



Convenience Advertising

**QQS
R**

QUALITATIVE & QUANTITATIVE SOCIAL RESEARCH

ABN 12 056 122 662

PO Box 12
Gungahlin ACT 2912
Telephone: 02 6242 1008
Facsimile: 02 6242 1024
Email: qqsr@orac.net.au

**NARROW-CASTING CHLAMYDIA
EDUCATION MESSAGES IN QUEENSLAND:**

EVALUATION OF CONVENIENCE ADVERTISING

30 October 2001

QOSR Contacts:
Stephen Mugford

Client Contact:
Ms Sharon Thorpe

Introduction

This report provides an evaluation of the program "Narrowcasting Chlamydia Education Messages in Queensland" which was provided to the Queensland Health Department by Convenience Advertising Limited (CA). In this program, messages were displayed adjacent to hand-driers located in toilet areas in tertiary education locations (TAFE and University) in sites across Queensland.

Chlamydia is a sexually transmitted disease which is of increasing concern in Queensland. As outlined below, this disease is found in increasing levels among young people, but is quite commonly not detected. In this context, innovative communications methods are seen to be relevant to informing young people about chlamydia.

While rarely fatal, genital chlamydial trachomatis infection is a cause of serious and expensive morbidity in Australia. Diagnosis is often missed because of lack of clinical suspicion and because people with the infection often have trivial, or no symptoms at all.

Chlamydial infection can quietly persist for years and without appropriate treatment can result in pelvic inflammatory disease (PID), blockage of fallopian tubes leading to infertility, scarring of the tubes causing increased risk of ectopic pregnancy, pelvic scarring and adhesions in women resulting in chronic pelvic pain.

In men, chlamydial infection can cause recurrent urethritis, epididymitis and (rarely) infertility. Sixty per cent of babies exposed during birth become infected resulting in neonatal conjunctivitis and/or pneumonitis.

Eighty eight per cent (88%) of cases of chlamydia found in women are in women less than 30 years old. 72% of cases found in men are in men below this age. The highest rates are in men aged 20 to 24 and in females aged 20 to 24.

There are 10 Universities with 27 campuses located throughout the state with approx 114,000 students. The number of Institutes of TAFE in Queensland is 16 with 87 campuses and approx. 240,000 students. Clearly, therefore, these sites provide access to a large number of young people in the relevant age groups for chlamydia.

In the program, CA installed and maintained messages at 500 display points (DP's) in TAFES and Universities for a period of six months.

Convenience Advertising is a world leader with regard to using narrowcast messages and has considerable expertise in using this method in tertiary education campuses, having carried out evaluated trials on a number sites both in Australia and overseas.

In these studies, it has been demonstrated that narrow-casting is a cost efficient and effective approach, capable of delivering targeted messages to specific groups who then display high levels of recall of the messages that have been used.

Furthermore, it has been demonstrated in these studies that:

- The message method—posters displaying health messages in toilet areas—is very widely accepted and approved of.
- The method is effective in delivering messages that are understood and offer useful information

The evaluations of the various campaigns have usually drawn upon respondents using ‘intercept’ interviews. That is, interviewers position themselves in a public area adjacent to a large toilet area where DPs have been installed and then, using a standardised method typical in market research, approach individuals who they have seen to leave the toilet block and request an interview.

This method of intercept interviews was employed in the current study.

In the next section, the report summarises the key findings, examining:

- The general characteristics of the study and sample
- The extent to which the sample is a reasonable cross section of tertiary students
- The main findings, for the whole sample, with regard to issues such as recall of the poster and the message, perceived message utility, etc
- Variations within the sample by gender and age group.

In the second main section, the report presents a range of tables. First, it offers a series of cross tabulations by gender for all variables. Then (to reduce repetition) it offers all tables for age group where there is a statistically significant difference in the answers.

The third main section draws broad conclusions with respect to the program. As will be seen it indicates that, on available measures, the program was successful in reaching a target audience and raising awareness about chlamydia.

1 Main Findings in Summary Form

1.1 General

1. Research was carried out with a total of 402 respondents, which consisted of 205 (51%) males and 197 (49%) females. This is a very close fit to the desired match of 50/50. [NB All percentages are shown rounded to the nearest whole percent.]
2. Respondents were adults who used tertiary education locations in which Convenience Advertising placed health messages.
3. These respondents were distributed across Queensland, with 99 (24%) in Brisbane, 101 (25%) in Cairns, 52 (13%) on the Gold Coast, 51 (13%) on the Sunshine Coast and 100 (25%) in Toowoomba. They were exactly equally divided (201:201) between university and TAFE sites.
4. QQSR designed the research and received and analysed the data for the report.

1.2 The sample was a reasonable cross section of a young, tertiary study community with regard to:

1. Age—170 (42%) were aged 16-19, 148 (37%) were 20-24, 39 (10%) were 25-30, 35 (9%) were 31-40 and 10 (2%) were over 41 (greatest age was 49); *and*
2. Relationship status—200 (50%) were single, 124 (31%) were in a steady relationship; 42 (10%) were in a de facto relationship, 34 (9%) were married, 2 (less than 1%) were separated or divorced and there was no-one who was widowed.

1.3 With regard to recall, readability, etc:

1. Just over three quarters of respondents (311, 77%) had an unprompted recall of seeing a health-related message or poster when they used the toilets.
2. Of the quarter of respondents who did not have unprompted recall of posters with health related message, almost all (88 of 89, that is 99%) remembered seeing the poster when a modified version (omitting the word chlamydia) was shown to them
3. Thus 97% (390 of 402) respondents recalled being exposed to the poster message.
4. 59% (237) recalled the location of the poster immediately. The other 41% required minor prompting
5. Either directly or after minor prompting, 93% accurately recalled the location of the poster at the hand-drier, 2 said it was in the cubicle and 25 (6%) merely said 'on the wall'.
6. 93% (372) of respondents knew that the poster dealt with chlamydia, while another 7% thought it dealt with 'STDs', but could not recall chlamydia as such.

7. One half of the respondents said that they had read all of the poster, another 30% said that they had read most of it, 20% said they read a little and 1% said they had read none or could not recall.
8. 92% said that they had understood everything that they had read, 3% said that there were a few places where the poster was unclear and 3% said that they had understood little of it. (Comments on the parts that were not clear are shown in the Appendix.)
9. 93% felt that the material was definitely or probably appropriate for display on the campus, 6% were not sure and only 1 respondent thought it inappropriate. (Comments on why respondent thought the material appropriate are shown in the Appendix.)
10. Only just over half (223, 55%) were clear that they had heard of chlamydia before they saw the poster, 11% were unsure and 33% had not heard of it.
11. Examining those who *had* heard of chlamydia before, of that group three quarters said they had previously considered an STD risk in Queensland, 16% had not been sure and 9% had not considered it an STD risk.
12. Over one third (143, 36%) considered the material very useful, over half (209, 52%) said they thought it somewhat useful, 12% were not sure and only 3 respondents thought it was not useful.
13. 86% (352) of respondents noticed that there was a brochure attached to the poster but of those only about a third (130, 37%) had taken a brochure. Asked why not, over half (of the 220 who noticed but did not take the brochure) said they were either not interested (38, 17%) or that it was not relevant to them (88, 40%). Another 10% (21) said they were in a hurry and people were queuing, while only 3% admitted they were shy or embarrassed.
14. Of the 133 who said they had taken a brochure, only 10 (8%) said that they had completely read it.
15. However, even on what they had seen of the brochure, the large majority thought it contained new and useful information—43% (57) saying this was very much so and 39% (50) saying this was 'quite a bit' the case.
16. More (153, 38%) felt that the poster and brochure offered them information they would share with a friend than those who did not feel this way (99, 25%), while another large group (150, 37%) were not sure.
17. Only 4 people found that the material made them uncomfortable to any degree, while 90% said it was not at all uncomfortable and 9% said it was a little uncomfortable.
18. More than three quarters of respondents said that seeing the posters had raised their awareness of chlamydia—27% said it had raised it a lot and 52% said it had raised it quite a bit.

1.4 Variations by gender, age, etc

As noted earlier, the next section displays the full range analyses for each dependent variable by gender (in order to give a wide overview) followed by those tables for age group where there is a statistically significant relationship.

Note that while there were some relationships that *appeared* to be significant for relationship type and between TAFE and University, in every case this seemed to be reducible to an age effect:

- those who are single are, as a group, younger than those going steady, who are younger than the married and so on; *and*
- the TAFE group is younger than the Uni group with much higher representation in the 16-19 age group.

Therefore, these results have not been separately reported in order to avoid confounding the interpretations.

There were no significant differences observed by geographical location.

Key findings excerpted from the tables are shown in the text immediately below. The first set of results relate to gender.

1. Female respondents claimed to have paid more attention to the poster, with 56% as opposed to 44% of males saying they read all of it. Women are known to be more compliant than men, but whether this means they read more or *said* they read more is unclear.
2. Males were twice as likely as females (44% vs. 22%) to say that they had not heard of chlamydia before they saw the poster.
3. Although there was little difference in the overall percentage who said they did consider chlamydia an STD risk before they saw the posters, (males 79%, females 72%) more women said they did not know.
4. Overall, females were more likely to rate the information as useful (e.g. 39% as compared with 33% of males said it was 'very useful').
5. Males were far more likely to say that they did not take a brochure because they were not interested or saw it as irrelevant to them while women were far more likely to say they were in a hurry. It may be that the female respondents were making a 'polite excuse' and that males did not see the need to make such an excuse—or it may be a real difference in motivation.
6. Women were twice as likely (50% vs. 26%) to say that the posters/brochure contained information that they would pass on to a friend. Again, it is not clear whether this reflects behaviour or a compliant attitude.

7. Males were almost twice as likely (26% compared to 15%) to say that the campaign heightened their awareness little or not at all.

Turning to age, respondents were grouped into 5 age brackets (see 1.2.1 above). A number of significant relationships between age group and response were found. These are shown in the tables below in section 2.

8. Older groups required less prompting than younger, with unprompted recall being below 60% in the two younger groups, but well above in the others.
9. There was a steady rise from group to group in the certainty with which each one said that the material to display in this way.
10. There was a clear age link to knowledge—older groups were more likely to have heard of chlamydia before and the youngest group (15-19 year) stood out as markedly less well informed than the others.
11. There was a curvilinear relationship between age and finding the material useful, with those saying that it was useful peaking in the 25-30 age group.
12. This was closely paralleled by the curvilinear relation between age group and taking a brochure—taking one also peaked in the middle age groups, suggesting that the obvious link between interest and behaviour holds in this case.
13. There was a complex pattern on the reasons for not taking a brochure—on the one hand the answer that the brochure was not of interest or relevance rose with age, while the proportion saying they were ‘in a hurry’ fell with age.
14. The curvilinear relationship between age and finding the material useful was again paralleled by a relationship between age and saying that the information offered was something that one would share with a friend.
15. Lastly in this area, there was an age relationship to heightened awareness—the older the group, the more they said that the posters had raised their awareness.

2 Survey Report: The Tables

2.1 Differences by gender

The following series of tables display, using column percentages, the answer for every dependent variable analysed by gender. These data are provided in order to show a comprehensive range of the scores. Later, tables are shown for age group, but in those cases the only tables shown are those where there is a significant difference.

Where a statistically significant difference exists between males and female respondents, this is shown following the table with a short, italicised comment.

Percents of Column Totals for Notice poster, Gender

	Female	Male	Totals
No	1	13	7
DK	23	7	15
Yes	76	79	78
Totals	100	100	100

Percents Of Column Totals For Recall Seeing (Poster Displayed), Gender

	Female	Male	Totals
No	2	0	1
Yes	98	100	99
Totals	100	100	100

Percents of Column Totals for Prompted Recall of Location, Gender

	Female	Male	Totals
Not Prompted	58	60	59
Prompted	42	40	41
Totals	100	100	100

Percents Of Column Totals For What Poster About, Gender

	Female	Male	Totals
Chlamydia	94	91	93
STD	6	9	7
Totals	100	100	100

Percents Of Column Totals For How Much Read, Gender

	Female	Male	Totals
All	56	44	50
Most	29	30	30
A little	15	23	19
None	0	3	1
Totals	100	100	100

**Females claimed to have paid more attention to poster*

Percents of Column Totals for Understood, Gender

	Female	Male	Totals
All	93	91	92
Some Unclear	3	5	4
A little	4	3	3
None	1	2	1
Totals	100	100	100

Percents of Column Totals for Appropriateness of Material, Gender

	Female	Male	Totals
Yes	72	71	72
Probably	20	23	22
Neutral/DK	8	5	6
Totals	100	100	100

Percents of Column Totals for Heard of Chlamydia, Gender

	Female	Male	Totals
No	22	44	33
DK	18	5	11
Yes	60	51	55
Totals	100	100	100

**Females seem to have been better informed before the campaign*

Percents Of Column Totals For Previously Considered An STD Risk In QLD, Gender (Only those who had heard of it were asked this)

	Female	Male	Totals
No	5	13	8
DK	23	7	16
Yes	72	79	76
Totals	100	100	100

**Females seem to have been less clear before the campaign, thought fewer were clearly wrong.*

Percents of Column Totals for Usefulness of Material, Gender

	Female	Male	Totals
Very useful	39	33	36
Somewhat useful	52	53	52
Not Very Useful	9	14	11
Not Useful/DK	1	1	1
Totals	100	100	100

**Females said the information was useful more often than males did.*

Percents of Column Totals for Notice brochure, Gender

	Female	Male	Totals
No	11	14	12
Yes	89	86	88
Totals	100	100	100

Percents of Column Totals for Take Brochure, Gender

	Female	Male	Totals
No	67	60	63
Yes	33	40	37
Totals	100	100	100

Percents of Column Totals for Why Didn't Take Brochure, Gender

	Female	Male	Totals
Not interested	7	29	17
Not relevant	34	47	40
Embarrassed etc	3	3	3
In a hurry etc	40	18	30
DK	15	3	10
Totals	100	100	100

* Males claim the material to be less of interest/relevant.

Percents of Column Totals for Read Brochure, Gender

	Female	Male	Totals
No	12	4	8
Yes	88	96	92
Totals	100	100	100

Percents Of Column Totals For Brochure New/Useful Info, Gender

	Female	Male	Totals
Good deal	45	42	44
Quite a bit	37	39	38
A little	7	15	11
None	12	3	7
Totals	100	100	100

Percents Of Column Totals For Share Info With Friend, Gender

	Female	Male	Totals
No	16	33	25
DK	34	41	37
Yes	50	26	38
Totals	100	100	100

* Females claim to be more likely to share or pass on info

Percents Of Column Totals For Make Feel Uncomfortable, Gender

	Female	Male	Totals
A great deal	1	0	
Quite a bit	0	0	
A little	7	11	9
Not at all	92	88	90
Totals	100	100	100

Percents of Column Totals for Heightened Awareness, Gender

	Female	Male	Totals
A great deal	30	25	27
Quite a bit	55	49	52
A little	15	23	19
Not at all	0	3	2
Totals	100	100	100

* Females slightly more likely to see the material as awareness heightening

2.2 Differences by age group

In this section, tables are reproduced only if there is a statistically significant relationship. Note also that, unlike the gender tables where the column totals are almost equal and therefore are simply recorded as 100%, in this case the column totals are quite different and therefore are shown as numbers (not as 100%).

Percents Of Column Totals For Prompted Recall, Age Group

	16-19	20-24	25-30	31-40	40+
Not prompted	57	50	82	71	90
Yes, prompted	43	50	18	29	10
Totals	170	147	39	35	10

* Older groups required less prompting than younger

Percents Of Column Totals For Thinking Material Is Appropriate, Age Group

	16-19	20-24	25-30	31-40	40+
Yes	66	71	74	94	90
Probably	26	21	26	6	0
Neutral/DK	8	8	0	0	0
Probably Not	0	0	0	0	0
Definitely not	0	0	0	0	10
Totals	170	147	39	35	10

* Older groups more confident the material is appropriate (despite a single disapproving case)

Percents Of Column Totals For Having Heard Of Chlamydia Before, Age Group

	16-19	20-24	25-30	31-40	40+
No	52	23	18	6	20
Neutral/DK	12	13	13	3	0
Yes	36	64	69	91	80
Totals	170	147	39	35	10

* Older groups more knowledgeable

Percents Of Column Totals For Thinking Material Is Useful, Age Group

	16-19	20-24	25-30	31-40	40+
Very useful	31	39	46	43	10
Somewhat useful	59	51	41	37	50
Not Very Useful	11	10	10	20	30
Not Useful/DK	0	1	3	0	10
Totals	170	147	39	35	10

* Curvi-linear relationship, utility rises with age but falls for older groups

Percents of Column Totals for Taking Brochure, Age group

	16-19	20-24	25-30	31-40	40+
No	68	58	50	65	100
Yes	32	42	50	35	0
Totals	170	147	39	35	10

* *Curvi-linear relationship, taking the brochure rises with age but falls for older groups*

Percents of Column Totals for Reasons for Not Taking Brochure, Age group

	16-19	20-24	25-30	31-40	40+
Not interested	28	10	13	5	0
Not relevant	21	41	67	85	88
Embarrassed etc	6	0	0	0	12
In a hurry etc	39	35	0	5	0
DK/Other	6	14	20	5	0
Totals	96	80	15	21	8

* *Complex pattern. Includes (a) perceived relevance falls with age and (b) youngest groups more likely to say 'in a hurry'.*

Percents of Column Totals for Share Information With a Friend, Age group

	16-19	20-24	25-30	31-40	40+
No	28	19	28	26	40
DK	43	35	23	37	30
Yes	29	46	49	37	30
Totals	170	147	39	35	10

* *Curvi-linear relationship, willingness to share information rises with age but falls for older groups*

Percents of Column Totals for Heightened Awareness, Age Group

	16-19	20-24	25-30	31-40	40+
A great deal	22	25	42	37	60
Quite a bit	57	55	44	40	20
A little	22	19	11	17	10
Not at all	1	1	3	6	10
Totals	170	147	39	35	10

* *Older groups appear more affected by the information*

3 Conclusions

The report has arrayed a wide range of data relevant to evaluating the program “Narrowcasting Chlamydia Education Messages in Queensland” which was provided to the Queensland Health Department by Convenience Advertising Limited. In this program, messages were displayed adjacent to hand-driers located in toilet areas in tertiary education locations (TAFE and University) in sites across Queensland.

As noted in the introduction this method has been previously demonstrated both to be very widely accepted and approved of and also to be effective in delivering messages that are understood and offer useful information.

Based on a survey of 402 respondents (205 (51%) males and 197 (49%) females), equally divided between TAFE and University and who used tertiary education locations across Queensland, it is clear that the method achieved these two aims.

Recall rates were high, respondents correctly recalled the fact that chlamydia was the main topic and they were able to report accurately the location of the posters. Furthermore, they found the material appropriate and useful and they were not uncomfortable with it being displayed in these locations.

While only a minority took the brochures attached to the posters, an interesting, important and encouraging finding was that there was a consistent link between taking a brochure, finding the information relevant and being prepared to discuss it with a friend. This emerged clearly in data on the link between age group and responses (see 1.4.11, 1.4.12 and 1.4.14 above) where the same curvilinear relationship was seen for all three of these variables.

Turning to matters specific to chlamydia, it appears that the material in the posters and brochure that was delivered by this method may well have contributed to efforts by Queensland Health in their chlamydia campaign. Respondents report an increase in their awareness of the disease and of its status as an STD risk as a result of exposure to these messages.

There are some interesting differences reported by gender and by age.

It is not absolutely clear what these mean where gender is concerned. It is well known that women are more socially aware of a range of issues than men and also more compliant. Sometimes this emerges in behaviour, sometimes only in response to questions, with men and women giving different ‘accounts’ of action. Both factors may be at work here.

On the face of it, the message seems to have been more readily and widely received by women than men, but this could not be considered a definite finding in the absence of independent behavioural corroboration.

With regard to age, it is clear that the method has successfully delivered information to all age groups, but the very youngest group (16-19) has been slightly less impacted

than those who are older. This indicates some need to think about the special needs of this group.

● Overall, however, it can clearly be concluded that the program has been a success, delivering relevant and timely material to the target group in a fully acceptable manner and with high levels of recall.

4 Appendix: Qualitative Data From Open Ended Questions

Table 1: Recorded responses (including interviewer notes in some places) to the open ended part of question 6: “Which bits were unclear?”

are there really usually no symptoms
can't understand why there are few symptoms
didn't associate "health message" with display. Unclear on type of test
didn't read it in detail
easy to understand and straight forward (3)
how many people have read it?
like to know more about test
lots of facts (doesn't speak English very well)
medical terms
needed STD reference
seemed to hear reference to STD rather the health message
seemed unsure just what he understood
straight forward, no hard terms
student not particularly interested
the information too much
too many facts all at once. A bit overwhelming (2)
very clear
very easy to understand
well aware of it - biology student
what are the symptoms?
would like more info about symptoms which are involved

Table 2: Recorded responses (including interviewer notes in some places) to the open ended question 8: “[Following their view of whether it was appropriate] Why do you say that?”

NB The one negative view appears in the first row.

felt very embarrassed standing and looking at poster and feels people just laugh and joke about such advice
a larger group of uni students are kids and are sexually active
a lot of young people don't know how wide spread it is
an interesting message while drying hands
any sexual health awareness info is good
anything to help advise the young tom cats has to be good value
anything to help promote health issues is an excellent idea
applies to most
as it is a health risk it feels important
as many people as possible should learn about this STD
because it effects so many people its important to inform a big audience
because it is for the health conscientious
because the toilet is a private place
best for all people to be informed about chlamydia
better informed young adults means less occurrences of Chlamydia
can't think of a better place for it

does not agree with info and how it's displayed. Makes out that everyone has it and everybody should be tested.
doesn't bother me (3)
everybody needs to know in order to prevent chlamydia (4)
for student knowledge
good for women to know
good for young people to be aware
good idea - need more like that
good to know
good to see advice particularly the ease of testing
health studies at this uni
I feel it's the right sort of place
I think you could put it in other places as well
I would not put it in a high school
important for people to learn about STDs of any type
information - the better informed means the more it can be prevented
it important to be aware of these things
it is a general health issue
it is something of a private issue so the toilet is a good area
it wouldn't worry me if it were there
it's a health risk, we should be aware
it's an important issue which needs to be addressed
it's best place for people to see it
its good for people to see it and in an appropriate area
it's just is, it's not inappropriate
it's OK, not like its in the walls, in a place that's private
just probably a good idea
Learning something
let as many people as possible know about diseases of chlamydia
liked information being readily available - particularly the brochure
lots of people having sex
makes people aware of the danger of having sex
makes people aware of the danger of having sex
might help control STDs
might help someone to know about STD (3)
might interest some people
more info for students on STD very helpful
no real reason
not many people are aware of chlamydia
now know there is a testing procedure
people may not know otherwise
people need education
people need to be aware of STDs
people should be aware of such an STD
relevant to students
sex everywhere at uni, people here are at high risk
spread the word
sup[pose it is a good idea to give this info
the age group really, is why it's a good idea
the more STD messages the better
the need to know
thought it was only a female complaint

to improve general health of women
to increase general awareness
uni students, people in general need to be informed of such things
very informative
young people more prone to chlamydia. Not many people know about it need more awareness and information about dangers(5)

Table 3: Recorded responses (including interviewer notes in some places) to the open ended question 19: "Is there anything else you would like to say?"

NB The second column shows the relationship type in which the respondent is currently living (1=single; 2=going steady; 3=de facto; 4=married)

Anything else	Relationship	Gender
Put them up in more places	1	2
More posters about other diseases with the chlamydia poster	1	2
bigger!	1	2
pretty much fine maybe bigger. Maybe READ THIS or FREE STUFF	1	2
maybe make it bigger	1	2
it's fine	1	2
no, pretty effective	1	2
it's too cute. Need to find something that will be more relevant to boys. Boys don't talk about that stuff. I would not stand and read it if my mates were there.	1	2
no, it's quite good	1	2
it's fine	1	2
increasing its size	1	2
no, it's pretty clear	1	2
Put them in more public places than toilets. Didn't take brochure because don't like touching things in toilets	1	2
bigger!	1	2
bigger writing	1	1
needs to be brighter and more eye catching. It's boring and simple	1	1
very effective. Not rude. Approaches the subject well. Easy to read. Simple terminology	1	1
bigger poster. The brochure goes of much of the information in the poster.	1	1
fine	1	1
it's fine. Good idea to have above hand dryer. Maybe in cubicles.	1	1
very tasteful	1	1
ok	1	1
it's very effective. The gender symbol	1	1
ok	1	1
it should be in toilets more so it's private. Didn't take brochure because people around	1	1
ok, Don't think chlamydia is well enough advertised. Material is useful if you're having sex. Didn't take brochure because more junk.	1	1
Not useful because not sexually active	1	1
it was fine	1	2
liked the symbol. Easy to understand	1	1
wonderful. Liked the colour and symbol. Wanted to brochure but too many people around	1	1
it's cool	1	1
fine	1	1
good	1	1
it's fine. Would talk about what learnt if subject came up	1	1
maybe increase the size	1	1
ok	1	1
cute	1	1
check wording of info. If you're not having sex then it does not appeal to you	1	1
fine	1	1
more shock value	1	2
signs could be larger	1	2
it seems to be doing fine so far	1	2
put them inside toilets	1	2
not many boys use hand dryers. Maybe put them else where	1	2
thinks the posters are doing a good job	1	2
they're OK	1	2
they're fine	1	2

maybe put brochure on a more private place to take	1	2
not off the top of my head	1	2
bigger	1	2
pretty good	1	2
it's pretty good. Make it brighter	1	2
brighter and make them stand out more. Been given a brochure before.	1	2
it's OK	1	2
put the poster and brochure next to toilet paper roll then people will look	1	2
more private like in the cubicle	1	2
put them up around the campus	1	2
ok	1	2
it's fine	1	2
ok	1	1
needs to have more posters	1	1
ok	1	1
really good, does not make you feel uncomfortable	1	1
very clever	1	1
put them in the cubicles	1	2
not really	1	2
brighter and bigger	1	2
bigger	1	2
ok	1	2
make the word chlamydia bigger	1	2
have a more diplomatic approach	1	2
put them in more private place (e.g. cubicles)	1	2
clearer facts. Had heard of it before but not to that much detail	1	1
ok	1	1
fine	1	1
cute	1	1
it's really good. Very important for women to be aware of deals with very important issues	1	1
good position	1	1
it cute. Good idea to have brochure so if you can't read poster you can take one	1	1
more posters of them around the toilet, in cubicles	1	1
its OK	1	1
it's good. It's not an STD that people talk about	1	1
bigger	1	2
put them in the cubicles	1	2
put it up in more areas	1	2
its fine	1	2
could be in more areas	1	2
really good, does not make you feel uncomfortable	1	2
maybe design them bigger and brighter	1	2
on backs of doors	1	2
put it near the toilet paper in the cubicle	1	2
thought it was good particularly the brochures to take away and read	1	1
not really - in a hurry to get away	1	1
no	1	1
no	1	1
it is a good poster	1	1
thought sign was good but didn't notice brochures	1	1
no	1	1
no	1	1
thought it was an excellent poster. Good to know there is a test for it because didn't know anything about it before	1	1
liked the colour of wording on poster	1	1
[not interested]	1	2
liked poster presentation	1	2
very interesting message	1	2
it was good to learn about it as I didn't know about it before	1	2
really good, the approach	1	1
bigger - the poster and writing	1	1
a bit of a joke - good idea	1	1
fine	1	1
too many other posters	1	1
done really well. Does not make you feel embarrassed the way its been done	1	1
pretty clever really	1	2
not really	1	2
no	1	2
bigger or brighter	1	2
it's good now because its getting the message across. If its too much it could offend	1	2

people		
good	1	2
get the facts across harder	1	2
pretty good. Didn't take a brochure because none there	1	2
not really. Maybe free beer so people will read it	1	2
not really	1	1
no	1	1
should be bigger	1	1
thought poster was VERY INFORMATIVE	1	1
very eye catching sign	1	1
thought could be a bit bigger - mainly in relation to statistics	1	1
perhaps some figures to point out seriousness of it	1	2
(appeared to have little interest in answering questions)	1	2
excellent message (person interviewed already knew a lot about chlamydia)	1	2
message well presented - good poster (already knew about chlamydia)	1	2
maybe in cubicles as well - like AIDS & HIV posters - sit and read	1	2
would have liked a bit more information about test - cost etc	1	2
great message as displayed	1	2
the "sit and test" originally threw this person as males do not usually do this. Should be more applicable to the male situation	1	2
already had brochure because friend gave it to them	1	2
seemed quite clear	1	2
its fine	1	2
quite good	1	2
not really	1	2
you could put brochures around the campus	1	2
make them stand out more	1	2
OK as is	1	1
good	1	1
I think it is a bit scary, the way they make out everyone could have it	1	1
really good, lots of info, important to be aware	1	1
Larger poster so you can't miss it Hard to be embarrassed into today's society	1	1
fine	1	2
they're good	1	2
make them more noticeable	1	2
put the in cubicles	1	2
good	1	2
they're fine	1	2
it's excellent. Took the brochure and showed it to all my friends in class	1	1
on the brochure bit, put a PLEASE TAKE	1	1
it makes out like everybody has it	1	1
put them in a different position	1	1
very clever	1	1
the facts are a bit confusing - I found it hard to read	1	1
great	1	1
not really	1	2
put them on the back of cubicle doors	1	2
make the posters more eye catching	1	2
put it in more places to help get the message across	1	2
its fine	1	2
make them stand out more	1	2
alright	1	2
put it in a more noticeable spot	1	2
brighter	1	2
good	1	2
not off the top of my head	1	2
make them more private in cubicles	1	2
more colourful	1	2
its quite good and its informative	1	2
put the posters in more places	1	2
got the info across	1	2
The message is good. It could be seen around more	2	2
There fine	2	2
could be brighter. Read bits of it each time came in.	2	2
its all pretty clear	2	2
more posters around	2	2
OK	2	1
better in cubicles, it's private. Nobody really hears about chlamydia	2	1
it's fine	2	1
good spot to display sign. Would talk about info learnt with friends etc if subject came up.	2	1

bigger heading	2	1
Not bright enough. Different placement of sign. Heard of chlamydia at high school.	2	1
needs to be in another place. More posters so you have to read and notice it	2	1
approaches the issue well. E.g. the cartoon. Good to be informed even if not sexually active.	2	1
targets the right people	2	1
the facts and figures should be highlighted	2	1
putting them in the cubicle is a better place. It is information that all should know. Better to know than not know.	2	1
cute	2	1
good. Didn't take brochure because thought it would go over what poster said	2	1
clever ad. Cute symbol. Very effective. Eye catching - colour on white background. Cleared up a bit of my confusion. Would talk about what learnt with people if the subject came up.	2	1
ok, fine	2	1
Need to have bigger heading (e.g. chlamydia). Bigger writing. The message. Maybe have the facts highlighted. Didn't take brochure because thought would have same info as poster	2	1
it's very effective. The picture weeing in cup	2	1
more striking	2	2
thought it was very effective	2	2
needs to grab more attention	2	2
maybe they could stand out more	2	2
thought it is effective	2	2
put them in the cubicles	2	2
it's good but more public	2	2
make them bigger	2	2
no	2	2
no	2	2
put a contact number on the poster	2	2
it's fine. It improves women's health.	2	1
different position	2	1
put them in more places	2	2
it's fine	2	2
it's good. Didn't take brochure because with same partner for 4 yrs	2	2
not sure (didn't speak English very well)	2	2
put them in more places. Make them stand out more	2	2
put in better position - ex toilet doors	2	1
good	2	1
no	2	1
clever. Makes you feel want to get tested	2	1
it's very clever. It's a serious topic yet they sort of make a joke out of it. Makes you feel comfortable. The more people know the better. Young people need to be aware of the dangers when sexually active.	2	1
its subtle and effective	2	1
the writing needs to be bigger. It's hard to read. Good position. Read the brochure, not the poster	2	1
cute	2	1
excellent to see something other than AIDS etc being campaigned. Study health so already knew a lot	2	1
put a phone number to call on it	2	2
their OK	2	2
have more of an impact picture	2	2
no	2	1
no	2	1
no	2	1
maybe a bit bigger	2	1
not especially, thought it was very good but slightly confused with old HIV and condom signs in toilets	2	1
sign could be more definitely directed to males and perhaps some reference to types of symptoms which might show	2	2
just did not like poster being on display	2	7
change position - backs of doors are good. Knew it existed because been tested with boyfriend	2	1
too small - the information (hard to read)	2	1
simple is easy to understand and effective	2	1
good	2	1
more surveying makes people aware. Most people think it doesn't affect them	2	2
brighter	2	2
good. Important issue to cover	2	2
not off the top of my head	2	2

wouldn't know	2	2
larger	2	2
no - very good poster	2	1
liked the idea of male and female signs. A male friend told her about sign in male toilet	2	1
could have more STD posters. The chlamydia poster was good	2	1
no - it was very clear about testing for it	2	1
OK as is	2	2
liked message display	2	2
put them in the cubicles people may take them more	2	2
use more of a shock tactic	2	2
make them stand out more	2	2
put them in cubicles	2	2
good	2	2
you could take more time to read it if it was in the cubicles	2	1
good. It is good info to know	2	1
good. Learnt more about it. like symptoms	2	1
in different position	2	1
different position, don't have a poster containing another message right beside it, distracting	2	1
really good. Have been tested. It affects your future	2	1
cute symbol	2	1
it's good. Targets young people	2	1
good - they get the info across that is needed	2	2
its good	2	2
put them around the campus more	2	2
bigger and brighter	2	2
OK as is	2	2
darker font on the important facts	2	1
good	2	1
good position	2	1
put in cubicles	2	1
good position - needs to be bigger (poster)	2	1
its cute	2	1
very good	2	2
very good and direct	2	2
I think its clear and gets to the point	2	2
put phone numbers to contact on posters as well as brochures	2	2
its good	2	2
make the small print bigger	2	2
posters and brochures great. Simple and to the point	2	2
liked the symbol	2	1
No	3	2
make it more public. The sign looks good	3	2
it's good but more public	3	2
it's great. More of them in and around the toilet	3	1
effective. Not rude. Already knew bits and pieces. Thought I was well informed enough so didn't take brochure.	3	1
they don't make it sound so scary or dirty - that's good. Learn how many people it affects. Even if you're not having sex, good to be aware	3	1
design is tasteful and effective. It's not offensive or rude. Good concept. Set out well	3	1
good position. Good colour	3	1
the information needs to be bigger, it's too small and hard to read. Didn't take brochure because I felt it was a lot like the poster	3	1
the small print could be bigger	3	2
brighter colour on poster. More eye catching	3	2
bigger writing hard to read	3	1
its really nice, not made embarrassing. The more people knew, the better	3	1
not very serious, needs to be treated differently, High light important facts	3	1
its good	3	1
good location	3	1
put in cubicles as well	3	2
cute weeing gender symbol	3	1
pretty good	3	2
poster presentation is good	3	1
thought poster was good	3	1
thought is was very well worded re testing	3	1
could be displayed in other prominent locations on campus	3	2
perhaps brighter colours to make it more obvious	3	2
message seemed quite clear	3	2
not that he could think of - liked message design	3	2
felt it most important for info to be publicised - poster quite informative	3	2

writing could have been a bit larger so as to make it easier to read	3	2
didn't take brochure because not relevant to me	3	2
OK as is	3	1
funny	3	1
OK as is	3	1
OK as is	3	1
it's cute. Knew a lot as have been tested for it.	3	1
bigger writing	3	1
its quite good and its informative	3	2
maybe more of a shock tactic, knew about it anyway as is already married. Good the way it has been brought to the attention of the public	4	2
bogger wording	4	2
their fine	4	2
highlight point. Get straight to the point. What's the bottom line	4	1
it's fine	4	1
maybe brighter. Didn't take brochure because had read poster	4	2
no	4	1
really good, does not make you feel uncomfortable	4	1
thought poster was very good for students esp younger students	4	1
maybe could be a bit bigger	4	1
no	4	1
more publicity on STD needed for younger students	4	1
no	4	1
not really	4	1
no	4	1
no - just keep such information on display	4	2
the more the better	4	2
maybe in cubicles as well - like AIDS & HIV posters - sit and read	4	2
thought poster could stand out more - similar to background wall colour	4	2
thought info very useful particularly for younger people who should be more aware	4	2
keep up displays of such info.	4	2
perhaps brighter colours	4	2
good position. Eye level hard not to read	4	1
information and posters could be larger particularly the writing	4	1
excellent info for young students	4	1
could be bigger	4	1
very informative poster - liked design	4	1
bigger is better with brighter colours	4	2
why not display message in cubicles as well	4	2
approaches the subject effectively. Targets the young highly sexual active people	4	1
more info. Phone number to call	5	2
better background	5	1