Convenience
Advertising

Evaluation of the Narrowcast Component of the Snake Condom Promotional Campaign

Prepared for Convenience Advertising

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University of Wollongong

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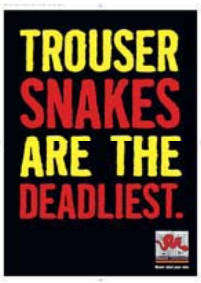
INTRODUCTION:

The Snake Condom initiative began as a pilot in 2004 and was extended as a state-wide campaign in 2007. The campaign reaches Indigenous youth with sexual health messages in venues within metropolitan Melbourne, Shepparton, Echuca, Bairnsdale and Mildura. The campaign aims to encourage sexual health amongst Indigenous youth through the promotion of Snake Condoms in order to reduce the prevalence of STIs and HIV/AIDS.

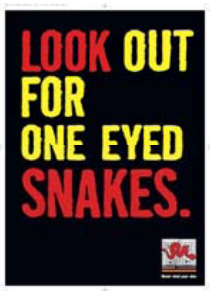
A draft questionnaire developed by Convenience Advertising was revised by the Centre for Health Initiatives at the University of Wollongong (UOW) (see Appendix A). The survey contains a short demographic section, as well as questions to determine recall and recognition of the Snake Condom promotional posters, and questions about the main and secondary messages, relevance, appropriateness, and target market of the posters. Participants were also asked about behaviours such as buying and/or using Snake Condoms, visiting an Aboriginal Health Service, and talking about the poster. Finally, elements of the Health Belief Model (HBM) were explored through questions about benefits of and barriers to condom use, severity of not using condoms, susceptibility to sexually transmitted diseases and confidence in accessing and using condoms (i.e. self efficacy).

The HBM is the model most commonly used to explain behaviour change and as a framework for behaviour change programs (Janz *et al.*, 2002). The HBM can be used to predict the likelihood of an individual (or a targeted group) changing health-related behaviours based on the interaction between the following four factors:

- *Perceived susceptibility*: a person's own perception of their risk of contracting a health problem;
- *Perceived severity*: a person's own perception of the seriousness of the health problem, including the negative consequences that may occur as a result of the health problem;
- *Perceived benefits*: a person's own perception of how effectively a new behaviour will reduce the susceptibility and severity; and
- *Perceived barriers*: a person's own perception of the difficulties and costs involved in adopting the new behaviour.



This model has been utilised to structure some questions in the survey to test the impact of the interventions on behaviour and knowledge, as well as exploring any unintended outcomes or reactions to the content and design of the combined interventions.



Convenience Advertising conducted 108 intercept interviews with the target audience to measure the impact and salience of the campaign. Convenience Advertising recruited interviewers to conduct the surveys within the proximity of the venues selected for the campaign. The venues utilised for this campaign included: shopping centres, educational institutions, licensed venues, community health centres, youth refuges and other accommodation venues, sport and recreation centres and health and fitness centres, medical / hospital services, and other support services. It is important to note that some respondents had seen the messages in more than one location (for example, in one instance a respondent in Echuca had recalled seeing a message at one of the Shepparton venues).

Once surveying was complete, all surveys were sent to a data capture company who entered the data into MS Excel and sent the data file to UOW, who then converted this into SPSS (a statistical package used in Social Sciences) and conducted analysis as appropriate. This report outlines results from this survey. Frequencies and graphs are given and, where appropriate, z-tests and the chi-squared (χ^2) test of independence were used to examine differences in responses by gender and whether or not respondents believed that the campaign information was relevant to them. However, due to small sample sizes, no significant difference were found between respondents who did and did not believe that the information was relevant to them.

RESULTS:

In the initial survey dataset, there were 108 respondents in total. However, there were eight respondents who could not recall seeing a poster in the bathroom. Of these eight, two recognised the poster after being prompted by the interviewer ("The posters were black, red and yellow with a snake. Do you remember them now?"), but six could not recognise the poster, or were not sure. Of the remaining 102 respondents, one

respondent had seen a poster *other than* the Snake Condom promotional poster, and four more respondents did not answer any of the questions in the survey. As a result, these participants were removed from the analysis, leaving a total of 97 respondents. This equates to a message recall rate of 89.8%.

Respondents were asked to identify whether the poster they saw was the Snake Condom promotional poster, however only 64 of the remaining 97 respondents answered this question (all 64 correctly identified the Snake Condom poster). Despite this, the remaining 33 respondents were able to answer the remainder of the survey, and so for the purpose of this report it was assumed that all 97 respondents could correctly identify the Snake Poster.

Demographics

While not all surveys indicated that the respondent met the inclusion criteria, if the survey was completed it can be assumed that the participant meets this criteria. Therefore, it has been assumed that all of the 97 valid respondents who completed the survey were between the ages of 16 and 29, and identified as Aboriginal or Torres Straight Islander. Slightly more than half of these respondents were male (n=52; 54.7%).

Interview Details

Table 1 outlines the locations of the 97 interviews. More interviews were conducted at sports and recreation venues (n=25; 25.8%) than elsewhere, although this was closely followed by education venues (n=24; 24.7%) and community health venues (n=13; 13.4%) although, as mentioned previously, participants may have seen this campaign at more than one location (i.e. not just at the one where they were interviewed). The majority of respondents (n=75; 77.0%) stated that they used the bathroom facilities where they were interviewed within the last week; one respondent stated that they had not used the bathroom, and the remaining 21.6% (n= 22) were unaccounted for (it is assumed that they had used the bathroom at that location prior to that week, or had seen the posters at another venue).

Table 1: Location of interviews

	Freq (%)
Sports and Recreation	25 (25.8)
Education	24 (24.7)
Community Health	13 (13.4)
Hospital	9 (9.3)
Medical	6 (6.2)
Support Service	5 (5.2)
Accommodation	3 (3.1)
Health and fitness	2 (2.1)
Nightclub	1 (1.0)
Shopping	1 (1.0)
Youth refuge	1 (1.0)
Unknown	*7 (7.2)*
Total	**97 (100.0)**

Main message of the posters

As shown in Table 2, the most common response in terms of the posters main message was 'practice safe sex' (n=63; 64.9%), this was closely followed by 'use a condom' (n=57; 58.8%) and notably 'snakes are dangerous in the bush' (n=27; 27.8%). Respondents were then asked to recall any *other* information presented in the poster and 'use a condom' (n=24; 24.7%) was the most common response, followed by 'look out for the one eyed snake' (n=15; 15.5%) and 'practice safe sex' (n=14; 14.4%).

Table 2: Perceived Main Message of the Poster

	Main Message Freq (%)	**Other Messages Freq (%)**
Practice safe sex	63 (64.9)	14 (14.4)
Use a condom	57 (58.8)	24 (24.7)
Snakes are dangerous in the bush	27 (27.8)	3 (3.1)
Cover it's head and it won't bite you	19 (19.6)	11 (11.3)
Trouser snakes are the deadliest	18 (18.6)	6 (6.2)
Look out for one eyed snakes	17 (17.5)	15 (15.5)
Whack a snake on its head	13 (13.4)	8 (8.2)
Buy (snake) condoms	13 (13.4)	5 (5.2)
Snake is back. Swell	11 (11.3)	8 (8.2)
Go to the health service	3 (3.1)	1 (1.0)
Other	*5 (5.2)*	*3 (3.1)*
Don't know	*1 (1.0)*	*7 (7.2)*

Relevance of posters and perceived target group

The vast majority of respondents (n=89; 91.8%) stated that the message in the poster was relevant to them, with males and females being equally likely to state this (z-test $p>0.05$). When asked why, there were two main reasons provided - firstly, prevention and safety concerns regarding STIs, HIV, teen pregnancy and general sickness were mentioned by 27 of the 64 valid responses (42.2%); and secondly, general awareness, health education, or health promotion regarding safe sex was mentioned by 26 respondents (40.6%). Additionally, four respondents (6.2%) cited being sexually active as the reason this information is relevant. The remaining 32 respondents did not give a reason why they believe that the message was relevant to them.

Of the seven people who thought that the message was *not* relevant to them, reasons for this ranged from thinking the posters were a joke, to not currently having a (sexual) partner.

Given the small number of respondents who did not find the information relevant to them, it is not possible to examine whether there are any significant differences between these respondents and those that did find the information relevant. That is, we cannot determine whether people who found the information relevant were more likely to, for example, state that bathrooms are an acceptable venue to present this information, or be more likely to have discussed the information with others.

Table 3: Perceived target group of posters

	Freq (%)
Everyone	43 (44.3)
Young people	37 (38.1)
ATSI young people	8 (8.2)
Sexually active people	6 (6.2)
Other	*3 (3.1)*
Total	**97 (100.0)**

All 97 respondents indicated who they thought the target group for this campaign was, and two main categories of responses were identified in the analysis. The most common response was that the campaign was intended for ‘everyone’ (n=43; 44.3%), closely followed by young people (n=37; 38.1%), with eight additional respondents

(8.2%) specifically indicating that *indigenous* youth were the target group. Table 3 above outlines all responses to this question.

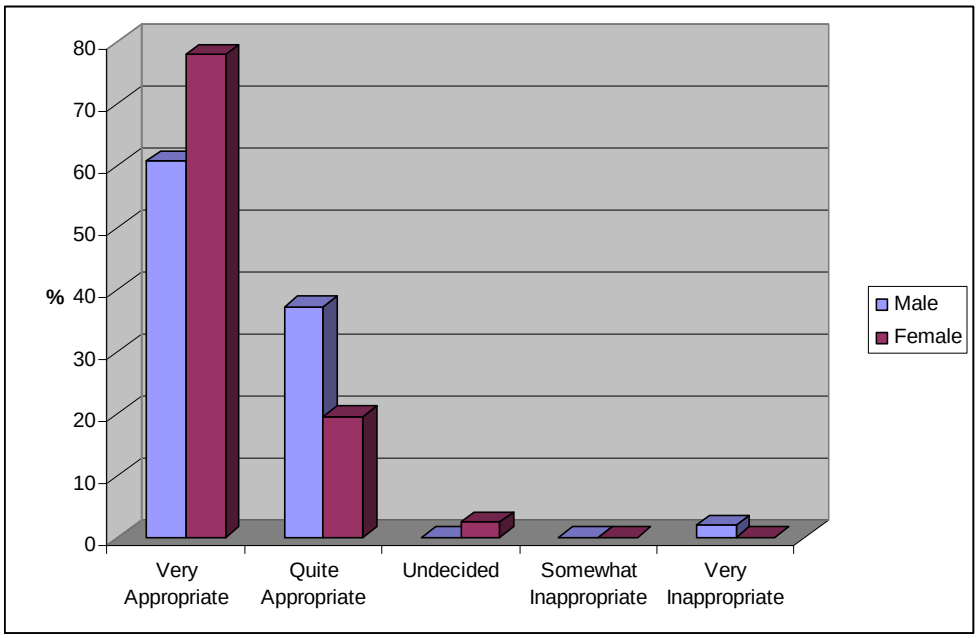
Perceived appropriateness of dissemination location

All but two of the 94 respondents who answered this question thought that it was 'very' or 'quite' appropriate to display this kind of information in the bathroom environment. Of the other two respondents, one was undecided and one thought it was very inappropriate to display this kind of information in such a location.

Table 4: Perceived appropriateness of dissemination location

	Freq (%)
Very appropriate	63 (67.0)
Quite appropriate	29 (30.9)
Undecided	1 (1.1)
Somewhat inappropriate	0 (0.0)
Very inappropriate	1 (1.1)
Total	**94 (100.0)**

Figure 1: Perceived appropriateness of dissemination location



Regardless of gender, a relatively large proportion of respondents believed that bathrooms are an appropriate venue for this information to be displayed ($\chi^2 = 5.475$; $p>0.05$). Figure 1 shows the breakdown of this question by gender.

Table 4 outlines reasons why these respondents felt that this was an appropriate location for this information (note that eight respondents did not answer this question). The main reasons given included that it is important to distribute information about sexual health as it is an important issue (n=45; 50.6%), and in terms of the bathroom environment, 28.1% (n=25) of respondents stated that a large number of people would visit and therefore see the information in the posters, and 6.7% (n=6) of respondents stated that people have nothing else to do in the bathroom and therefore would read the posters. A small group also highlighted the private nature of sex and sexual health, and therefore that a private environment like the bathroom is appropriate (n=8; 9.0%).

Table 4: Reasons why bathroom is appropriate location

	Freq (%)
It is important information to have	45 (50.6)
Lots of people go there	25 (28.1)
It's a private issue	8 (9.0)
Nothing else to do in the toilet	5 (5.6)
Other	*6 (6.7)*
Total	**89 (100.0)**

Actions resulting from exposure to campaign

Of the 93 respondents who answered this question, 59.1% (n=55) stated that they had discussed the information in the posters with someone that they knew. However, of the 38 respondents who said that they had not discussed the information with someone they knew, 28 said that they *would* discuss the information with someone that they knew. Therefore, all but 10 respondents indicated that they *had* or *would* discuss this information with someone they knew. Of the 10 who stated that they would not, six said that this was because they already knew about it (or didn't need to), two were too embarrassed to bring it up, and two didn't think to bring it up.

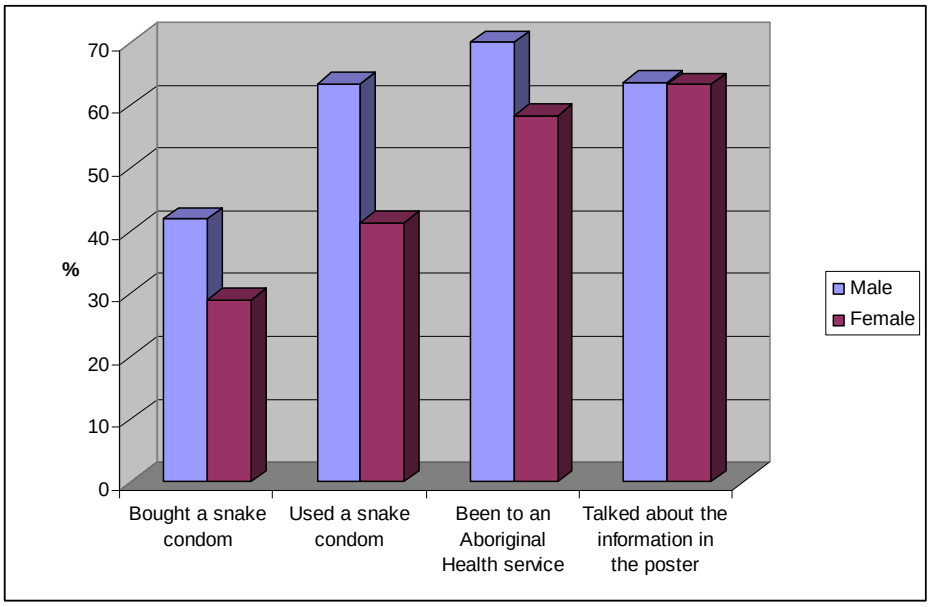
There was no significant difference between the percentage of males (58.0%) and females (61.9%) who stated that they had discussed this information with others (z-test $p>0.05$).

Respondents were then asked some questions about behaviours since seeing the poster. Respondents were most likely to report going to an Aboriginal Health Service after seeing the Snake poster (n=50; 64.1%); this was closely followed by discussing the information that was in the poster (n=52; 62.7%) and using a snake condom (n=40; 52.6%). Just over one third (n=20; 34.9%) reported buying a snake condom since seeing the poster.

Table 5: Since seeing the poster, have you:

	Yes (%)	No (%)
Bought a snake condom	22 (34.9)	41 (65.1)
Used a snake condom	40 (52.6)	36 (47.4)
Been in an Aboriginal Health Service	50 (64.1)	28 (35.8)
Talked about the information in this poster	52 (62.7)	31 (37.3)

Figure 2: Since seeing this poster, have you:



While males were more likely to have bought snake condoms (41.9% versus 29.0% for females), used snake condoms (63.4% versus 41.2%), been to an Aboriginal Health Service (70.0% versus 58.3%), and talked about the information in the poster (63.6% versus 62.2%), none of these difference were significant (z-test $p>0.05$). Figure 2 above shows these differences.

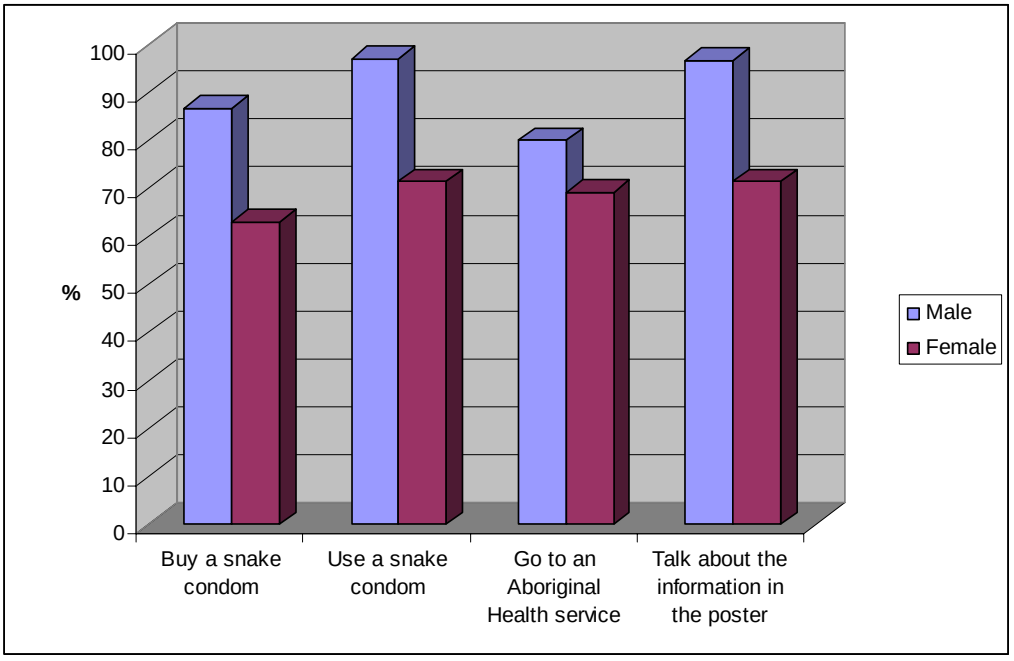
In regards to respondents' *intention to act* after seeing the snake poster, the majority of respondents reported that they would use a snake condom in the future (n=54;

84.4%), that they would discuss the information seen on the poster (n=49; 83.1%), that they would buy a snake condom (n=43; 74.1%), and that they would go to an Aboriginal Health Service (n=38; 73.1%).

Table 6: Having seen this poster, do you intend to:

	Yes (%)	**No (%)**
Buy a snake condom	43 (74.1)	15 (25.9)
Use a snake condom	54 (84.4)	10 (15.6)
Go to an Aboriginal health service	38 (73.1)	14 (26.9)
Talk about the information in the poster	49 (83.1)	10 (16.9)

Figure 3: Having seen this poster, do you intend to:



Applying the HBM to condom use (benefits, barriers, severity, susceptibility and self-efficacy)

When asked what the benefits of using condoms were, the vast majority cited each of the three following reasons: to avoid STIs (88.7%), to avoid pregnancy (85.6%) and to avoid HIV (79.3%). A small number (16.5%) stated other reasons, including practicing safe sex (or taking responsibility of their sexual health), being healthy, or preventing other sexual health issues.

Table 7: Benefits of condom use

	Freq (%)
Avoid STIs	86 (88.7)
Avoid pregnancy	83 (85.6)
Avoid HIV	77 (79.3)
Other	*16 (16.5)*

Respondents were most likely to state that people do not use condoms because they generally don't like them (n=43; 44.3%). The next most commonly cited barrier to condom use was that they an embarrassing topic or respondents were ashamed when using them (n=27; 27.8%), followed by their partner not liking them or not wanting to using them (n=26; 26.8%) and that they "just don't do it" (n=26; 26.8%). Other commonly stated barriers were that people trust their partners (n=18; 18.6%), that neither they nor their partner have an STI or HIV (n=14; 14.4%), or that it is not their responsibility (n=11; 11.3%).

Table 8: Barriers to condom use

	Freq (%)
Don't like them	43 (44.3)
Too embarrassing / shameful	27 (27.8)
Partner doesn't like them	26 (26.8)
Just don't do it	26 (26.8)
Trust partner	18 (18.6)
Don't have STI / HIV	14 (14.4)
Not their responsibility	11 (11.3)
No prepared / don't have them	9 (9.3)
Want kids	8 (8.2)
Lazy	5 (5.2)
Stupidity / As a joke	4 (4.1)
Time consuming	3 (3.1)
Cost	3 (3.1)
Spur of the moment	2 (2.1)

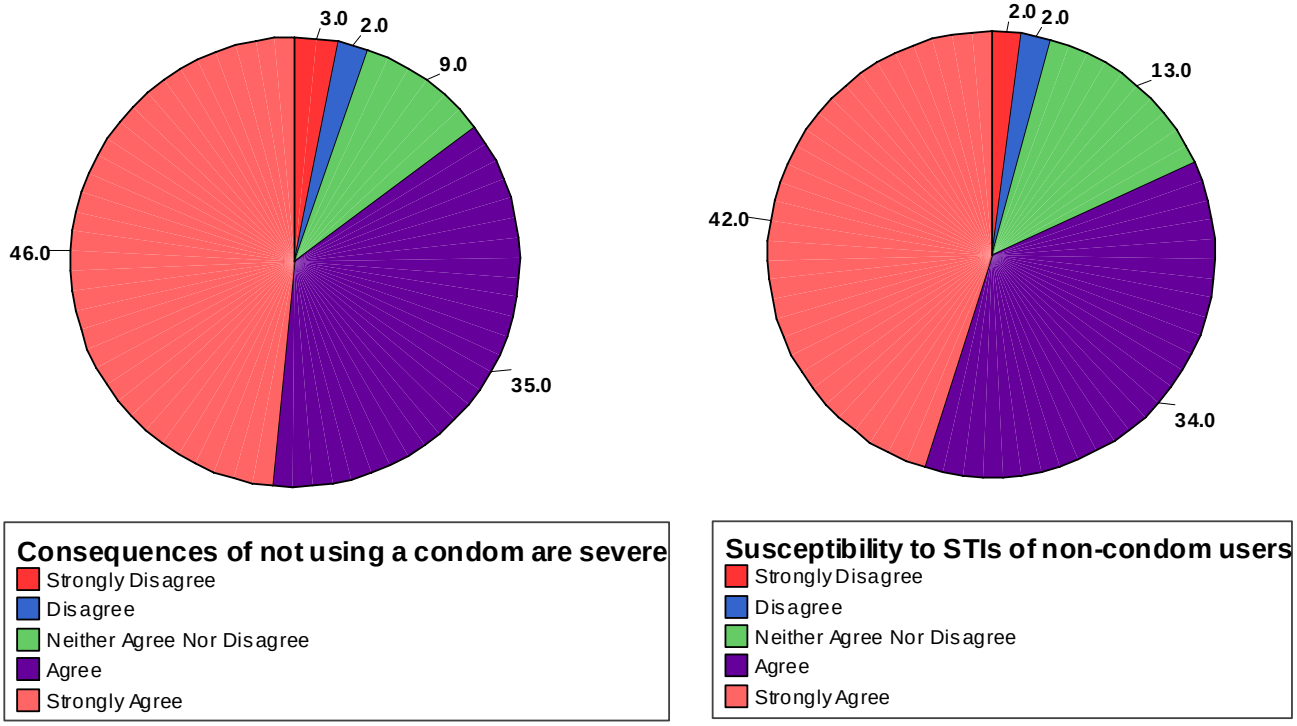
As seen in the Table 9 and Figures 4 and 5, there was strong consensus with both the severity and susceptibility statements, with 85.2% (n=81) either agreeing or strongly agreeing that the consequences of not using a condom are severe, and 81.8% (n=76) either agreeing or strongly agreeing that people who do not use condoms are likely to get STIs.

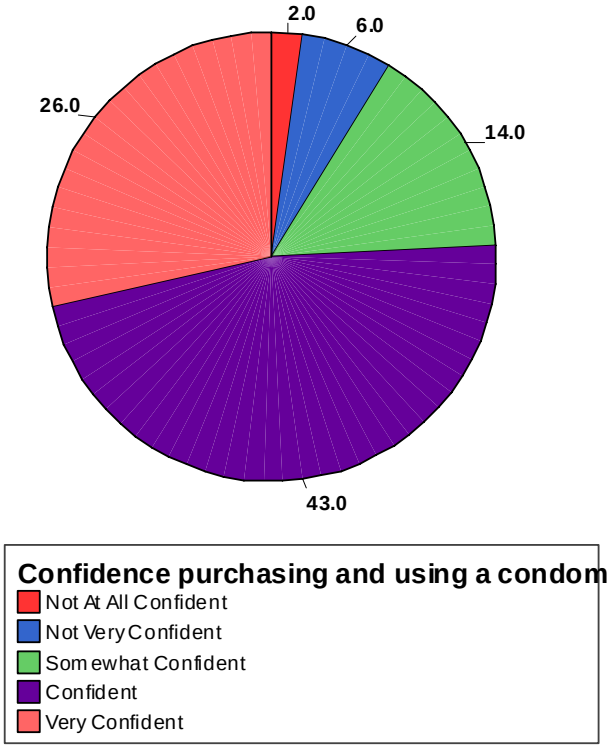
Similarly, the majority of respondents (n=69; 75.9%) felt confident or very confident that, if required, they could purchase and use a condom. Only eight people indicated that they would not be very confident or not at all confident in purchasing and using a condom the next time they had sex.

Table 9: Condom use - severity, susceptibility and self-efficacy

	Strongly Disagree Freq (%)	Disagree Freq (%)	Neither Agree Nor Disagree Freq (%)	Agree Freq (%)	Strongly Agree Freq (%)	Total Freq (%)
The consequences of not using a condom are severe	3 (3.2)	2 (2.1)	9 (9.5)	35 (36.8)	46 (48.4)	**95 (100.0)**
People who don't use condoms are likely to get STIs	2 (2.2)	2 (2.2)	13 (14.0)	34 (36.6)	42 (45.2)	**93 (100.0)**
	Not At All Confident	**Not Very Confident**	**Somewhat Confident**	**Confident**	**Very Confident**	**Total Freq (%)**
How confident are you that next time you have sex, you would be able to purchase and use a condom?	2 (2.2)	6 (6.6)	14 (15.4)	43 (47.3)	26 (28.6)	**91 (100.0)**

Figures 4, 5 and 6: Condom use - severity, susceptibility and self-efficacy





Gender was not significantly related to any of these HBM questions ($\chi^2 = 6.050$ for severity; $\chi^2 = 3.364$ for susceptibility; $\chi^2 = 2.523$ for self-efficacy; $p>0.05$ in each case).

Takeaway Cards

Seventy-one (73.2%) respondents indicated that they saw the takeaway cards and of these 71, 43 found it relevant to them and 43 took one for their personal use (interestingly, these were not the same 43 respondents, as six respondents who found it *relevant* to *them* did not *take one*, and another six respondents *took one* but did not say that it was *relevant to them*). Gender was not significantly related to whether or not respondent had taken the cards or whether they believed these to be relevant to them (z-test $p>0.05$).

Of the 43 respondents who found them relevant, 33 gave a reason as to why: the most common reason given was that it included good information about sexual health (n=14), followed by the fact that it contained relevant information about health services (n=7), and that it was useful to give to a friend or relative (n=4). Table 10 outlines all responses to this question.

Table 10: Why are the takeaway cards relevant?

	Freq
Good general information about sexual health	14
Relevant information about health services	7
For a friend / relative	4
Because I am young	2
Other	*6*
Total	**33**

Fourty-seven (88.7%) respondents indicated that they would pass the card on to someone they know, out of the 53 who answered this question. However, it is interesting to note that not all of these 47 respondents actually took a card (i.e. more people stated that they would pass the card on to others than those that actually took a card).

DISCUSSION:

Interpretation of perceived main messages of the posters is difficult, as these results can not be related back to which exact Snake Condom promotional poster the respondent had seen – i.e. "Snakes are dangerous in the bush" was cited much more often than "Snake is back. Swell", however this could simply be a reflection of the number of respondents who had seen each poster. However, it is somewhat encouraging to note that neither of the two most commonly perceived main messages of the poster (i.e. "practice safe sex" and "use condoms") were actual slogans on Snake Condom promotional campaigns. Therefore, Indigenous youth in this study have taken out of the poster the important messages relating to practising safe sex, even if they cannot recall the specific text of the poster.

When asked who the message was targeted at, only eight respondents correctly stated Indigenous youth. However, 91.8% of respondents believed that the messages were targeted at themselves. This is another encouraging sign for the effectiveness of the campaign – it should not matter who the target group perceives the campaign to be directed towards, as long as they recognise that it is relevant to them.

In addition, there was clearly a high level of knowledge of the benefits of condom use, since when they were asked why the messages were relevant to them, many respondents indicated that prevention of STIs, teenage pregnancy and HIV was important. Furthermore, respondents seemed very open to discussing this information with other people, given that all but 10 respondents either indicated that they *had* discussed the information with other people, or that they *would* discuss the information with other people. Even so, six of these 10 respondents said that they hadn't or wouldn't discuss the information because they already knew it or didn't need to discuss the information. It is also possible that some respondents had not had time to discuss the information in the time between seeing the poster and participating in the interview.

It was very clear that Indigenous youth are not offended by messages like this in bathrooms, and thought that it was an acceptable campaign location. There are two issues of importance to note relating to this: firstly, many respondents stated that this was acceptable because the information is important, and secondly, respondents were likely to state that it is a good idea for such a campaign because lots of people go there, there is time to think about it while there, and it is a suitably private location.

Perhaps surprisingly, more respondents reported using snake condoms (approximately half) than buying them (approximately one-third) – perhaps implying that they had been given them, or that their partner had bought them. Also, approximately two-thirds of participants had been to an Aboriginal Health Service since seeing the posters, which was particularly encouraging. Even more encouraging, however, was the fact that approximately three-quarters of the sample indicated that they would buy and use Snake Condoms, and that they would visit and Aboriginal Health Service.

The most important issue arising from this survey appears to be perceived barriers to using condoms. Even though the question was posed such that respondents were stating barriers to condom use for other people, issues such as inconvenience, laziness, not liking condoms, not having STIs or HIV and not being responsible for condom use arose. The fact that respondents cited them implies that this is an area which could be addressed in the future.

CONCLUSION:

Several questions based on the HBM were included in this survey in order to predict the likelihood of an individual (or a targeted group) changing health-related behaviours based on the interaction between perceived barriers and benefits of condom use, severity of and susceptibility to health issues arising from not using condoms, and self-efficacy. However, the vast majority of respondents believed that the information was relevant to them, stated that they would buy and use (snake) condoms, talk about this information and visit an Aboriginal Health Service. In addition, there was a high knowledge of benefits to condom use, and high agreement that the consequences of not using a condom are both likely to occur and severe. Finally, self-efficacy was generally very high, with approximately three-quarters of respondents indicating that they could buy and use a condom if required, indicating that the barriers mentioned previously either are not relevant to this population, or are not big enough barriers to prevent use of condoms. Therefore, the use of the HBM in this instance is partially negated by the lack of change required by participants of this research. That is, for many respondents there appears to be little need for (or room to) change, *if* self-report is accurate.

Appendix A: Snake Condom Questionnaire

Preamble Excuse me, I wonder if you could help with some research we are doing for Marie Stopes Australia? It will only take a few minutes of your time.

My name is _____and I'm carrying out a project on behalf of Marie Stopes Australia and the Department of Human Services to assess some health messages.

The information you give me will help determine the success of the messages and will be given in complete confidence and will be recorded anonymously. Your answers will help develop better health messages in the future.

Research location:

Hotel
Restaurant
Youth refuge
Support Services
Sports and recreation
Shopping
Nightclub
Needle and syringe program
Medical
Hospital
Health and fitness
Education
Community health
Bar
Accommodation

Confirm age between 16 and 29 years and cultural background: Indigenous Australian /terminate

Have you used the bathroom facilities here (state the research location) this week?

Yes 1
No 2 terminate interview, do not include in sample

Gender:

Male 1
Female 2

Q.1 Whilst you were in the bathroom did you see any posters on the walls, or anywhere else in the bathroom?

Yes 1 go to question 3
No 2 go to question 2

Q.2 The posters were black, red and yellow with a snake. Do you remember seeing them now?

I do recall seeing the posters 1 go to question 3
I definitely did not see the posters 2 TERMINATE INTERVIEW
I'm not sure 3 TERMINATE INTERVIEW

Q.3 Can you tell me briefly what the poster was about?

Clearly able to identify snake posters 1 GO TO SURVEY A
Either identifies an alternative poster, or interviewer is unsure what poster they are identifying (do not prompt) 2 TERMINATE INTERVIEW

Q.4a What was the main message(s) presented in the poster? Circle all responses made (note: wording need not be identical)

Snakes are dangerous in the bush. 1
Snake is back. Swell. 2
Whack a snake on its head. 3
Look out for one-eyed snakes. 4
Trouser snakes are the deadliest. 5
Cover it's head and it won't bite you. 6
Practice safe sex. 7
Use a condom. 8
Buy (snake) condoms. 9
Go to the health service. 10
Other. 11 *Please*
*Specify:*_____
_____
_____
Don't Know 12 – *Why?*
_____
_____
_____

Q.4b Can you recall any other information presented in the poster? Describe.

Snakes are dangerous in the bush. 1
Snake is back. Swell. 2
Whack a snake on its head. 3
Look out for one-eyed snakes. 4
Trouser snakes are the deadliest. 5
Cover it's head and it won't bite you. 6
Practice safe sex. 7
Use a condom. 8
Buy (snake) condoms. 9
Go to the health service. 10
Other 11 *Please*
*Specify:*_____
_____
_____
No. 12

Q.5a Were the messages in the poster relevant to you?

Yes 1
No 2

Q.5b Why/why not?

_____
_____

Q.6 Who do you think the information in the poster is intended for?

_____
_____

Q.7a How appropriate do you think it is to display this kind of health information in the bathroom environment?

Very appropriate 1
Quite appropriate 2
Undecided 3
Somewhat inappropriate 4
Very inappropriate 5

Q.7b If you think it is inappropriate, why:

_____
_____

Q.7c If you think it is appropriate, why:

_____
_____

Q.8a Have you discussed the information contained in these posters with someone that you know?

Yes 1
No 2

Q.8b If not, <u>would you</u> discuss the information contained in these posters with someone that you know?

Yes 1
No 2

Q.8c If not, why not?

_____
_____

Q.9a Since you saw this poster, have you:

i) bought a snake condom	Y 1	N 2
ii) used a snake condom	Y 1	N 2
iii) been to an Aboriginal health service	Y 1	N 2
iv) talked about the information in this poster	Y 1	N 2

Q.9b Having seen this poster, do you intend to:

i) buy a snake condom	Y 1	N 2
ii) use a snake condom	Y 1	N 2
iii) go to an Aboriginal health service	Y 1	N 2
iv) talk about the information in this poster	Y 1	N 2

Q.10 What do you think are the benefits of using condoms?

Avoid pregnancy 1
Avoid sexually transmitted diseases / infections 2
Avoid HIV 3
Other 4 *Please Specify:*

_____

Q.11 What do you think are the reasons that people don't use condoms?

They don't like them 1
Their partner doesn't like them 2
They trust partner 3
They just don't do it 4
It is too embarrassing 5
Neither they nor their partner have STIs or HIV 6
They think it is not their responsibility 7
Other 8 *Please*
*Specify:*_____

Please indicate to what extent you agree or disagree with the following statements:
Q.12 The consequences of not using a condom are severe.

Strongly Disagree 1

Disagree 2
Neither Agree nor Disagree 3
Agree 4
Strongly Agree 5

Q.13 People who don't use condoms are likely to get sexually transmitted diseases.

Strongly Disagree 1
Disagree 2
Neither Agree nor Disagree 3
Agree 4
Strongly Agree 5

Q.14 How confident are you that next time you have sex, you would be able to purchase and use a condom?

Not At All Confident 1
Not Very Confident 2
Somewhat Confident 3
Confident 4
Very Confident 5

Q.15 Did you see the takeaway cards?

Yes 1
No 2 / terminate

Q.16 Did you take one?

Yes 1
No 2 / terminate

Q.17a Did you find it relevant to you?

Yes 1
No 2

Q.17b Why:

_____
_____

Q.17c Would you pass the takeaway card to someone you know?

Yes 1
No 2

Thanks for giving us your time and your input into this research project.