



# **Convenience Advertising**

**A Report on  
an Assessment of a Pilot  
HIV/AIDS Education Programme  
Aimed at  
Youth from Socio-Economically  
Disadvantaged Areas**

**Presented to**

**The Health Promotion Unit,  
Department of Health.**

**Researched by**

**Maria O'Beirne,  
M.Soc. Sc. Dip stats**

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## **Abbreviations**

**NC = Non control group**

**C = Control Group**

## **Executive Summary of Key Findings**

- 94% of the non-control group and 58% of the control group recalled seeing one or more of the posters in the programme.
- All of these respondents had seen the posters in the month prior to the interviews.
- Most of the respondents recalled having seen the posters in their local community centres and advice centre (in the case of Youth Action Project - Ballymun).
- All of the respondents considered that the posters were displayed in appropriate venues where young people socialise after school.
- 95% of the respondents considered that there were enough posters on display in the participating venues, however 61% of these respondents considered that more venues should participate in the programme.
- The respondents rated the presentation (the colours and visuals) of the posters highly and considered the designs relevant to and in-line with the target audience's tastes and styles.
- None of the respondents found either the wording or the images offensive in any way.
- Over 90% of the respondents considered that the posters were easy to understand.
- Over 80% of the respondents considered that the posters were easy to remember, because they were short and colourful.
- Over two thirds of the respondents considered that the information in the posters was relevant and important for themselves and other young people.
- 97% of the respondents considered that the posters would influence their choice on whether to use drugs and 90% of the respondents reported that the programme would influence their decision to practice safer sex.

## **1. Background to the programme:**

In December 1994, the Health Promotion Unit of the Department of Health, together with Convenience Advertising developed and launched a "tailor-made" health education programme aimed at young people between 13 and 18 years, living, in areas of high unemployment, low income with ensuing social problems, such as domestic discord or excessive alcohol use in the home. Some of these young people may have dropped out of school and may, consequently, have literacy difficulties. Many may have started experimenting with drugs and alcohol at an early age, and may have become sexually active at a young age, without using contraceptive protection.

The pilot health education programme was designed to inform and remind this "target group" about:

- firstly, the ways of becoming infected with sexually transmitted diseases,
- secondly the ways one can protect oneself from becoming infected with STDs including HIV and AIDS,
- thirdly, the dangers associated with injecting drug use and
- fourthly, the effects of alcohol and drugs on making "safer decisions" - never sharing needles and always having protected sex.

In June 1994, **Convenience Advertising**, and the **Health Promotion Unit** commenced the design of harm reduction posters. A total of six poster concepts were designed incorporating:

- the minimum and economic use of words,
- the maximum use of visuals and strong bold colours,
- the use of comic strip characters,
- the use of street terms with which the target group could readily identify and understand and
- the use of humour, where possible, to deliver the messages in a non-threatening way

A total of 100 posters were installed into 20 venues, by World AIDS Day, 1994. These venues include: community and resource centres which host weekly discos, youth clubs and drop-in advice services; recreational centres, like amusement arcades, pool and snooker halls and entertainment venues such as night-clubs, bars which are popular with the older age group in our target population.

## **2. Methods:**

In this study, a sample of 49 young people from three of the participating areas in Dublin were interviewed. This sample of respondents was representative of the gender and age profile of young people in the three areas. In-depth interviews were carried out with 49 young people, aged between 12 and 19 years. Almost two thirds of this sample (30) were drawn from youth clubs which are held in venues where the posters are on display. Nineteen, of the respondents were drawn from youth groups, hosted in venues where the posters are not on display. These 19 respondents comprise the control group.

Qualitative interviews were conducted with the respondents during their youth club meetings. The youth clubs were held usually between 9 and 11 pm, mid-week. The interviews were conducted during October and November 1995.

As the programme being monitored is a pilot initiative, qualitative research methods were employed in this study, because they allow one to gain more insights into the target audience views about the programme.

An inter-view schedule, (presented in the appendices) was designed to examine:

1. The respondent's recall of the posters,
2. The respondent's assessment of the images, wording, colours used in the posters,
3. The influence of the posters on the respondent's behaviour,
4. The need for the type of information presented in the programme,
5. The type of people who should have access to this information.

As the interview process was "loosely structured", the respondents were able to expand on their answers and to speak around the topics in the "interview schedule". The respondents who participated in this study did so voluntarily and most were comfortable about discussing the topics raised. However, five respondents became embarrassed during the interview. These respondents did not expand in their answers and when "probed" by the researcher, they responded by saying "I don't know" or by giggling. This reaction was not unexpected, as the researcher had noted a similar reaction during the Focus testing of the posters for this health education programme.

### **3. Profile of respondents:**

All of the respondents who participated in this study belonged to a youth club. On the evening that the inter-views were held, the majority of youth club members present were male. According to the youth club leaders this reflected the normal gender profile of the clubs. All of the respondents resided in large Corporation estates which experience above national average levels of unemployment and social problems. (Data obtained from the Partnership companies established under the PESP)

Thirty five (71%) of the respondents were male and 14 (29%) were female. The mean average age of the respondents was 15 years (with a range of between 12 and 19 years and median age of 15 and 17 years).

Thirty three of the respondents were still in full time education. Eleven of the respondents were completing FÁS or Youthreach courses and five of the respondents were in paid employment.

Thirty of the respondents were interviewed in youth club venues where the posters were on display and 19 of the respondents were interviewed in a youth club venue where here the posters were not on display.

### **4. Results:**

The results presented in this report are primarily qualitative. A number of tables were used to illustrate the results. In addition, several variables were used to interpret the results. These included the respondents age, gender and membership of control or non-control group. The results indicate that most of the responses given in the study were uniform. There were only slight differences in opinion between the control and non control groups. The responses from male and female participants were also homogeneous, as were those expressed by younger and older respondents. These findings are in themselves interesting, as they suggest that the respondents' views expressed may be indicative of a "specific" teenage/subcultural perspective.

#### **4.1. Recall of posters in the programme:**

It was not surprising that ninety four percent (28) of the respondents in the non control group recalled having seen one or more posters in the programme. All of these respondents recalled all of the posters which were on display in the community centre where the interviews were held.



However, 58% (11) of the control group had seen one or more of the posters previously and sixteen percent of the control group were unsure whether they had seen the posters previously as they had seen quite a few posters about AIDS and HIV in their school and clubs in the weeks prior to the interviews.

This is one of the first studies of the Convenience Advertising Medium to include a control group, and although the control group is limited in size, this results are of interest. They suggest that the "target group" did visit the participating venues and that the posters were "memorable" even when the "target group" left the premises.

The message most frequently recalled by male respondents (20) was "It only takes a few seconds..." a male specific poster.

The most frequently recalled poster by female respondents (11) was "Pressure from friends..." a female specific poster.

The second poster most frequently recalled by both male and female respondents (17) was as the poster "We've heard of HIV and AIDS" which is a general message.

All of the posters had been seen in the month prior to the interviews.

#### **4.2. Recognition of participating venues:**

Ninety percent of the non control group correctly recalled having seen the posters in the participating venues. Fifty eight percent of the control group also correctly recalled having seen the posters in participating venues.

**Table one: Venues recalled by respondents**

<b>No. Respondents</b>	<b>Venues</b>
27	Community Centres
8	Amusement Arcades
8	Entertainment venue

*Numbers of respondents who recalled venues are not mutually exclusive.*

As table one indicates, community centres, including the advice centre - Youth Action Project, were the most frequently recognised venues, where respondents recalled having seen the posters.

Two of the respondents from the non control group thought they had seen the posters in two venues and districts, which are not participating in the programme - Ballyfermot and Inchicore.

#### **4.3. Assessment of the Medium:**

##### **4.3.1. The suitability of participating venues:**

All of the respondents considered that the posters were displayed in appropriate venues where young people, in their communities, socialised and met after school or course (FÁS/ Youthreach) hours. In particular the respondents remarked that the pool halls and the community centres were the popular locations where they met their friends after school during the week.

##### **4.3.2. The "spread" of posters in the programme:**

Ninety percent (45) of the respondents considered that there were enough posters on display in the participating venues. However, 61% (30) respondents considered that more venues should display the programme in their communities and throughout the City.

*"I think that these posters should be every where, like in the shopping centres and in the fast food places, so that everyone will see them." - female respondent.*

##### **4.3.3. The advantages of displaying the programme in toilet areas:**

The respondents were asked whether they thought there were any, advantages in having the posters displayed in the toilet areas of the venues. Eighty percent (39) of the respondents identified advantages. The most frequently mentioned advantages given were:

1. Most people will see the posters when they use the toilets.

By using the toilets frequently, 42% (19) of the respondents acknowledged that they were reminded of the programme's messages each time.

*"Most people use the toilets. You can't miss the posters in the toilets, so you'll see them every time you have a 'leak'." - male respondent.*

2. Because the issues covered in the programme are sensitive, eight of the respondents considered red that the posters could not be displayed everywhere. Two of the respondents remarked that people would not be as embarrassed reading the posters in toilets, than reading them when they are out in open areas, such as bus shelters or waiting rooms. Two of the respondents commented that older people could find the programme content offensive to read.

*"If the posters were outside the toilet areas, people would just joke about them and not take them seriously"- female respondent*

*"Older people might get upset if they read the posters because they deal with drugs and sex, so you can't have them every where." - male respondent*

3. Seven of the respondents considered that the toilets were private environments where people can read the messages. These respondents remarked that the cubicle provided people with an opportunity to read the material uninterrupted so that they could take on board the content of the messages.

*"In the 'jacks " people can read the posters on their own without being 'slagged' and joked about." -male respondent*

4. Six of the respondents mentioned that as many of the toilets in pubs and night clubs now sell condoms, the posters would have a real influence.

*"Nowadays, most toilets have condom vending machines and so when you see the posters, you can go and buy your condoms straight away ... so you are prepared. "*  
- male respondent.

#### **4.3.4. The disadvantages of displaying the programme in the toilet areas:**

The respondents were also asked if there were any disadvantages associated with displaying the posters in toilet areas only. Thirty percent (15) of the respondents identified some limitations. The following were the limitations most frequently mentioned by the respondents:

1. Ten of the respondents remarked that many people who visited a venue, may not use the toilet and therefore may not see the posters.

*"If they're only in the loo's people may not see them, 'specially if they don't use them [toilets]" - male respondent.*

2. Five of the respondents referred to possible 'vandalism' to the posters, and remarked that people might rip the posters up, while on their own in the toilet and that it would be difficult to trace who removed them.

*"In the 'jacks' the posters could get ripped down but you would have no way of knowing who did it". - female respondent*

Thirty two respondents, however, remarked that they could find no particular disadvantages with displaying the programme in the toilet areas of venues.

#### **4.4. Assessment of the posters in the programme:**

The respondents were asked to rate the six posters in the programme in terms of:

- the design used in the posters,
- offensiveness of the messages,
- ease of understanding the messages,
- ease of remembering the messages,
- importance and relevance of the information in the posters.

Table two summarises the respondents' views.

**Table two: Respondents' assessments of the posters**

Rating the colour in the posters	Non-control group	Control group
1-2	3 (10%)	4 (21%)
3	8 (27%)	4 (21%)
4-5	19 (63%)*	11 (58%)*
Rating the images in the posters		
1-2	2 (6%)	1 (5%)
3	8 (27%)	6 (31%)
4-5	20 (67%)*	12 (64%)*
Rating the relevance of the images to respondents' style/taste		
1-2	5 (17%)	0
3	5 (17%)	2 (10.5%)
4-5	18 (60%)*	16 (84%)*
No answer	2 (6%)	1 (5.5%)
Rating the offensiveness of the messages		
1	30 (100%)	19 (100%)
Rating the ease of understanding the messages		
2	3 (10%)	0
3	3 (10%)	0
4-5	24 (80%)*	19 (100%)*
Rating the ease of remembering the messages		
2	5 (17%)	0
3	4 (13%)	2 (10.5%)
4-5	21 (70%)*	15 (79%)*
No answer	0	2 (10.5%)
Rating the importance of the information in the messages		
2	2 (7%)	1 (5%)
3	10 (33%)	5 (26%)
4-5	13 (43%)*	8 (42%)*
No answer	5 (17%)	5 (26%)
Rating the interest factor in the messages		
1-2	4 (13%)	3 (15%)
3	18 (60%)	12 (64%)
4	2 (6%)	1 (6%)
No answer	6 (21%)	3(15%)

*1 = very low rating and so on to 5 = a very high rating*

The table indicates that the views of the respondents in the control group are similar to the respondents in the non-control group.

#### **4.4.1. Assessment of the colours used in the posters:**

Over three quarters of the respondents from both groups (27 NC and 15 C) gave a rating of between 3 and 5 for the "visual impact or eye-catching potential" of the colours used in all six posters. Half of these respondents (45% and 40%) remarked the colours used in the posters were bright and eye-catching, and particularly the colours used in the posters "Pressure from friends", "If this is a blur" and "When you have it off".

A minority of the respondents considered that the colours in the posters were too dark and not "flashy enough".

*"I think that the characters in the cartoons should have been in colour, so that they look more real!"* -male respondent.

#### **4.4.2. Assessment of the visual impact of the images in the posters:**

Over three quarters of the respondents in the control and non-control group (28) and (18) gave a rating of between 3 and 5 for the visual impact of the images used in the messages.

*"I think the characters are brilliant, it's like a comic, the radio is a really good idea and I like the way that you can see it through all the posters."* - male respondent.

Two of the respondents felt that the images and the words worked well together and were very important for getting across the messages.

*"I think that the images are really good, but without the words the pictures would be difficult to understand, but then again, the words would be boring without the pictures"* - female respondent.

#### **4.4.3. Assessment of the relevance of the visuals/imagery for the target audience:**

Between 77% (23 NC) and 94% (18 C) of the respondents remarked that the images and visuals used in the posters were relevant to teenagers' tastes, styles and trends.

*"I think the pictures are really clever, they're cartoons aren't they?"* – male respondent.

*"I love the radio or tape recorder ... I think it's cool ... like it's in all the posters."*

- female respondent.

#### **4.4.4. Assessment of the ease of understanding the posters:**

Over ninety percent (44) of the respondents in both control and non-control groups gave a rating of between 4 and 5 for the ease of understanding the words and the message presented in all six posters. These respondents considered that the programme used very simple clear language to explain the sensitive issues.

*"Any teenager would know what these posters mean. Maybe the younger children would not know what they mean, but then they're not for young children".* - female respondent.

Two thirds (31) of these respondents remarked that the posters "If this is a blur focus", "When you have it off", "Pressure from friends" and "Willy was a wally" were the easiest posters to remember, because they were short and snappy. Most of these respondents remarked that the radio image was clever and made the posters memorable. In addition, the "jingle" from the radio "Willy was a wally not to have johnny" caused many of the respondents to giggle.

#### **4.4.5. Assessment of the offensiveness of the visual and word content of the posters:**

None of the respondents found either the images or the words in the posters in any way offensive.

*"There's nothing in those posters that would offend me. Maybe an older person may not like them ... cause they're about sex and drugs."* - female respondent.

#### **4.4.6. Assessment of the ease of remembering the posters:**

Between 70% (21 NC) and 78% (15 C) of the respondents gave a rating of between 4 and 4 for the ease of remembering the wording and the message in all six posters. These respondents remarked that all of the messages, were short enough and "eye-catching" to be memorable.

#### **4.4.7. Assessment of the "interestingness " of the posters:**

Over two thirds (20 NC and 13 C) of the respondents gave a rating of between 3 and 4 for the interestingness of the posters in the programme. Many of these respondents commented that the posters were not telling them anything new, but that were reinforcing what they had already heard or learned.

*"Well I know about safer sex and drugs already. We learn about it in school, but they [posters] remind people not to take drugs" - male respondents.*

*"I think the posters are there to remind teenagers not to do silly things, having without protection." - female respondents*

#### **4.4.8. Assessment of the importance of the information in the posters:**

Between 68% (20 NC) and 73% (14 C) of the respondents both groups gave a rating of between 3 and 5 for the importance of the information in the six posters.

*"I think these posters are very important, especially the drug ones. All young people to know about drugs and what can happen if you use them." - female respondent*

*"People of my age (15) are trying everything. These posters can help them to think what they are doing, - drug awareness." - male respondent*

*"Maybe younger kids wouldn't know what was going on in some of the posters, but teenagers would and I think that they need to be reminded so that they will use condoms and won't use drugs." - female respondent*

With regard to impact of gender on the perceived importance of the information in the programme, 64% of the females interviewed, in contrast to 48% of males, considered the programme relevant for themselves and their friends.



#### **4.5. Assessment of the type of messages being delivered in the posters:**

The respondents were asked whether the posters in the programme presented their messages in a negative way - in a way that would alarm a person into avoiding certain behaviour - or a positive way - a way that would encourage a person to engage in a particular behaviour. Over sixty percent of the respondents in both groups remarked that the posters presented the information about HIV/AIDS in a positive way, i.e. in a way that would encourage them to behave in a way that would benefit their health. The following are the positive attributes were mentioned by respondents:

*"The messages tell you to cop on to what you're doing." - male respondent,*

*"These posters tell you not to use drugs and always use condoms!" - male respondent,*

*"These posters are trying to save people from getting HIV" - female respondent.*

On the other hand between 16% (5 NC) and 24% (4C) of the respondents from both groups considered that the posters presented the information in a negative way, i.e. in a way that would warn them that certain behaviour is unsafe and "alarm" them into avoiding such behaviour.

*"I think the posters are a little bit scary, like the two drug messages [Pressure from friends and It only takes a few seconds] because it makes me frightened in case I got AIDS". - female respondent.*

*"I think that poster [We've heard of HIV and AIDS ... ] is a bit gloomy, it'd almost put you off having sex in case you get something" - male respondent.*

Five of the respondents thought that the posters presented their information both positively and negatively.

*"I think the posters are hard hitting, like they're telling you facts - about AIDS and HIV, and that's scary, but they're telling you that you don't have to get AIDS, if you avoid doing certain things, like having sex without a 'johnny' or 'shooting up', so that can't be really frightening." - male respondent.*

#### **4.6. Age group targeted by programme:**

Ninety three percent (28) of the non control group and eighty nine percent (17) of the control group considered that the posters were aimed at teenagers only.

The remaining respondents considered that the posters were aimed at people of all age groups.

#### **4.7. Assessment of information in the posters:**

The respondents were asked whether particular information should have been included in the posters. Ninety percent (44) of both groups considered that the posters contained enough information on the issues covered.

Again, over 90% of the respondents in both groups also thought that none of the information or visuals in the posters should have been omitted.

#### **4.8. Impact of the programme on respondents decisions to try drugs and practice safer sex:**

The respondents were asked whether the programme had any influence on their decisions to use drugs and to practice safer sex. Table three summarises their responses.

**Table three. Influence of programme on respondent's decisions to use drugs/practice safer sex**

Influence on whether to use drugs	Non-control group	Control group
Yes	29 (97%)	17 (89.5%)
No	1 (3%)	2 (10.5%)
Influence choice on whether to practice safer sex		
Yes	27 (90%)	19 (100%)
No	2 (7%)	0
Don't know	1 (3%)	0

#### **4.8.1. Influence on decision to use drugs:**

The majority of the respondents referred to the posters "Pressure from friends", "It only takes a few seconds" and "If this is a blur..." for their responses.

Between 89% (17 C) and 79% (29 NC) of the respondents stated that the posters would influence their decision on whether they should use drugs. The following comments were given by these respondents to explain why the posters would influence their choices.

*"I think that the posters have a strong message to warn me that I shouldn't inject drugs"*  
- male respondent.

*"Yes, they would influence me, 'cause the pictures [poster: Pressure from friends] show you that even friends can encourage you to use drugs and then you may never get off them."* - female respondent.

*"I think the posters [poster: Pressure from friends and poster: It only takes a few seconds] are scary, because they warn you that using needles could lead to getting AIDS and that would worry me enough not to use them."* - male respondent.

However, over two thirds of the respondents (20 NC 13 C) who stated "yes", remarked that the posters may not influence other young people who were already using drugs.

*"I think that the posters are good but I think that if I was using drugs, I would not be interested in what the posters said. I think an outreach worker would be needed then."*  
- female respondent.

*"The posters are giving you facts, now you can take or leave them, that's up to you ... I don't want to get AIDS, so I will not take drugs, but if I was 'spaced out' I wouldn't care what was in the posters."* - male respondent.

*"The posters give you a warning, they can't make you give them [drugs] up."*  
- male respondent.

Although, one respondent, commented that the posters may have some impact on people even if they do experiment with drugs:

*"I think most teenagers are going to try or mess around with 'gear' ... so maybe these posters can make them more careful about what they use ... you know ... and how they use them ..."* - male respondent.

#### **4.8.2. Influence on decision to practice safer sex:**

The majority (90% [27] NC / 100% C) of respondents, also considered that the programme would influence their choice to practice safer sex.

*"Definitely, I don't want to get pregnant, and I don't want to catch AIDS"*  
- female respondent.

*"The posters 'specially that one [poster: When you have it off] would make me feel that it's right to use a condom. It can be embarrassing to talk about those kinds of things ... but I know that it is the right thing to do so I won't catch AIDS"* - male respondent.

*"I think it depends on how much you care about yourself and your boyfriend. I think that safe sex is a good thing ... "* - female respondent.

*"I really like that one [poster: When you have it off] because it's happy looking and it's funny ... not all serious like ... and that can take the awkwardness out of it [the issue of having sex and using condoms]."* - female respondent.

Several of the male respondents and most female respondents stated that they would be embarrassed about asking their "boyfriend/girlfriend" to use a condom. This is probably because they were not sexually active. The following comment from one of the females, sums up many of their views about teenage sex.

*"I wouldn't do anything like that [have sex] not until I'm older, ... 'cause my ma would kill me ... [laughing]"* - female respondent.

#### **4.9. Respondents' exposure to other HIV/AIDS education programmes:**

In the course of the interviews the respondents were asked whether they had received any other health education material about HIV/AIDS, safer sex and drugs.

The majority of respondents (40) had learned about issues such as HIV/AIDS, drugs and safer sex during Social Studies classes in school. According to the respondents each year, speakers are invited into the classes to inform the students about these issues. In addition, the respondents have attended workshops/ discussions about drugs held by the youth clubs.

A minority of the respondents had learned about the issues from teen magazines and the Health Promotion Unit's AIDS awareness television advertisements. Other respondents had picked up information from their peers and from observing people in their communities.

*"I had no courses when I was at school, I saw people 'banging up' [injecting drugs] that's where I learned how drugs are used."* - male respondent.

*"You hear about things from your pals ... "* - female respondent.

All of the respondents remarked that HIV/AIDS and drugs awareness information was essential for young people.

*"Kids see things and do things a lot younger today ... like my kid sister ... she has a boyfriend... at 10! I think that kids need information about these things when they are in primary school ... you know ... so that they will be prepared if they are asked to try something [drugs]".* - female respondent.

Consequently, all the respondents recommended that health education about HIV/AIDS and related issues is needed and should be available to young people of the following ages.

**Table four: Appropriate age for HIV/AIDS health education programme**

Appropriate age for audience to access the information in the posters	Non control group	Control group
8	0	1 (5%)
10	5 (17%)	6 (32%)
11	0	1 (5%)
12	4 (13%)	2 (10.5%)
13	11 (37%)	4 (21%)
14	3 (10%)	2 (10.5%)
15	1 (3%)	3 (16%)
16	1 (3%)	0
No answer	5 (17%)	0

The majority of respondents (48) considered that information about drug use and safer sex should be available to young people who are aged 10 years and older. All of the respondents commented that all the drug and HIV/AIDS awareness information they had received had benefited them, because it would be possible for them to make "informed" decisions on whether to practice safer sex or to use drugs.

## **5. Discussion:**

The findings of the research, presented in the evaluation, point to a number conclusions.

1. The pilot programme has been recognised and recalled by 58% (11) of a control group and 94% (29) of the non control group. These results suggest that young people from the target group are visiting the participating venues and do "read and remember" the posters from the programme.

2. The respondents in the study have evaluated the posters and the medium very positively. In view of the range of information that young people are exposed to from television, radio, magazines, school, it is encouraging that the respondents "liked" the posters and acknowledged their importance and relevance for young people.

3. The object of the programme is to influence young people's decisions to engage in particular behaviour. The respondents have acknowledged that the posters in the programme would influence their decision to practice safer sex. Equally high proportions of respondents considered that the posters would *influence their* decision on whether to use drugs.

4. The evaluation suggests that the Health Promotion Unit posters and the Convenience Advertising medium can play an important role in educating young people about the risks associated with engaging in unsafe behaviour.

5. The programme and the medium would appear to be successful in reaching young people who are traditionally difficult to access through other channels of health education. This is made possible by reaching them in the places where they socialise and mix, and probably where they least expect to receive health education. It appears from the results that this pilot programme is a successful backup to the health education packages available to young people at school.

## **Appendices**

**1. Copy of interview schedule**

**2. Copy of the posters in the programme**



**Interview Schedule:**  
**Topics to be discussed with respondents during interviews.**

1. Have you seen any of these posters before?

Poster one	
Poster two	
Poster three	
Poster four	
Poster five	
Poster six	

2. Where have you seen these posters?

3. How recently have you seen these posters?

4. How would you rate the six posters, on a scale from 1-5, for the following criteria, where one means very low through to five which mean very high.

Criteria	p1	p2	p3	p4	p5	p6
Visual impact of the colours used in the message						
Visual impact of the images in the message						
Relevance of the images used in the message						
Ease of understanding words used in the message						
Offensiveness of the wording in the message						
Offensiveness of the images in the message						
Usefulness of the information in the message						
Ease of remembering the message						
Importance of the message						
Interest/boring factor of the message						

p1 = If this is a blur focus      p2 = We've heard of HIV and AIDS      p3 = It only takes a few seconds  
 p4 = Pressure from friends      p5 = When you have it off      p6 = Willy was a wally

5. Does the messages give a positive, negative or neutral message to you and why?

6. What age group do you think these messages are aimed at?

7. Would the messages (p1, p3, p4) influence your choice on whether to use drugs?
8. Would the message influence your choice on whether to practice safer sex, like using a condom?
9. What are the advantages associated with displaying the posters in the toilet areas. Do you think displaying the posters in the toilets is a good idea?
10. What are the disadvantages associated with displaying the posters in the toilet areas?

*Ask the following questions to those respondents who have recalled seeing one or more of the posters.*

11. Are the posters located in the right venues to reach young people?
12. Are the posters displayed in the right place in the venues?
13. Are there enough messages displayed in the venues, where you noticed them?
14. Should the posters have included any additional information? Give details.
15. Should the posters have "left out" any information from the posters? Give details.
16. How important is the information contained in these posters for young people?

### **Demographic details about the respondents**

1. Gender?
2. Age?
3. At school/at work?
4. Other types of HIV/AIDS education received by the respondents.

if this  
is a  
blur...

focus



CONDOMS CAN HELP  
PREVENT THE SPREAD  
OF HIV/AIDS, STIS  
(DISEASES THAT MAY BE  
PASSED ON WHEN HAVING  
SEX) AND ALSO  
UNPLANNED PREGNANCY.

For further confidential information on AIDS, Please phone 2000N National AIDS Phone Line 01 2028677 Support Lines: 01 4401147 AIDS Help Line 01 8700077. Mater Misericordiae Hospital 01 204488, St. James' Hospital 01 333344/337790, St. 23/5/4, COOH Nurses Hospital 01 764880, Cork AIDS Alliance 01 274174 GAUNTY, 091 25220 AIDS Help West 091 44334, UNEXER Regional Hospital, Droichead 061 201111, Limerick AIDS Alliance 061 214441, WATSON Regional Hospital, Enniscorthy 051 71111, SUGB Regional Hospital 071 70070, Roslindale 071 42928, DUBLIN 074 24444. Further general information available in "AIDS - The Facts" from the Health Promotion Unit, Department of Health, Rawdon House, Dublin 2. Tel: 01 274711 or from your local Health Board.

We've heard of HIV/AIDS but what do they mean?

How can we prevent ourselves from becoming infected?

HIV is a virus that can damage the body, so that it cannot fight certain infections.

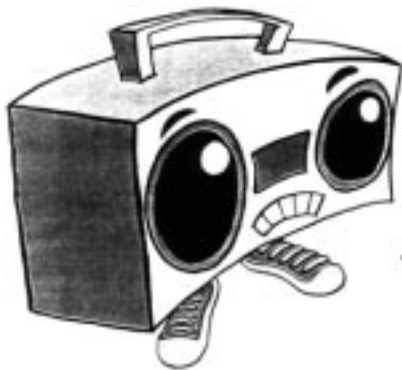
AIDS is the group of illnesses that a person can get when they are infected with HIV.

You can help prevent yourself from becoming infected with HIV by- Making sure you use a condom (showing ☺ on the box) when having sex and never sharing drug works/needles.

For further detailed information on AIDS, Please phone DUBLIN National AIDS Phone Line 01-2838477; Biggs Street Clinic 01-462149; AIDS Help Line 01-8734277. Peter Macmillan Hospital 01-204488; St. James' Hospital 01-27245/27246; St. Vincent's 01-272454; St. Vincent's Hospital 01-468844; Cork AIDS Alliance 01-276626; GALWAY 091-23288; AIDS Help West 091-86284; LIMERICK Regional Hospital, Doonbegin 091-321111; Limerick AIDS Alliance 091-328467; WATERFORD Regional Hospital, Arthur 091-73221; UCC Regional Hospital 091-70452; Wexford 091-42828; DUBLIN Region 01-294260. Further general information available in "AIDS - The Facts" from the Health Promotion Unit, Department of Health, Hawker House, Dublin 2. Tel:01-4719711 or from your local Health Board.

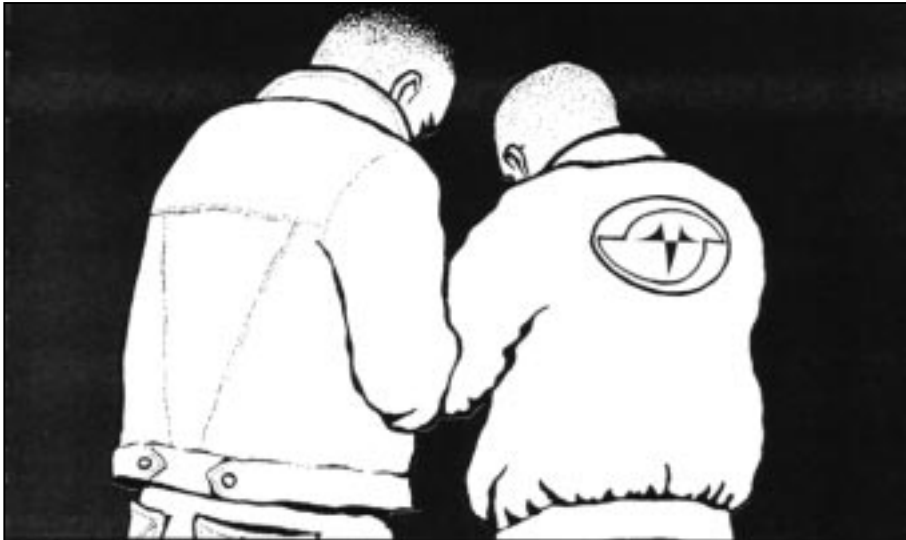


PRESSURE FROM FRIENDS CAN  
OFTEN CLOUD YOUR JUDGEMENT.  
WITH THE RISK OF HIV  
IT HAS NEVER BEEN MORE  
IMPORTANT TO THINK FOR YOURSELF.

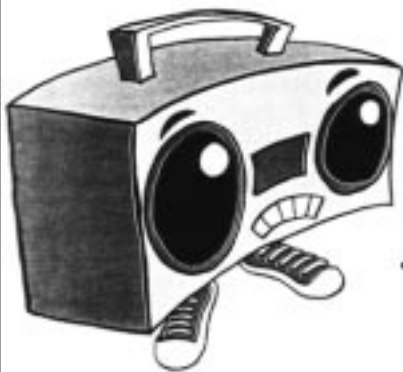


Using drugs is dangerous,  
HIV/AIDS makes it lethal!  
Never share drug injecting  
equipment (works).

 For further confidential information on AIDS, Please phone 01859 National AIDS Free Line 01-2028677. Support Line 01-4621494. Help Line 01-8724277. Ryan International House 01-4274998. P. Jones. Freeview 01-4522763 (1194) and 22116. CDNA National Response 021-746844. Care AIDS Helpline 021-254670. SAUNA 091-25399. AIDS Help Wex 091-863366. UPMC301 Regional Hospital Donaghadee. 061-261111. Limerick AIDS Helpline 061-224441. WESTERN Regional Hospital. Bellinistown 021-71222. SAGO Regional Hospital 021-704711. Wicklow. 021-43223. DUNDALK Regional 021-246406. Further printed information available in "AIDS - The Facts" from the Health Promotion Unit, Department of Health, Bonmahon House, Dublin 2. Tel:01-474711 or from your local Health Board.



IT ONLY TAKES A FEW SECONDS  
TO BECOME INFECTED BY HIV.  
(THE VIRUS  
THAT MAY LEAD TO AIDS).



Using drugs is dangerous,  
HIV/AIDS makes it lethal!  
If you do inject drugs don't  
share needles.

For further confidential information on AIDS, Please phone DORIS National AIDS Phone Line 01-2028477 Support Line 01-4422149 AIDS Help Line 01-6714217. Pfizer Pharmaceutical Regional 01-204880 St. James' Hospital 01-221241/221791 and 221514. CMO Victoria Regional 01-144884 Cork AIDS Alliance 021-214474 SACRAID 091-25200 AIDS Help West 091-462341 SPREX Regional Hospital, Droichead 061-261111 Limerick AIDS Alliance 061-314661 WATFORD Regional Hospital, Ardaraun 051-75221. SUSO Regional Hospital 071-10471, Galway 071-42820. DONSIGAL, Galway 076-34494. Further printed information available in "AIDS - The Facts" from the Health Promotion Unit, Department of Health, Shelton House, Dublin 1, Tel:01-4714711 or from your local Health Board.



To protect yourself against unplanned pregnancy, STD's (diseases that may be passed on when having sex) and HIV/AIDS, use a condom showing (☺). Be careful not to damage the condom with jewellery or nails.

For further confidential information on AIDS, please phone DORIS National AIDS Phone Line 01-2828677 Baggot Street Clinic 01-4423189 AIDS Help Line 01-81214177 Mater Misericordiarum Hospital 01-234488 St. James' Hospital 01-552245/511741 and 221514 COOH Victoria Hospital 021-946894 Cork AIDS Alliance 021-216416 GALWAY 091-21336 AIDS Help West 091-44334 LIMERICK Regional Hospital, Ovensleigh 061-281111 Limerick AIDS Alliance 061-216441 WEXFORD Regional Hospital, Arklow 051-73321 DUBLIN Regional Hospital 071-28473, Nephin 071-23223 DUNELG, Nephin 074-24444. Further general information available in "AIDS - The Facts" from the Health Promotion Unit, Department of Health, Hawkins Road, Dublin 2. Tel: 01-4714733 or from your local Health Board.

**Safer sex, its your choice!**

If you are going to have sex, carry a condom. Condoms can reduce the risk of infection with HIV/AIDS and other S.T.D.'s (diseases that may be passed on when having sex).

**WILLIE WAS A WALLY NOT TO HAVE A JOHNNY!**

For further confidential information on AIDS, please phone DUBLIN National AIDS: Phone Line 01-3828677 Support Lines Clinic 01-4652149 AIDS Help Line 01-8734277. Waterford Regional Hospital 01-3204880 St. James' Hospital 01-532345/527941 ext 221116. 1200 Victoria Regional 021-846884 Cork AIDS Alliance 021-276676 GALWAY: 091-21238 AIDS Help West 091-84234. DUBLIN Regional Hospital, Donnybrook: 01-3811111 Limerick AIDS Alliance 061-318881 WEXFORD Regional Hospital: Arklow 051-31121 1650 Regional Hospital 071-39473, Wexford: 071-42328. DONEGAL Region 074-26696. Further printed information available in "AIDS - The Facts" from the Health Promotion Unit, Department of Health, Hawkins House, Dublin 2, Tel: 01-4774733 or from your local Health Board.