. Your ideas will help us to see whether this type of advertising is working and what you think of it.

1. Sex of respondent

Male.....1

Female2

2. To which age group do you belong?

Read list aloud. Circle one only.

Under 18.....1

18-202

21-243

25-284

3. To which ethnic group do you most strongly identify?

Read list aloud. Circle one only.

Maori.....1

Pakeha/European2

Pacific Islander3

Other. (*Please specify*).....4

4. Which of the following best describe your present activities?

Read list aloud. Circle as many as required.

- Student (*Which Campus*)1 Full-time/Part time
- Employed (*full time*)2
- Employed (*part time*).....3
- Unemployed4
- Other. (*Please specify*).....5

5. Where do you live at present?

Circle only one. Put response into one of our research regions. If you are unsure write response in the 'other' category.

- Wellington.....1
- Porirua.....2
- Hutt Valley.....3
- Palmerston North.....4
- Other (*Please specify*).....5

6. Have you visited any pubs/bars/nightclubs in the last two weeks?

Circle one only. Try to get respondents to name a particular bar but don't worry if they can't or don't want to.

- Yes (*Please specify*)1
- No.....2
- Other. (*Please specify*).....3

7. Have you seen any safe sex poster messages in the toilets of pubs/bars (or around campus)? Only refer to campus if respondent is a student. Circle one only.

- Yes1 **go to 8**
- No.....2 **go to 10**

8. Where did you see the posters? Circle as many as required.

- Pub/bar1
- On campus.....2
- Other. (*Please specify*).....3

9. Do you remember what information the posters were giving?

Circle as many as required. Use list as a prompt if necessary.

	<i>Unprompted</i>	<i>Prompted</i>
Where to get help for Sexually Transmitted Diseases	1	1
Your right to chose whether or not to have sex	2	2
Emergency contraception	3	3
Having a sexual health checkup	4	4
How to use a condom	5	5
The risks of mixing sex and alcohol	6	6
Reminder about HIV/AIDS	7	7
Reasons for using a condom	8	8
Other (Please specify)	9	9

Show copies of the safe sex posters as a reminder.

10. Is this one of the posters you saw?/Have you ever seen any of these posters?

Question depends on earlier responses.

- Yes1
 No.....2 **End survey**

Circle poster number 1 2 3 4 5 6

Only circle if response from above has changed

- Campus.....1
 Bar/Pub etc.2
 Other. (Please specify).....3

11. Do you agree/disagree with the following statements? Use show cards. Circle one response only. Only use neutral if respondents will not agree or disagree with the statements.

agree = 1 disagree = 2 neutral = 3

Health posters on the backs of toilet doors are a good method of getting this sort of message across to young people	1	2	3
I like these posters	1	2	3
These posters are unconvincing	1	2	3
These posters are embarrassing	1	2	3
The posters are easy to remember	1	2	3
The posters are very eye catching	1	2	3
These posters give advice I would follow	1	2	3
These posters have been useful to me	1	2	3
I have discussed these posters with other people	1	2	3
These posters are not much use	1	2	3

12. Do you think these posters are a good way of reminding people who have been drinking to use condoms to keep themselves safe? Circle one only.

- Yes1
- No.....2
- Other. (Please specify).....3

13. Do you have any other comments you would like to make about the posters or the poster campaign? Record response, continue over the page if necessary.

APPENDIX III

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 (SHC) in Wellington, Porirua and the Hutt Valley - Phone 365 3096
 or Mani Education and Sexual Health (MESH) - Phone 365 3038
 or a Family Planning Clinic in Wellington - 491 9992, Porirua - 271 9875, Lower Hutt - 369 3023, Palmerston North - 361 6299 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 (ECP) 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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• Sexual Health Clinic (SHC) in Wellington, Porirua and the Hutt Valley - Phone 365 3096
 or Mani Education and Sexual Health (MESH) - Phone 365 3038
 or a Family Planning Clinic in Wellington - 491 9992, Porirua - 271 9875, Lower Hutt - 369 3023, Palmerston North - 361 6299 or a doctor

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

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:

a Sexual Health Clinic (SHC) in Willington, Putnam and the Blue Valley - Phone 361 5966
or Men's Education on Sexual Health (MESHS) - Phone 361 5928
or a Family Planning Clinic in Willington - 491 1902, Putnam - 257 9665, Lower Hill - 381 5025, Edenton - South - 516 6299 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.

Emergency Contraceptive Pills (ECP) 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 a doctor.

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

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

For confidential help and information contact:

a Sexual Health Clinic (SHC) in Willington, Putnam and the Blue Valley - Phone 361 5966
or Men's Education on Sexual Health (MESHS) - Phone 361 5928
or a Family Planning Clinic in Willington - 491 1902, Putnam - 257 9665, Lower Hill - 381 5025, Edenton - South - 516 6299 or a doctor

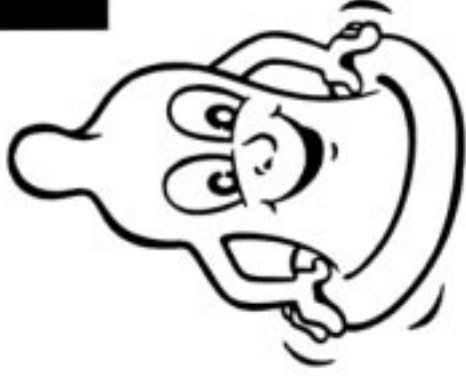
THIS PUBLIC HEALTH MESSAGE COMES TO YOU FROM THE CENTRAL REGIONAL HEALTH AUTHORITY

Sexual Health: you call the Shots



THIS PUBLIC HEALTH MESSAGE COMES TO YOU FROM THE CENTRAL BOARD OF HEALTH, BOSTON, MASSACHUSETTS.

Sexual Health: Let the Condom Roll



THIS PUBLIC HEALTH MESSAGE COMES TO YOU FROM THE CENTRAL BOARD OF HEALTH, BOSTON, MASSACHUSETTS.

APPENDIX IV

COMMENTS

COMMENTS

Campaign

- Good idea! [11]
- Information would have been useful when they were younger [2]
- It is great that people are being educated [2]
- Keep campaign going. If everywhere continually then bound to help some. [3]
- Very forward, good because it is something that needs to be addressed
- Need to be there so people know, a good reminder [4]
- Doesn't influence people, they either will or won't
- This is only one way, not enough by itself
- Congratulations on an excellent idea, I hope it helps my friends too
- Have posters with a condom machine next to them [4]
- While these posters are good for young people – there is no age limit for practicing safe sex, so they help everyone
- I think these posters are a great idea – more money should be spent on these preventative measures, before people have unsafe sex
- Drunkenness may affect whether you take notice [4]

Location

- Toilets the right place to have this sort of poster [8]
- Not just in toilets of campus and bars [15] suggestion: cafes, all public toilets, main entrance of bars [2], secondary schools [2], public noticeboards, restaurants, public areas.

Posters

- Good bright colours, keep the work up
- Strong message. Like the frames, made them look more permanent/professional
- Especially like poster number six
- Catchy, simple humorous, but still with a serious message
- Simple message, no fuss
- They give a quick message
- Done with humour, which is a good approach
- Very informative [2]

Improvements

- More illustrations – more statistics on posters
- Maybe different languages, more illustrations and statistics
- Bit more hard hitting – don't be gentle [3]
- Should do different types of posters, eg drugs as well, not just boozing. Seems like it is aimed just at one night stands, should be directed at people with partners too
- This is only aimed at heterosexuals – should be for homosexuals as well
- Brighter colours, more graphic art [3]
- Should have better artwork ie. more explicit
- More needed [4]
- Bigger [6] two of which said text needs to be larger

Criticisms

- Don't like colours, graphics – look bland/dated on white background
- Not eye-catching [2]
- Posters false message, half truths, condoms not 100% safe
- Reminds them of dental clinic posters
- Some [posters] have too much information