



Convenience Advertising

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AN EVALUATION OF THE CONVENIENCE ADVERTISING STRATEGY

REPORT ON THE HALLS OF RESIDENCE STUDY

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*Report to the Director, AIDS Information and Education Section Department of
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SUMMARY

The study reported here investigates the efficacy of the 'convenience advertising' strategy for AIDS messages by carrying out research in 3 halls of residence at ANU, in two of which ads were displayed. Problems that lay outside the control of the author rendered the data from one experimental hall invalid. Nonetheless, data from the other two halls shows that the respondents are a generally well informed group about AIDS, are moderately sexually active and include a variety of risk profiles. No experimental control differences emerged, indicating that, as would be expected in a well educated group, no new AIDS messages were conveyed by the ads. Nonetheless, the level of exposure to and recall of ads was high. Ads were generally well received and there was evidence that those most at risk (sexually active but not consistently using condoms) were more appreciative of the content the posters. Overall it was concluded that if one chooses to pursue an advertising strategy in the AIDS area (a policy decision that lies outside the scope of this research) then the data reported here strongly suggest that the 'convenience advertising strategy' is a valuable and viable option to be included in the gamut of options called upon. A suggestion for development via supplementary notices is made at the end of the report.

INTRODUCTION

This report details an evaluation of the advertising strategy known as 'convenience advertising', that is, the placement of small poster style adverts in toilets (or 'conveniences') where those who routinely use the toilets will be exposed to the messages. The original conception for the research was outlined in the tender document and involved selecting three halls and using them as a control, a simple experimental group (ads only) and a complex experimental group (ads plus back up information). This would allow a general evaluation of the ads, plus an evaluation of whether ads plus backup were even more effective. In each hall 100 students would be selected, with equal representation of males and females. Overseas students would be excluded to increase generalisability to the wider Australian population.

A. PLANNING AND EXECUTION OF THE RESEARCH

i) The questionnaire design

The questionnaires for the study (copies of which and of cover letters to students are attached) were designed by the author, using material from several earlier studies, including major AIDS related surveys, so that comparability of data would be guaranteed if it was necessary to compare responses across time (an aspect that did not prove important). Also a number of items were developed to evaluate consumption patterns in the student sample, which would allow exploration of inter-group differences (if such differences emerged) within the respondent population.

For the second questionnaire which was designed to evaluate ad recall, the format was designed to be short and focussed on simple issues such as message recall and general acceptability of the ad.

ii) Collecting Data

The design for the research called for three Halls of residence to be used in the study. Burgmann College was chosen as the control group, Bruce Hall as the limited experimental group (ads only) and Burton & Garran Halls as the full experimental group (ads plus backup posters and pamphlets). In all three cases the staff responsible (Dr Bob Northey in Burgmann, Dr Noel Rutherford in Bruce and Ms Olga O'Brien in B & G) were willing for the study to proceed in their jurisdiction and they and their support staff were very helpful in setting up the study - co-operation for which I am most grateful.

In all three colleges samples of 100 students were chosen (50 male, 50 female) within the general constraints specified above and, under the direction of Mr Tim Tenbenschel were then distributed and collected for analysis. Follow up reminders were sent (on a general basis since completion was anonymous) in the first week after administration to help boost return rates.

iii) Ad placement

Ads were placed in the two experimental Halls by an employee of the advertising group (Ms T. Collett) in the agreed locations so that the evaluation could take place. Two problems were experienced here. First, inadequate supplies of ads and placement frames were initially supplied, so that the placement was spread out over several weeks instead of in a very short period as would have been desirable. Secondly, despite delaying the administration of the questionnaires, it appears that the placement in Bruce Hall was mis-timed. The questionnaires were distributed after (telephoned) assurance was received that 'all ads were in place'. Several days later another phone message was given that 'completion of the Bruce Hall ad placement is now under way'. **It appears that, because of this, the Bruce Hall students who responded did so in the main before exposure to the ads and the data from that Hall is thus largely irrelevant¹.** Since the results that emerged from the research seem fairly unequivocal, this drawback is of limited significance for the main purpose of evaluating the convenience strategy, but detracts from the experimental group comparison where only impressionistic comments can now be offered.

iv) Data Analysis

The data yielded were compiled as a data file for analysis with *Statview 2* on the Macintosh computer, partly by students in a Sociology course under my direction and partly by Mr Tenbenschel. Most data was pre-coded and copy-entered. Some items required further coding, usually in a fairly simple fashion. For instance, of some importance here is the question concerning AIDS (main questionnaire, male and female, Qn. 43) and the question on the evaluation questionnaire (Qn. 3 for each ad) which concerned where an ad had been seen. In the former case we simply distinguished between adequate and inadequate answers and for the latter between a location in the college and one elsewhere.

Once compiled and coded, I carried out the analyses reported here.

¹ Later checks by Mr Tenbenschel seem to confirm this mistiming and the very low rate of ad recall (compared with B & G) fits the pattern.

B. RESULTS

i) Overall description

As noted in the previous section, because of problems with the ad placements in Bruce Hall, that data is largely ignored here. The response rate at Bruce was the lowest of the three Halls (51) the rates at B & G (63) and especially Burgmann (78) being higher. Some of these differences may be due to subtle differences in the population of the three locations. Certainly, the general climate was one of good co-operation, with positive feed back about the study coming from several sources, but some differences did emerge. At Burgmann (highest response rate) the author was asked to dinner with students to discuss the project further when data gathering was over, while at Bruce (lowest response rate, especially among males from one or two wings where 'football culture' seemed dominant) there was some problem with posters being ripped down. **It is not possible to quantify these differences nor to say exactly what they mean, but the general conclusion to be drawn here is that, as with so many things in life, the best response to this advertising strategy may have come from those already open to the message.**

The impression, and given the problems with ad placement one can be no firmer than this, is that the addition of a notice saying that copies of posters and back up information were available from the B & G office was a very useful adjunct to the posters themselves and should be utilised wherever possible.

Turning in more detail responses from the control college (Burgmann) and the one experimental college where the full procedure was followed (B & G) the responses from the 141 students (78+63) can be broken down as follows:

- a) slightly more females (74) than males (67) responded, with the difference being found entirely in B & G (35:28);
- b) there was a reasonable spread of enrolments with 53 being in Arts and Asian Studies, 4 in Law (only), 25 in Science, 25 in Economics and 31 'others', which included a substantial number of students in joint degrees with Law and another faculty;
- c) respondents were spread throughout the range of years - 49 in first year, 35 in second year, 47 in third (or later) year undergraduate work and 7 in Honours or post graduate work;
- d) as would be expected, the group was overwhelmingly full time students (130:8 with 3 'missing').

The first substantial series of questions we should ask about these students concerns their knowledge of AIDS, their sexual and needle sharing practices (if any) and their perceptions of risk. Also important here is whether there is any difference between the experimental and control groups.

On AIDS knowledge, all students displayed an adequate working knowledge of what AIDS was even though not all provided an adequate definition in answer to qn 43. For example, of the 78 Burgmann responses 66 gave an accurate response (either the correct name or a clear definition), 3 gave no answer and 9 gave vague or non specific answers as 'a sexually transmitted disease' or 'destruction of the amunity [sic] system'. Nonetheless, all gave clear responses on the battery of knowledge questions 47 a-k². A similar pattern was observed in B & G, although the level of accurate responses to the question was lower, with 17 of 63 not providing an accurate answer. 7 were missing, including 1 where almost all questions were omitted (and is thus eliminated from many analyses). Ten provided a wide range of answers ranging from 'syndrome disease' to 'annal [sic] immunity deficiency syndrome'. Again, however, the data in 47 a-k indicated a good working knowledge of the transmission of the disease.

On sexual behaviour, this was an overwhelmingly self identified heterosexual group, 132 claiming that preference, 2 homosexuality and 4 bisexuality. About two thirds (88) had had heterosexual intercourse and one third (49) had not. The females were somewhat more likely to have had sexual intercourse (50 of 71) than the males (38 of 66) a difference that is not quite statistically significant ($\chi^2 = 2.5, p = .11$). Given their wider experience, it is not surprising that the females tended to have earlier sexual experiences, 16 of the 49 first intercourse between 13 and 16 years of age compared with 8 of 37 males.

The majority of those who were sexually active with more than one partner claimed to use condoms 'always' in casual relations (40) while 13 said they used condoms 'most times', 9 'sometimes' and 3 'never'. In regular relationships the numbers were 23, 12, 27 and 27 respectively. The data on condom use in casual relations permitted the construction of a three point scale of 'riskiness in condom use', where 1 equalled 'not applicable' (no sex or at least no casual sex), 2 equalled consistent use of condoms in such relationships and 3 equalled only partial use of condoms. Interestingly, the scale showed a marked association with the measures of risk taking covered earlier in the questionnaire - question 13. 13a, c, e and g in particular relate to risk taking and lack of conscious emphasis upon planning. These were rescored, combined into an index and again split into three groups of high (10-12), medium (8-9) and low (4-7) scores. As Table 1 shows, there is a very statistically significant association between general risk taking scores and condom risk ($\chi^2 = 13.7, p < .01$). Indeed, there is also an association between low risk scores and not having had sex at all.

² Some care was needed in coding the responses here since a transcription error in the question resulted in a contradiction between the written instructions and the column headings, and a few students understandably transposed their answers, giving 1 where 5 was appropriate and vice versa. Fortunately, the patterns of the answers was so clear that, unless there were people who were 100% misinformed, believing that toilet seats were a danger and needle sharing not, it was easy to correct.

TABLE 1. ASSOCIATION BETWEEN CONDOM RISK TAKING AND GENERAL RISK TAKING (n=141)

	CONDOM USE INAPPLICABLE	ALWAYS USE CONDOMS	SOMETIMES OR NEVER USE CONDOMS
LOW RISK	34	14	2
MED. RISK	25	16	10
HIGH RISK	17	10	13

While some variability existed on condom use and condom risk taking, only one person admitted to injecting drugs so little analysis can be attempted here.

No inter-college variations were observed in the data and there is no suggestion that the few days additional exposure of the B & G students to the messages about AIDS in the ads raised their knowledge in any way.

In summary for this section, the respondents were a moderately sexually active group exhibiting variability in their risk levels for condom use but not in their needle related behaviour which was negligible. Their knowledge of AIDS itself was quite good, although surprisingly high proportions for a tertiary educated group did not provide an exact definition of what AIDS stood for.

While summary data could be presented exhaustively on the other variables collected, there is no point in doing this unless they had some relationship to the key items of interest, namely the reactions to the adverts. Since this was not the case, we move directly now to the matter of the ads themselves.

ii) The evaluation of the ads

This section concentrates upon the reaction to the adverts of the B & G students who responded to the orange covered questionnaire.

The overall result of greatest significance is that of the 62 usable responses, 52 or 84% identified having seen at least one ad in the college in the previous week. Moreover, of those at higher risk of AIDS (such as those more likely to have sex and or less likely to use condoms) reported exposure was, if anything higher rather than lower. The 10 who claimed not to have seen any ads included 8 who were at virtually no risk (no sex or no casual relationships) and 2 who claimed always to use condoms in casual relations, while those who scored high on condom related risk were likely to report having seen several ads.

Precisely what this means isn't certain, although a 'salience effect' seems likely (that is, those who are more sexually active are more likely to register AIDS messages). Whatever, the combination of the high level of recall plus the trend towards the more at risk registering the ads is encouraging and does suggest that, at least within a population of this nature, there is good reason to believe that the strategy is generally successful at the most basic level. **That is, those who most need to see the messages see and register them when delivered in this format.**

Turning to look at the ads in more detail, for each of the 6 ads used we can report on whether they were recalled and what people thought of them, the latter arrayed along several dimensions. It is not possible to infer that different rates of recall reflect different levels of effectiveness for two reasons. First, while all ads were placed in both halls, not all ads would be in every toilet section, so not every student would have seen every ad. Second, some, like the second ad in particular, have been very widely disseminated elsewhere and were thus more quickly recognised and (perhaps) recalled at the stage of questionnaire completion.

Table 2 presents basic recall data

TABLE 2: RECALL OF ADS, INCLUDING LOCATION SEEN (n=62)

	AD RECALLED	SEEN IN COLLEGE	% CORRECT ON COLOUR
AD NO 1	39	24	49
AD NO 2	59	41	68
AD NO 3	52	17	46
AD NO 4	54	38	74
AD NO 5	36	19	86
AD NO 6	37	22	65

No differences were observed in the data by year or sex in terms of exposure to the ads. A number of other variables were examined, such as family background and religion but no trends emerged. Exposure seems to be across the board in terms of general social features.

Tables 3 through 8 present a summary of the data on the 6 aspects evaluated in the questionnaire, namely ease of understanding, offensiveness, usefulness, novelty, relevance and ease of recall. In all cases the data have, for ease of comprehension been compressed so that 1 and 2 have been combined into a general 'low' score and 4 and 5 into a 'high' score. Nothing of value is lost through this compression.

TABLE 3. EVALUATION OF EASE OF UNDERSTANDING, NUMBER RATING IT LOW, MEDIUM OR HIGH (n=62)

	LOW	MEDIUM	HIGH
AD NO 1	2	5	55
AD NO 2	0	1	61
AD NO 3	0	5	55
AD NO 4	1	6	53
AD NO 5	1	10	48
AD NO 6	9	6	35

Table 3 indicates that the ads were generally very easy for this (educated) group to grasp, with the only slight doubt being the sixth ad.

TABLE 4. EVALUATION OF OFFENSIVENESS, NUMBER RATING IT LOW, MEDIUM OR HIGH (n=62)

	LOW	MEDIUM	HIGH
AD NO 1	15	26	21
AD NO 2	52	7	3
AD NO 3	52	5	2
AD NO 4	48	9	3
AD NO 5	51	4	3
AD NO 6	52	4	4

As Table 4 makes clear, 5 of the ads are widely accepted. The exception is ad no 1. These data do not reveal the reason for this, but the pattern is very clear.

TABLE 5. EVALUATION OF USEFULNESS, NUMBER RATING IT LOW, MEDIUM OR HIGH (n=62)

	LOW	MEDIUM	HIGH
AD NO 1	20	28	13
AD NO 2	24	19	21
AD NO 3	16	15	29
AD NO 4	22	20	18
AD NO 5	32	16	11
AD NO 6	30	18	12

Table 5 shows that the perceived utility of the material in the ad varies from quite high (ad 3) to quite low, (ads 1, 5 and 6).

TABLE 6. EVALUATION OF NOVELTY OF VIEW OF AIDS, NUMBER RATING IT LOW, MEDIUM OR HIGH (n=62)

	LOW	MEDIUM	HIGH
AD NO 1	26	16	20
AD NO 2	9	20	32
AD NO 3	14	18	26
AD NO 4	16	23	20
AD NO 5	25	19	14
AD NO 6	22	14	23

Again as with Table 5, Table 6 shows a fair degree of variability in the responses with some ads scoring high on novelty (2 and 3) others quite low (1, 5, 6).

TABLE 7. EVALUATION OF RELEVANCE TO RESPONDENT, NUMBER RATING IT LOW, MEDIUM OR HIGH (n=62)

	LOW	MEDIUM	HIGH
AD NO 1	26	16	20
AD NO 2	24	17	21
AD NO 3	22	16	22
AD NO 4	24	15	20
AD NO 5	47	9	3
AD NO 6	31	12	17

The pattern in Table 7 is that all ads received a mixed evaluation except for ad no 5 which concerns drug addiction and is seen by this population as quite irrelevant.

**TABLE 8. EVALUATION OF EASE OF RECALL, NUMBER RATING IT LOW,
MEDIUM OR HIGH (n=62)**

	LOW	MEDIUM	HIGH
AD NO 1	8	5	49
AD NO 2	1	5	56
AD NO 3	6	9	45
AD NO 4	4	7	49
AD NO 5	6	16	37
AD NO 6	10	12	38

In Table 8 we see that the ads were generally easy to recall as far as the central message concerned with ad 5, the least relevant ad for this group being the one to score lower than the others.

The fact that the answers vary between items and between ads indicates that the evaluation is not simply tapping a generalised dimension such as like/don't like but rather suggests that the respondents thought seriously about their answers. In turn, this increases the reliability of the general conclusion, namely that the convenience advertising strategy is effective.

The variation in perceived usefulness and relevance also raises an interesting question which is whether there is any association between variables like risk taking or sexual activity and the perception of utility or relevance. Both dimensions were examined for all six ads in relation to condom risk scores and risk scores generally, as well as other plausible variables such as number of friends, religion and so on. The pattern that consistently emerges, sometimes at statistically significant levels, other times at levels that are close to significance is that the utility and relevance of the ads is rated higher than expected (on assumptions of random association) by those who are at real risk (multiple partners) but do not always use condoms. For those who are not at risk or are at risk (multiple sexual partners) but consistently use condoms the rating of utility and relevance of the ads is lower than would be expected on the assumption of random association. **That is to say, these responses indicate that to some extent the posters themselves are reaching the target group.**

Other explorations of the data reveal nothing of significance for the purpose at hand, that is evaluating the convenience ad strategy, although there are many interesting relations in the full data set.

C. CONCLUSION

There are two apparently contradictory findings. On the one hand, the question of the differential response in the parts of the colleges referred to in A (iii) above lead one to argue is a risk of 'preaching to the converted'. On the other hand, the high rates of recall and other data point toward success. Can these be resolved?

It is the argument here that they can. The first refers to the question of educational advertising *qua* advertising, where there is a persistent problem that those most 'in need' of the message will also most resist it, a problem that this project does not seek to and cannot resolve. The second refers to the relative success of the strategy **given that one chooses to advertise at all**. That, of course, is a policy decision of wider import that can be pursued here. In turn these can be resolved into a simple conclusion:

GIVEN THAT ONE CHOOSES TO PURSUE AN ADVERTISING STRATEGY IN THE AIDS AREA, THE DATA REPORTED HERE STRONGLY SUGGEST THAT THE 'CONVENIENCE ADVERTISING STRATEGY' IS A VALUABLE AND VIABLE OPTION TO BE INCLUDED IN THE GAMUT OF OPTIONS CALLED UPON.

Furthermore, the impressionistic data reported in Section B (i) also suggests that where possible (e.g. in clubs) the strategy should be supplemented by a notice saying that copies of poster of AIDS leaflets are available from the front office. This makes the strategy more interactive than passive, and while it is likely that the most receptive 'viewers' will be the more likely to avail themselves of the facility it cannot hurt to have the message both reinforced and more widely spread.