



Convenience Advertising

**CHLAMYDIA PREVENTION CAMPAIGN:
EVALUATION REPORT**

**A REVIEW OF THE CONVENIENCE ADVERTISING PROGRAMME
FOR THE DEPARTMENT OF HUMAN SERVICES**

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Introduction

This report provides an evaluation of a narrowcast education campaign implemented and managed by Convenience Advertising for the Chlamydia Prevention Campaign, funded by the Department of Human Services.

The evaluation is based on the analysis of data gathered in 297 survey interviews. The report focuses on the extent to which the material delivered specific, appropriate and relevant messages in accordance with the aims of the campaign.

The material prepared for the campaign targeted young people aged 16-29 years and focused on the issues of chlamydia, safe sex and sexual health check ups. Gender specific messages were developed to target males and females using the Convenience Advertising narrowcast communications methodology. This methodology involves the placement and maintenance of A4 messages, with take away information in the bathroom environments of select venues. Approximately 518 A4 messages and take-away card dispensers were placed in a variety of locations, including bars, hotels and tertiary institutions in Victoria. The Convenience Advertising narrowcast media methodology was used, with 93 separate venues across Victoria displaying the campaign material.

Survey interviews were conducted in hotels (n = 151) tertiary institutions (n = 105) and clubs and bars (n = 37). The interview schedule contained a range of questions. These explored the level and rate of message recall, message content knowledge, type of message 'out take', and perceptions of the message and message placement (i.e. appropriateness of placement in bathroom environments). Relevant demographics were also recorded.

Interviews were conducted in the locations on an availability basis, so the sample is not a random sample. For this reason, some statistics such as the chi-square as a measure of association between variables cannot be treated with the same level of confidence as would be the case with a random sample, since there is a possibility that the non-randomness of the selection process violates underlying assumptions of the method.

Executive Summary

Communication Aims

In 2002 Convenience Advertising was contracted by DHS Victoria to develop, implement, maintain and evaluate a narrowcast communications campaign regarding chlamydia in Victoria. The communications aims of the campaign were to:

- Increase awareness of and knowledge about chlamydia and its consequences
- Increase knowledge and awareness of chlamydia and its prevention
- Encouraging those at risk to seek testing and treatment from their GP
- Encouraging safer sex practices as a prevention measure against acquiring chlamydial infection

To achieve this a locus of risk and locus of engagement intervention was implemented utilising universities and TAFES and licensed venues that catered to the target audience.

This methodology was modeled on successful and long term narrowcast sexual health interventions that Convenience Advertising manage in Ireland, Northern Ireland, Wales, and other parts of Australia. These campaigns consistently report unprompted recall rates in excess of 60%.

This report presents detailed findings of the evaluation research project, which was commissioned to measure the communications effectiveness of the campaign. The report presents findings in the following areas:

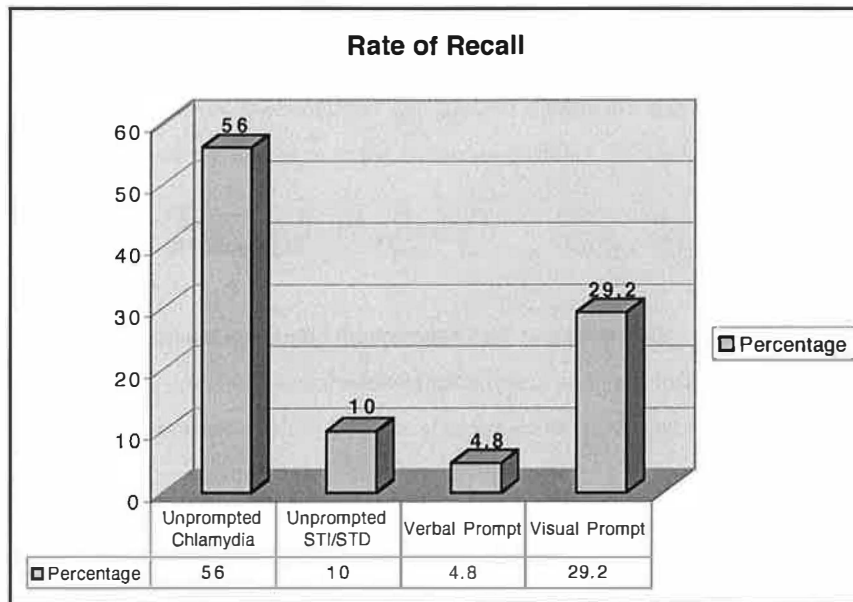
1. Level and Rate of Recall of Campaign Materials
2. Message Content Recall
3. Perceptions of the message
4. Behavioural or Anticipated Behavioural Responses
5. Conclusion

In summary:

Level and Rate of Recall of Campaign Materials

In summary it is found that rate of recall of campaign materials is very high. The sample consisted of 297 people (n=297). Of these 297:

- 100% recalled seeing a message in the bathroom area
- 56% of respondents (n=297) recalled, without prompting, that the message in the bathroom was about chlamydia
- A further 10% of the sample correctly recalled, unprompted, that the posters were about STDs or STIs or safe sex
- 66% total unprompted recall of campaign message
- The remaining 44% of respondents were able to recall the campaign poster with either a verbal or a visual prompt
- 100% of the sample report recalling the campaign posters either unprompted or prompted.



Message Content Recall

Questions regarding message content recall were designed to measure respondents message 'take out' – what did they perceive to be the main message of the campaign.

Again, results in this section were very gratifying. 93% of respondents were able to remember at least one of the main components of the message.

- 93% of respondents recalled at least one specific chlamydia message
- 72% of respondents recalled two or more chlamydia messages with differing thematic content
- 85% of respondents received the message: condoms can prevent chlamydia/STIs

- 50% of respondents received the message: chlamydia can cause infertility
- 17% of respondents received the message: chlamydia is asymptomatic

Overall, it is reported that condoms can prevent chlamydia was most commonly received as the central message of the campaign posters.

Perceptions of the message

- 100% of respondents found the message easy to understand
- 87% of respondents found the messages relevant and/or helpful
- 95% of respondents felt that it was appropriate or quite appropriate to display the campaign posters in the bathroom environment

Behavioural or Anticipated Behavioural Responses

- 63% of respondents stated that would be likely to speak to someone else about chlamydia (pass on information) as a result of seeing the campaign posters.

Analysis of data

This section of the report presents an analysis of data relating to the questions asked on the questionnaire. The results are presented under four headings: level and rate of recall of campaign materials, message content recall, perceptions of the message/message placement and behavioural or anticipated behavioural responses to the message. Firstly, however, a description of the sample characteristics is provided.

Sample Characteristics

A total of 297 respondents comprised the sample, all of whom had used the bathroom facilities in the research location immediately prior to interview or within two days prior.

Women were slightly over-represented in the sample, comprising 58%.

Over half of the sample were aged between 17 and 24 years and 81% were aged between 17 and 28 years. Accordingly, the target audience (young people under 25) was well represented. The age distribution suggests that venues were appropriately selected to ensure that young people were exposed to campaign materials.

The age and gender of respondents is summarized in Table 1.

Table 1 Sample by Gender and Age

| | | N of respondents | % |
|-----------|--------|------------------|-----|
| Gender | Male | 117 | 42% |
| | Female | 161 | 58% |
| Age Group | 17-20 | 61 | 21% |
| | 21-24 | 104 | 35% |
| | 25-28 | 75 | 25% |
| | 29-31 | 26 | 9% |
| | 32-35 | 21 | 8% |
| | 36+ | 10 | 3% |

Note: 19 respondents did not specify gender

Women in the sample were significantly more likely than men to be aged between 17 and 24 years (chi-square test = 8.34 (df =1), $p < .05$). As shown in Table 2, 63% of female respondents compared with 45% of male respondents were aged 17 to 24 years.

Table 2 Age (recoded) by Gender

| | 17-24 yrs | 25+ yrs |
|---------|-----------|---------|
| Males | 45% | 55% |
| Females | 63% | 37% |

Note: 19 respondents did not specify gender

One quarter of the sample had not heard anything about chlamydia prior to having seen the campaign materials, whilst 73% of the sample had heard something about chlamydia prior to the campaign.

As Table 3 shows, women were significantly more likely than men to have heard something about chlamydia prior to seeing the campaign materials (chi-square

test = 22.88 (df=1), p<.001). This suggests that men in particular may be a relevant target group for future chlamydia education programmes.

Table 3 Prior Knowledge of chlamydia by Gender

| Q26 Before seeing this poster had you heard anything about chlamydia before? | | |
|--|-----|-----|
| | Yes | No |
| Females | 86% | 14% |
| Males | 60% | 40% |

Note: 8 respondents did not specify yes or no

Level and Rate of Recall of Campaign Materials

To establish the level and rate of recall, respondents were asked a number of questions in the following sequence:

Have you just now or over the last two days used the bathroom facilities here?

All 297 respondents answered yes to this question. Respondents were then asked:

Whilst you were in the bathroom did you see any posters on the walls, or anywhere else in the bathroom?

Almost all respondents, 296, answered yes to this question, and one answered no.

Respondents were then asked: *Can you tell me the topic of the posters?*

The majority of respondents, 216, said yes and 81 said no. At this point, respondents may have been referring to any advertising posters present in the bathrooms. In order to examine the level of unprompted recall of chlamydia campaign posters, respondents were then asked:

What were the posters about?

Out of 216 respondents, 166 (77%) stated that the topic of the posters they had seen was “chlamydia”. This represents a 56% unprompted recall rate of the specific campaign topic for the full sample. A further 30 respondents answered that the posters were about “STIs”, “STDs”, “safe sex” or “protection”. These respondents represent a further 10% unprompted recall rate of the broader campaign message.

Women were significantly more likely than men to spontaneously recall the specific campaign topic, “chlamydia” (chi-square = 4.67 (df=1), $p < .05$), as shown in Table 4 below. This may reflect the fact that women were more likely than men to have heard something about chlamydia before seeing the campaign materials (see Sample Characteristics).

Table 4 Unprompted Recall (recoded) by Gender

| Q7 What were the posters about? | | |
|---------------------------------|-----------|-------------|
| | chlamydia | Drugs/Other |
| Males | 72% | 28% |
| Females | 84% | 16% |

Note: 6 respondents did not specify a topic

However, 22% of males in this group, compared with only 3% of females, stated that the posters were about “STIs”, “STDs” or “safe sex”. This suggests that men had equal, if not better spontaneous recall of the campaign topic, despite being less likely to name the topic as “chlamydia”.

Respondents who remembered the topic of unrelated posters (n = 14) were asked:

Did you see any posters that were about chlamydia?

All respondents in this group recalled the posters with this verbal prompt.

Respondents who were unable to describe the topic of the material they had seen in the bathroom (Q4, n = 81) were provided with a minimal visual prompt (a creative execution of the poster without text) and asked:

Was this the poster that you saw in the bathroom?

Out of 81 respondents, 67 answered yes and 14 answered no. Those respondents answering yes were then asked:

What were the poster(s) about?

Out of 67 respondents, the majority, 41, correctly identified that the posters were about chlamydia and a further 14 stated that the poster was about “STDs”, “STIs” or “safe sex”.

In short, a further 14% of respondents were able to recall the specific campaign topic with minimal visual prompting and an additional 5% were able to recall the broader campaign topic.

Respondents who remembered the topic of unrelated posters in this group (n = 12) were asked:

Did you see any posters that were about chlamydia?

Again, all respondents recalled the posters with this verbal prompt.

Those respondents who did not recall seeing the poster with minimal visual prompting (n = 14) were then shown the actual message displayed in the bathroom and asked:

Can you remember seeing this poster in the bathroom?

All of these respondents recalled the campaign posters when provided with this more detailed visual prompt.

In summary, 296 of 297 respondents noticed and recalled seeing the campaign posters, most with no or minimal prompting. Furthermore, 85% of respondents were able to name the specific or broader campaign topic with no or minimal prompting. These figures reflect a very high rate of campaign awareness and suggest that the campaign posters were successful in attracting the attention of their intended audience

100% of respondents recalled seeing the campaign posters.
Almost all respondents (94%) recalled the posters with minimal or no prompting.
85% of respondents were able to recall the campaign topic with minimal or no prompting.

As a measure of card-dispenser recall, respondents were asked:

Q19 Some of the posters have a take-away card dispenser, did you see one?

In response to this question, 33 respondents answered yes and 260 answered no. Compared with the high rate of respondents able to recall the campaign posters and campaign topic, this rate of recall (11%) is surprisingly low.

As shown in Table 5, further analysis showed that respondents aged 17 to 24 years were significantly more likely to remember seeing the take-away cards than those aged 25 years and over (chi-square = 6.30 (df=1), $p < .05$).

Table 5 Card-dispenser Recall by Age Group (recoded)

| Q19 Some of the posters have a take-away card dispenser, did you see one? | | |
|---|-----|-----|
| | Yes | No |
| 17-24 years | 15% | 85% |
| 25+ years | 6% | 94% |

Note: 4 respondents did not specify yes or no

The target audience, therefore, had a 15% recall rate of take-away card dispensers, which is an improvement on the recall rate for the entire sample.

Respondents were also asked:

Can you remember what the cards had on them?

In response to this question, only 2 respondents answered yes. When asked:

What did the card say?

One respondent stated that the card had "Phone numbers of who to call", and the other respondent did not specify.

The above results may indicate that most respondents were not able to notice take-away card dispensers. Alternatively, they may reflect a sample selection or response bias (the sample did not adequately represent the population in relation to this variable). Tracking data recorded by Convenience Advertising indicates a high uptake of take-away cards, therefore, on the basis of this study, it is undeterminable whether the device was an effective or ineffective aspect of the campaign materials.

Concluding this section, level and rate of recall of materials in terms of numbers and percentages for the full sample are listed in Table 6 below.

Table 6 Level and Rate of Recall of Materials

| Level of recall of materials | Rate of recall | |
|--|----------------|-----|
| | N | % |
| Specific campaign topic unprompted | 166 | 56% |
| Broader campaign topic unprompted | 30 | 10% |
| Specific campaign topic with minimal prompting | 41 | 14% |
| Broader campaign topic with minimal prompting | 14 | 5% |
| Campaign posters with verbal prompt only | 14 | 5% |
| Campaign posters with minimal visual & verbal prompt | 12 | 4% |

| | | |
|--|----|-----|
| Campaign posters with detailed visual prompt | 14 | 5% |
| Take away card dispensers | 33 | 11% |

Note: 6 respondents did not complete the series of questions whereby a specific level of recall could be determined

Message Content Recall

Message content knowledge and type of message 'out take' was assessed by asking respondents:

***Can you remember what the chlamydia poster was saying? and
What else did the poster say?***

In response to Q9, 277 respondents (93%) were able to remember at least one of the statements listed in Table 7 below. The table lists the specific messages remembered in order of prevalence. The order of prevalence suggests that the idea or theme of 'condoms' was central in respondents' recall of the campaign message.

Table 7 Rates of Content Knowledge Recall – First Recall

| Q 9 Can you remember what the chlamydia poster was saying? | | |
|---|-----|--------------------|
| Specific message statements | N | % (of full sample) |
| Using a condom is the best way to avoid contracting chlamydia | 107 | 36% |
| Condoms can help you have babies | 81 | 27% |
| Wearing a condom is the best way to stop STIs | 70 | 24% |
| chlamydia can lead to infertility | 45 | 15% |
| Condoms stop sexually transmissible infections | 44 | 15% |
| chlamydia shows no symptoms | 23 | 8% |
| Get a test for chlamydia (STIs) | 11 | 4% |

Further analysis of content recall by theme showed that:

- 194 respondents (65%) remembered content regarding the use of condoms and the prevention of chlamydia or STIs
- 109 respondents (37%) remembered content regarding chlamydia and the issue of fertility
- 30 respondents (10%) remembered content regarding chlamydia and the absence of symptoms or the need for testing

Furthermore:

- 54 respondents (18%) remembered content with two themes at first recall
- 14 respondents (5%) remembered all three content themes at first recall

In response to Q10, 252 respondents (85%) were able to remember an additional specific message statement. Table 8 presents the statements remembered in order of prevalence. Once again, the idea or theme of condoms and prevention proved central in respondents' recall of campaign messages, however, the message that chlamydia can lead to infertility was the single most popular response.

Table 8 Rates of Content Knowledge Recall – Second Recall

| Q10 What else did the poster say? | | |
|---|----|------------------|
| Specific message statements | N | % of full sample |
| chlamydia can lead to infertility | 47 | 16% |
| Condoms stop sexually transmissible infections | 45 | 15% |
| Using a condom is the best way to avoid contracting chlamydia | 43 | 14% |
| Wearing a condom is the best way to stop STIs | 42 | 14% |
| Get a test for chlamydia | 28 | 9% |
| chlamydia shows no symptoms | 28 | 9% |
| Condoms can help you have babies | 19 | 6% |

Table 9 following details the total message content remembered by the entire sample, equal to the combination of responses for both Q9 and Q10.

Table 9 Total Rates of Content Knowledge Recall

| Specific message statements | N | % of full sample |
|---|-----|------------------|
| Using a condom is the best way to avoid contracting chlamydia | 150 | 51% |
| Wearing a condom is the best way to stop STIs | 112 | 38% |
| Condoms can help you have babies | 100 | 34% |
| chlamydia can lead to infertility | 92 | 31% |
| Condoms stop sexually transmissible infections | 89 | 30% |
| chlamydia shows no symptoms | 51 | 17% |
| Get a test for chlamydia | 39 | 10% |

Further analysis of total content recall by theme showed that:

- 252 respondents (85%) remembered content regarding the use of condoms and the prevention of chlamydia or STIs
- 147 respondents (50%) remembered content regarding chlamydia and the issue of fertility
- 75 respondents (25%) remembered content regarding chlamydia and the absence of symptoms or the need for testing

Furthermore:

- 214 respondents (72%) remembered content with two or more themes

Perhaps not surprisingly, women were significantly more likely than men to first remember the statements, "Condoms can help you have babies" (39% of females compared with 10% of males, chi-square test = 28.68 (df=1), $p < .001$) and "chlamydia can lead to infertility" (26% of females compared with 3% of males, chi-square test = 26.78 (df=1), $p < .001$).

Men were significantly more likely to first remember the statements "Using a condom is the best way to avoid contracting chlamydia" (55% of males compared with 23% of females, chi-square test = 29.27 (df=1), p<.001) and "Condoms stop sexually transmissible infections" (25% of males compared with 9% of females, chi-square test = 13.42 (df=1), p<.001).

In summary, respondents demonstrated a high level of specific message content knowledge. A large majority, 93%, were able to recall at least one specific chlamydia message. Also, 72% of respondents were able to recall at least two chlamydia messages with differing thematic content. Overall, the message that the use of condoms prevents chlamydia and STIs was the central message received by respondents (85%). However, half of the sample also received and recalled the message that chlamydia can cause infertility. The advertising was less successful in communicating that chlamydia can have no symptoms and to get a test for chlamydia, however, a reasonable minority of respondents, 25%, remembered this information.

There were differences in message 'out take' according to gender, with women tending to be more focused on the theme of fertility, and men tending to be more focused on the theme of preventative use of condoms. This should be considered in any future message design with regard to gendered target audiences.

93% of respondents recalled at least one specific chlamydia message.

72% of respondents recalled two or more chlamydia messages with differing thematic content.

85% of respondents received the message: Condoms prevent chlamydia /STIs.

50% of respondents received the message: chlamydia can cause infertility.

17% of respondents received the message: chlamydia is asymptomatic.

Building on the findings of high rates of recall of campaign materials, the analysis shows that respondents also attended to and processed message content at high or moderate rates for at least two of the three message themes. These results are very positive, but must also be considered in terms of respondents' affective response or perceptions of the message, which is considered next.

Perceptions of the Message

As a measure of respondents' perceptions of message relevance, respondents were asked:

Who do you think the poster is intended for? (male and females were shown gender specific messages, however the results are aggregated).

Responses are presented below in Table 10, in order of prevalence.

Table 10 Perceived Target Audience

| Group | N | % |
|--|-----|-----|
| Anybody/everyone | 112 | 38% |
| Young people | 70 | 24% |
| Women | 50 | 17% |
| Men | 37 | 13% |
| People who are promiscuous | 27 | 9% |
| People who have unprotected/unsafe sex | 19 | 6% |
| People who have chlamydia | 10 | 3% |
| People who have a sexually transmitted infection | 3 | 1% |
| Not sure | 1 | 0% |

Participants' responses varied as a function of age and gender. With respect to age, those participants aged 17 to 24 years were significantly more likely than those aged 25 and over, to believe that the message was intended for "Young people" and for "Women" (chi-square test = 3.83, 6.59 (df=1), $p < .05$). Respondents aged 25 and over were significantly more likely than those aged 17 to 24 years to believe that the messages were intended for "Anybody/everybody" and "People who are promiscuous" (chi-square test = 13.45, 8.09 (df = 1),

p<.05). The percentage of each age group recording a response in these categories is shown in Table 11 below.

Table 11 Age (recoded) by Perceived Target Audience

| | Q11 Who do you think the poster is intended for? | | | |
|-----------|--|---------|-----------|---------------|
| | 'Young people' | 'Women' | 'Anybody' | 'Promiscuous' |
| 17-24 yrs | 28% | 22%* | 29% | 5% |
| 25+ | 18% | 11% | 49% | 14% |

**Note: Further analysis suggests that the finding that 17 to 24 year olds were more likely to believe that the poster was intended for women most probably reflects the gender composition of this age group (63% female).*

Males were significantly more likely than females to believe that the message was intended for men (chi-square test = 41.31 (df = 1), p<.001) and females were significantly more likely than males to believe that the message was intended for women (chi-square test = 28.60 (df=1), p<.001). Percentages of each gender recording a response in the categories 'Men' and 'Women' are shown in Table 12 below.

Table 12 Gender by Perceived Target Audience

| | Q11 Who do you think the poster is intended for? | |
|---------|--|---------|
| | 'Men' | 'Women' |
| Males | 27% | 3% |
| Females | 1% | 27% |

The relationships between these variables reflects a tendency for each particular age or gender group to perceive that the message was intended for 'them'. The messages were, in the great majority, not perceived to be targeted at potentially stigmatized or minority groups, such as the promiscuous or sexually 'irresponsible', those with chlamydia or STIs (see Table 10). The analysis,

therefore, suggests that respondents identified with the messages and were unlikely to resist or dismiss messages on the basis that they were intended for 'other groups' within society.

As the next two questions show, almost all respondents found the material easy to understand and also relevant and helpful.

Did you find the poster easy to understand?

Of 296 respondents who answered this question, 296 answered yes.

Did you find the poster relevant and/or helpful?

The great majority of respondents, 259 (87%), answered yes and 38 answered no in response to this question. The reasons why respondents found the messages relevant and/or helpful are listed in order of prevalence in Table 13.

Table 13 Reasons Why Messages were Relevant and/or Helpful

| Q16 Why did you find it relevant and/or helpful? | | |
|---|----|--------------------|
| Reason | N | % (of full sample) |
| I didn't know about chlamydia (what it does) | 78 | 26% |
| I didn't think chlamydia could make someone infertile | 43 | 14% |
| I didn't realise chlamydia doesn't show any symptoms | 35 | 12% |
| I know I should get a test | 14 | 5% |
| I now know where to go for help | 13 | 5% |
| I know that I must get a test/help | 12 | 4% |
| I wasn't sure that a condom could prevent Chlamydia | 11 | 4% |
| I now know where to ask for help | 6 | 2% |

Note: 72 participants who stated 'yes' to Q14 did not specify a reason

For the majority of respondents, messages were considered most relevant or helpful in raising awareness and knowledge about chlamydia and the need for testing. Specific information about services were only relevant or helpful to a small minority of respondents in this sample. This may explain why the majority of respondents did not attend to take-away cards.

Respondents who did not find the poster relevant and/or helpful (n=38) generally provided one of three types of explanations for this. The most common explanation (n = 20) was that the information was not helpful because it was already known by the respondent. Fourteen respondents stated that the information was not personally relevant to them because they were either gay, not sexually active, not involved in 'at risk' sex, or because they didn't have chlamydia. Finally, only four respondents made criticism of the message, one stating it was unclear, one stating it wasn't informative and two stating that they couldn't be bothered looking closely at it.

Respondents' perceptions of the placement of messages in a bathroom environment were gauged by asking:

How appropriate do you think it is to display this kind of health information in a bathroom environment?

As Table 14 shows, 95% of respondents felt that it was very appropriate or quite appropriate to display the campaign posters in a bathroom environment.

Table 14 Perceptions of Appropriateness of Poster Placement

| | N | % |
|------------------------|-----|-----|
| Very appropriate | 243 | 82% |
| Quite appropriate | 38 | 13% |
| Undecided/DK | 7 | 2% |
| Somewhat inappropriate | 5 | 2% |
| Very inappropriate | 2 | 1% |

Note: 2 respondents did not specify

The very small minority of respondents who believed that it was inappropriate to display these messages in public bathrooms explained that they found the messages "offensive", one respondent referring to their religion. One respondent who was interviewed in a hotel stated that "people were too pissed to pay attention", and another respondent stated that "people may need more information" than was available in the bathroom environment.

In many respects, and for the majority, messages were perceived in positive ways. Respondents' tended to believe that the messages were intended for everybody or for their own 'demographic'. Most respondents reported that

messages were easy to understand, relevant and helpful. Almost all respondents were happy to view the messages in the bathroom environment. These findings further support a positive evaluation of the chlamydia campaign programme.

Behavioural or Anticipated Behavioural Responses

Respondents' actions or anticipated actions in response to the campaign were investigated with the following questions:

Have you or would you speak to anyone about chlamydia as a result of seeing this information on the card or poster?

Out of the 295 respondents who answered this question, the majority, 186 (63%), stated yes, they would speak to someone, and 109 stated no, they wouldn't speak to someone. This is a strong outcome – 63% of respondents had or intended to take some positive action in response to the campaign materials. Respondents were also asked:

Did you take one of the (take-away) cards?

Only 4 respondents indicated that they took one of the cards, and 26 respondents indicated that they did not take one of the cards. The number of respondents answering this question was limited by the fact that the great majority of respondents did not notice the take-away card dispenser, as described under *Level and Rate of Recall of Materials*. With regard to the take-away cards, respondents were also asked:

Have you or would you pass this information about chlamydia onto someone you know?

Once again, the total number of responses to this question were limited (n = 28). However, 21 respondents (75% of this group) indicated that they would pass on

this information to someone they know. So, although most did not take a card, they would have passed the information on to others.

Finally, in order to assess the ways in which people had learnt about chlamydia in the past, respondents were asked:

If yes, (you had heard something about chlamydia before seeing the poster) where did you hear about it?

All the respondents who had heard something about chlamydia before seeing the campaign materials answered this question. The largest single source of information or awareness was through friends (n= 98, 44% of this group) followed by school or university (n = 69, 31%) and doctors/health practitioners (n= 67, 30%). The full list of response categories in order of prevalence are listed in Table 15 following.

Table 15 Sources of Information/Awareness about chlamydia

| Q 27 If yes, where did you hear about it | | |
|--|----|-----|
| Source | N | % |
| Friend | 98 | 44% |
| School or university (sex education classes, courses or other) | 69 | 31% |
| Doctor/Health Practitioner | 67 | 30% |
| Read about it in a newspaper/magazine | 32 | 14% |
| Family member | 29 | 13% |
| Other media (books, internet, flyers) | 10 | 5% |
| Saw something about it on television | 9 | 4% |
| Advertising campaign | 8 | 4% |
| Heard about it on the radio | 1 | 0% |

It is interesting to note that the largest source of information, friends, is an informal source, outside of the health-care setting. The methodology of the campaign is logically coherent with this, as posters are placed within social environments, where they might impact on people in informal settings. Given that many (69, 30%) respondents also heard about chlamydia in high school sex education classes, or in university courses, the placement of posters in tertiary institutions was also likely to act as an appropriate reinforcement or reminder of awareness and knowledge generated within the classroom.

It is important to note that it does not appear, from within the data represented in this report, that previous knowledge of chlamydia negatively impacts, or influences, this samples' responses to the campaign. 75% of the sample reports having heard of chlamydia before seeing this campaign posters. However, only 20 individuals (less than 7%) reported that the information in the campaign was not helpful to them because they 'already knew'.

Conclusion

The analysis of data provided in this report suggests that in many respects, the campaign has been overwhelmingly successful. The general aim of the programme was to increase awareness of chlamydia infection and encourage safe sex practices amongst young people. Of the 25% of the sample who reported no prior knowledge of chlamydia, 93% were subsequently able to recall at least one piece of information about chlamydia. Therefore, specific knowledge increased in, at the very least, 22% of the sample as a direct result of the programme. The great majority of respondents (85%) received and recalled the message about the use of condoms and the prevention of chlamydia. As such, messages were interpreted as an encouragement to adopt safe sex practices.

Respondents perceived the messages as appropriately placed, easy to understand, relevant and helpful, and importantly, respondents tended to believe that the messages were designed for them, regardless of their age or sex.

Nonetheless, the results pertaining to gender differences suggest that

- 1) Men and women may be targeted more effectively with messages designed specifically for men and for women.
- 2) Men may represent a sub-group which requires additional targeting within a Chlamydia education programme.

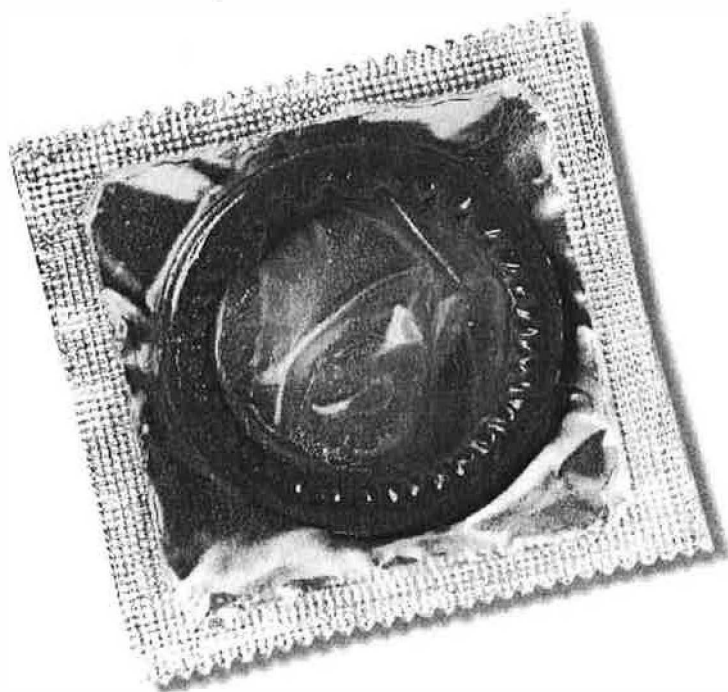
Also, with regard to two specific programme aims – to raise awareness about the asymptomatic nature of chlamydia, and to signpost appropriate services for information, referral, treatment and counseling – the data was less positive. Only 17% of respondents recalled that chlamydia shows no symptoms and only 12% of respondents reported that they found the messages relevant or helpful in relation to this information. Results do not demonstrate that the campaign was

effective in signposting appropriate services. Only 11% of respondents recalled seeing take-away cards and only 7% found the campaign materials relevant or helpful in regard to this kind of information.

With these two exceptions, however, the high rates of recall, knowledge and acceptance for the major aspects of the campaign materials suggest that the chlamydia Prevention Campaign was a very successful communication programme.

Copy of Messages

IF YOU DON'T WANT CHLAMYDIA, FILL THIS OUT.

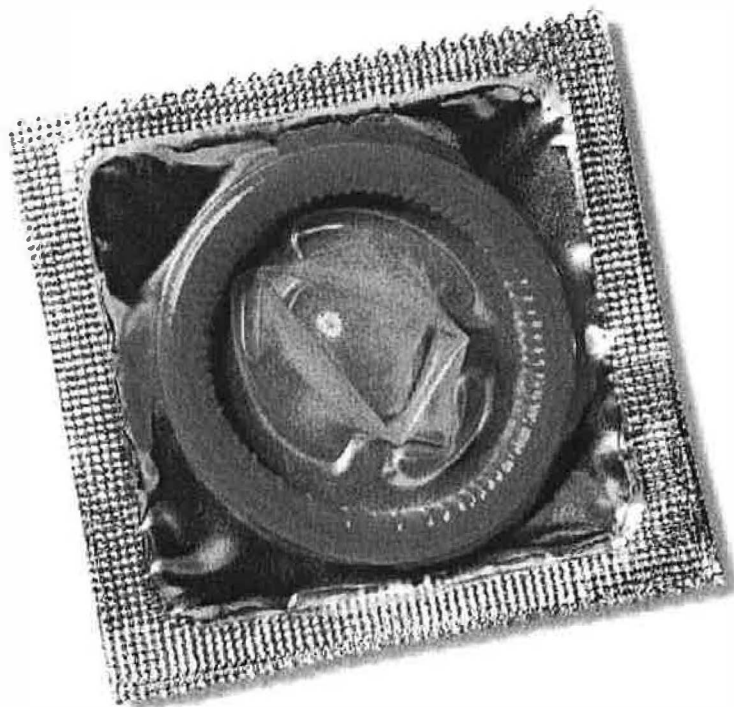


Using a condom is the best way to avoid contracting chlamydia, a Sexually Transmissible Infection (STI), which if left untreated can lead to infertility. Chlamydia often shows no symptoms, so it's best to ask your GP or local Community Health Centre for a very simple test to make sure. Avoid chlamydia. Use a condom.

www.dhs.vic.gov.au/phd/chlamydia/



THEY CAN HELP YOU HAVE BABIES TOO.



Using a condom is the best way to avoid contracting chlamydia: a Sexually Transmissible Infection (STI) which if left untreated can lead to infertility. Chlamydia often shows no symptoms, so it's best to ask your GP or local Community Health Centre for a very simple test to make sure. Avoid chlamydia. Use a condom.

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