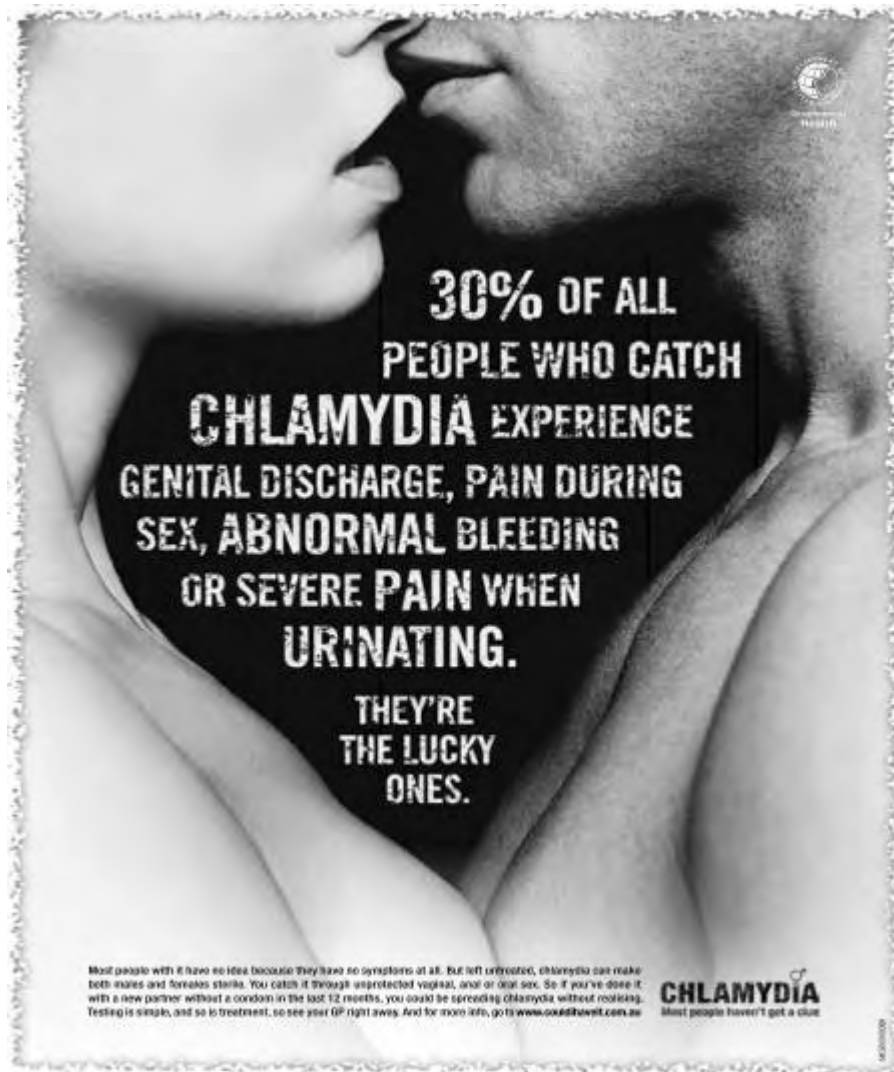


2005 Chlamydia Campaign Evaluation Report



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Executive Summary

In June 2005 the Western Australian Department of Health launched a health promotion campaign in Perth (and some regional areas) prompted by the increasing rates of chlamydia in Western Australia, particularly among people aged 15 to 24 years. The campaign evaluation aimed to investigate the target audience's awareness of the campaign, their opinions on the advertisements and marketing strategies used, to seek recommendations on how to communicate sexual health information to young people and to assess the availability and standard of display of sexual health resources in general practitioner (GP) waiting rooms.

Three focus groups with University of Western Australia (UWA) and Joondalup TAFE students and 122 surveys among members of the public were conducted with people aged 14 to 29 years in the Perth metropolitan area. These data were analysed to determine participants' opinions of the effectiveness of the various campaign strategies and how they could be improved. Forty-three GP waiting rooms in Perth were visited and audited.

The majority of participants were aware of the chlamydia campaign, with the strongest recall around the posters and print advertisements, and lower recall around the radio advertisements and the website. The primary messages the target audience had drawn from the campaign were that chlamydia often has no symptoms so you may not know you have it, and the importance of being tested for chlamydia. Overall, opinions on the advertisements used in the campaign were positive, with the majority of participants considering them to be catchy and effective at getting your attention. Few of the GP waiting rooms visited had chlamydia campaign resources displayed, while the majority *did* have sexual health pamphlets available.

The information collected through the focus groups and surveys produced a number of recommendations, which may assist in the development of future sexual health campaigns. Television, radio, poster, SMS and magazine advertisements were found to be the most effective mediums for communicating sexual health information, while the Internet or a GP/health professional were the preferred sources for obtaining sexual health information. It was recommended that sexual health campaigns should be directed to a younger audience through wider advertising and sexual health education at school. GP waiting rooms were found to be a valuable but under-utilised medium for promoting sexual health information, and this identified gap provides scope for future health promotion activities.

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1. Background

Chlamydia is the most commonly notified sexually transmitted infection (STI) in Western Australia (WA), with the highest rates observed in males and females aged 15 to 24 years (1). Untreated chlamydia can lead to serious health implications including pelvic inflammatory disease (PID), ectopic pregnancy, epididymitis and infertility (1, 2). In WA, the total number of chlamydia notifications increased more than five-fold from 808 cases in 1993 to 4,325 cases in 2004 (3). Chlamydia notifications have continued to climb each year, increasing by 15 per cent in 2004, compared to the previous year (3). These statistics prompted the Western Australian Department of Health to launch a chlamydia campaign in the Perth metropolitan area (with some geographical reach to regional areas) in June 2005.

The primary aim of the 2005 Chlamydia Campaign, as stated by the Department of Health, was to increase testing for chlamydia in WA, to detect and treat undiagnosed infection, and to eventually reduce the incidence of chlamydia. The specific consumer objectives were to increase awareness of what chlamydia is and its consequences, encourage testing for chlamydia, and to increase knowledge of ways to prevent transmission of chlamydia.

The 2005 Chlamydia Campaign's marketing strategies included radio advertisements; SMSs sent to mobile phones; venue, newspaper and local press advertisements; email advertisements; an interactive website; and posters and stunt mirrors in university toilets. These are described in more detail below (Table 1). Examples of the campaign marketing resources are contained in Appendix 1.

Table 1: Details of 2005 Chlamydia Campaign marketing strategies.

Campaign Strategy	Details	Geographical Reach
Radio Advertisements	<ul style="list-style-type: none"> • Male and female versions of advertisement • Aired 676 times on the Perth radio stations 92.9, Nova 93.7, 96.1 and Groove FM 101.7. 	metropolitan
SMS	<ul style="list-style-type: none"> • 11,535 SMSs sent out • Mobile phone numbers obtained from Blue Sky Frog and Smarter Than Smoking (Department of Health) databases • Blue Sky Frog recipients aged 18-29 years • Smarter Than Smoking recipients aged 18+ years 	metropolitan and regional
Venue Advertisements	<ul style="list-style-type: none"> • Placed in pubs, clubs and hotels • Placed in university and TAFE toilets 	metropolitan and regional
Press Advertisements	<ul style="list-style-type: none"> • Press included The West Australian, X Press, www.xpressmag.com.au, Zebra Hype and Zebrahype.com.au • University Press included Grok Magazine, The Pelican Magazine and Murdoch Meteor 	metropolitan
Email Advertisements	<ul style="list-style-type: none"> • Club Nova mailout (15,000 members) • 92.9fm website banner and Freq Club mailout (40,000 members) • 96fm Online Army mailout (15,000 members) 	metropolitan and regional
Website	<ul style="list-style-type: none"> • Address: http://www.couldihaveit.com.au • Total number of visits from 23 June 2005 (launch) to 26 November 2005 = 14, 537 	metropolitan and regional
Stunt Mirrors	<ul style="list-style-type: none"> • Placed in University of Western Australia, Edith Cowan University (Joondalup and Mt Lawley) and Curtin University campus toilets 	metropolitan

The campaign also included a GP component, which involved increasing GP knowledge on chlamydia, and associated testing, notification and contact tracing, and encouraging GPs to undertake more chlamydia testing. GPs were sent a package containing information on these topics as well as sample campaign resources and a resource order form.

2. Aim

There were two components to the project: social marketing research and an audit of GP surgery waiting rooms.

The aim of the first component was to evaluate the marketing approaches used in the 2005 Chlamydia Campaign. The specific objectives of this aim were:

1. To investigate the target audience's awareness and recall of the 2005 Chlamydia Campaign;
2. To document the target audience's opinions on the effectiveness of the advertisements and marketing strategies used in the campaign; and
3. To seek recommendations from the target audience on how to effectively communicate sexual health information to young people.

The aim of the second component was to evaluate the sexual health resources available in GP waiting rooms, particularly 2005 Chlamydia Campaign resources.

The specific objectives of this aim were:

1. To investigate the type, availability and standard of display of sexual health resources in GP surgery waiting rooms in the Perth metropolitan area, with specific focus on the 2005 Chlamydia Campaign resources.
2. To assess whether the information and resources in the 2005 Chlamydia Campaign information packages were utilised by GP Practice Managers in the Perth metropolitan area, and to ascertain the policies on displaying resources in GP surgeries.

3. Methods

Ethics approval for the project was received from the University of Western Australia School of Population Health Ethics Sub-committee in August 2005.

3.1 Social Marketing Evaluation

This study aimed to conduct five focus groups with University and TAFE students aged 18 to 25 years, with a maximum of eight and minimum of six people in each group (a maximum of 40 and minimum of 30 participants in total). Participants were recruited via poster advertising at the university/TAFE campuses and through a student email service at UWA (Appendix 2). Participants were provided with an information sheet and required to sign a consent form prior to commencement of the focus groups (Appendix 3). The focus groups investigated participants' awareness of the chlamydia campaign, their opinions on the effectiveness of the advertisements and marketing strategies used in the campaign, and sought recommendations on how to effectively communicate sexual health information to young people. These data were documented and used to refine and adjust the questions for inclusion in the final survey. The discussion topics and prompts used in the focus groups are listed in Appendix 4.

The survey was intended to be administered to 200 participants randomly approached in public venues including train stations, shopping centres, universities and TAFEs. The survey questions investigated similar themes to those discussed in the focus groups. A sample survey is provided in Appendix 5. For survey questions regarding the posters and print advertisements, participants were shown examples of these resources and asked what were the main messages the advertisements were trying to communicate and their opinions on the advertisements. Multiple responses were accepted for all questions that asked participants about their knowledge, opinions and ideas on chlamydia and the campaign.

The results of the survey were analysed using SPSS for Windows in order to describe the target audience's perception of the campaign and opinions on the marketing strategies used, and to identify the marketing approaches most commonly suggested as effective for reaching young people. The survey data were examined to identify relationships between particular demographic characteristics and the outcome variables, such as differences in awareness of the campaign between males and females, and people of different age groups.

3.2 GP Waiting Room Audit

GP surgeries to be audited were randomly selected from a database of 304 surgeries in WA that were sent the 2005 Chlamydia Campaign information packages. The selection process involved randomly choosing one surgery from every 6 pages of a hard copy of the non-ordered database list, eliciting a list of 12 surgeries in the Perth metropolitan area. The database was then scanned for surgeries in the surrounding geographical areas to those in the original list, and three additional surgeries for each of the 12 selected were randomly chosen. These GP surgeries were visited (unannounced) and a coded survey that documented and critiqued the sexual health resources and displays in the waiting room was administered (Appendix 6).

In each of the GP surgeries visited, the researcher asked to speak to the Practice Manager upon arrival, without a pre-booked appointment. Wherever possible, a coded survey was administered to the Practice Manager in-person by the researcher (Appendix 7). However, if the Practice Manager was unavailable at the time of visit, a follow-up phone call was made, and if the Practice Manager was unable to be contacted after two phone call attempts, they were not interviewed. The data collected from the waiting room surveys were analysed using SPSS for Windows.

3.3 Additional Evaluation

In addition to the social marketing evaluation and GP waiting room audit, two smaller tasks were conducted in order to evaluate the 2005 Chlamydia Campaign.

A database of the email questions sent to the chlamydia website, www.couldihaveit.com.au, was created, detailing the date the emails were sent and the theme of the email. This enabled trends in the timing of the emails and the common questions asked relating to chlamydia and sexual health in general to be observed.

Another component involved calculating the 'cost' per increase in one chlamydia test and one chlamydia notification (to the Department of Health) in WA as a result of the 2005 Chlamydia Campaign. This was calculated by establishing the increase in the monthly average number of chlamydia tests and monthly average number of chlamydia notifications in males and females during the 6-month period from January-June 2005 (pre-campaign) to the monthly average of the period July-September 2005 (campaign period), and dividing the campaign budget (allocated to males and females equally) by this number.

4. Results

4.1 Social Marketing Evaluation

Focus Groups

Three focus groups were conducted with a total of 29 student participants, as detailed below. Focus groups at Perth Central TAFE, Curtin University and HQ Leederville were not held due to a lack of response to the poster advertisements.

Table 2: Details of focus group sessions and participants.

Location	Date	Age of Participants	Gender		Total Number of Participants
			Male	Female	
Joondalup TAFE	20 Sep 2005	17-25 years	2	7	9
Joondalup TAFE	20 Sep 2005	17-25 years	3	12	15
University of Western Australia	22 Sep 2005	18-25 years	1	4	5
Total			6	23	29

The focus group discussions elicited a variety of opinions on the radio and print advertisements and website, and how they could be improved, and suggestions on how to effectively communicate sexual health messages to young people. Knowledge around chlamydia was quite high with many participants being aware that it is a common STI, it often has no symptoms and can lead to infertility. The most commonly recalled slogan from the campaign was *“thirty percent of people with chlamydia are lucky enough to have symptoms”*. Overall the radio advertisements were considered effective, particularly the humour used and the “sarcastic” discussion of the symptoms. Participants also commented that they were surprised to hear such an advertisement on the radio but by doing so it increased awareness of chlamydia as a serious issue and its prevalence in WA.

The majority of participants who recalled seeing any of the print advertisements had seen them in toilets in pubs, clubs and their educational institution. Participants had mixed opinions on the print advertisements; many thought they were effective because the picture and text were attention-grabbing while others disagreed with this. The most frequently reported comment was that the black and white print advertisement was catchier than the red advertisement. Many participants thought the picture in the red advertisement was too blurry, ambiguous (as it could be perceived as two males kissing) and could be sending the message that you can

transmit chlamydia through kissing. On the other hand, many participants thought the picture in the black and white advertisement was clearer, catchier, and they liked the love-heart shape the two bodies formed.

Participants generally thought the chlamydia website was good. Comments included that it was easy to navigate, contained relevant information and that the 'email a question' (to a doctor) was a good component as it provided an anonymous and confidential means of asking personal sexual health questions.

The internet was considered a very good resource for obtaining sexual health information due to its anonymity. Overall, SMS advertising was viewed negatively as participants thought it was annoying, an invasion of privacy and inappropriate as it removes people's choice to read such information. Nevertheless many participants acknowledged that despite this, it *is* an effective strategy because it would make people think about chlamydia and they may show their friends the SMS, which would promote dialogue around the topic.

Predominantly, television was suggested as an effective medium to communicate sexual health information to young people, particularly advertisements that used real-life scenarios that young people could relate to. Displaying posters in a greater number of public places including bus stops, train stations and billboards was suggested, as well as advertising in magazines for young people (such as *Cosmopolitan* and *FHM*), at music concerts, sports events, orientation days, in shopping centres and gyms.

When asked for suggestions on how the campaign could be improved, many participants thought there should be more sexual health education at high school, particularly by bringing in external groups to give presentations that were fun and interesting. Furthermore, a large proportion of participants raised the issue of younger people (17 and under) also being at high risk of STIs and therefore highlighted the need for more sexual health promotion targeted at this age group through education in school, advertising in magazines, under-age dance parties and on the Internet. A full description of focus group results is available in Appendix 8.

Surveys

The survey was administered to 122 participants aged 14 to 29 years in public venues and educational institutions around the Perth metropolitan area, and at the

Youth on Health Festival in Mandurah (where some participants were below 16 years of age). Initially, only participants aged 16 to 29 years were to be surveyed, however the research team was invited to attend the youth festival to conduct sexual health promotion, and in this situation felt it appropriate to conduct the surveys with participants below 16 years of age. The surveys were conducted between 4 October 2005 and 29 October 2005. Details of the survey participants are documented in Table 3.

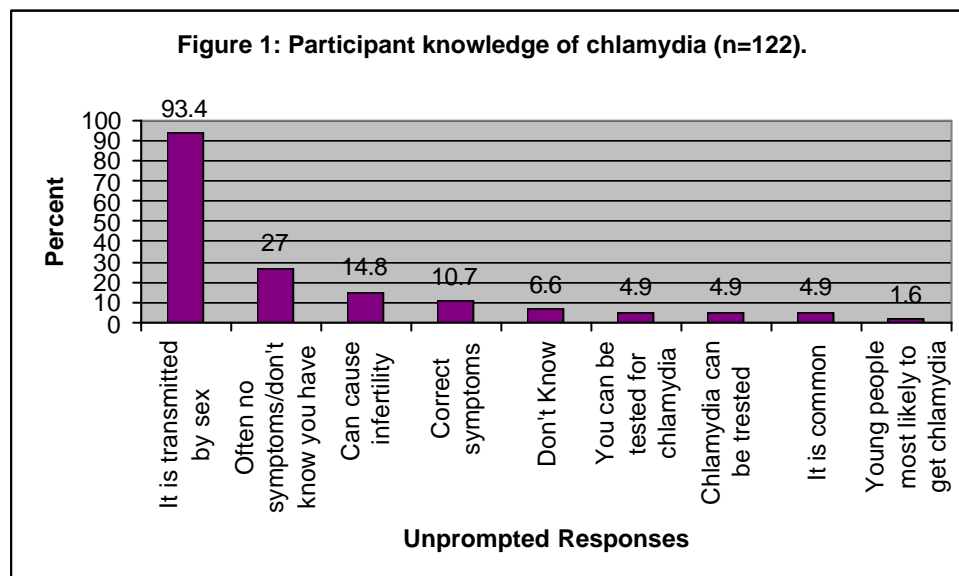
Table 3: Details of survey participants and locations.

Location	Gender		Age (years)				TOTAL
	Male	Female	Under 16	16-17	18-25	26-29	
Perth City Train Station	5	12	0	5	12	0	17
Morley Galleria Bus Stop	1	1	0	1	1	0	2
Fremantle Train Station	2	2	0	1	3	0	4
Youth on Health Festival	8	14	7	0	13	2	22
Edith Cowan University Mt Lawley	1	3	0	0	2	2	4
University of Western Australia	6	14	0	1	19	0	20
Curtin University	4	4	0	1	5	2	8
Murdoch University	22	3	0	0	19	6	25
Perth Central TAFE	4	8	0	0	11	1	12
Joondalup TAFE	2	6	0	2	4	2	8
TOTAL	55	67	7	11	89	15	122

More females (55%) were surveyed than males (45%), the majority of participants fell into the 18-25 years category (73%) and a higher proportion of participants were sourced from educational settings (63.2%) than from non-educational settings (36.8%). Participants from educational settings were easier to survey as they were in a “captive” setting and generally more willing to talk, and are therefore over-represented in the survey sample. Less than 200 participants were surveyed due to the difficulty experienced in recruiting people in public (non-educational) settings and an insufficient amount of time to carry out more surveys.

Knowledge of Chlamydia

The majority of participants (93.4%) knew that chlamydia was an STI. However, when asked if they knew any other information about chlamydia, knowledge was limited. Unprompted, 27% stated that chlamydia often does not have symptoms, 14.8% knew that chlamydia can cause infertility, 10.7% listed correct symptoms, and 4.9% knew that you can be tested for and treated for chlamydia (Figure 1).



There was no significant difference in knowledge between male and female participants or between participants from educational and non-educational settings. Participants aged 26-29 years were significantly more likely (40%; 95% CI: 32%-49%) to report that chlamydia can cause infertility than those aged 18-25 years (11.2%; 95% CI: 7%-18%) and 17 years and under (11.1%; 95% CI: 7%-18%) ($\chi^2=8.667$, $df=2$, $p=0.013$).

Awareness of Chlamydia Campaign

When asked if they had seen or heard any chlamydia advertisements in the last three months, 63.2% of participants said they had, 35.2% had not, and 1.6% were unsure. There was no significant difference in awareness of the campaign between participants in educational and non-educational settings, between different age groups or between different genders, as presented below in Table 8.

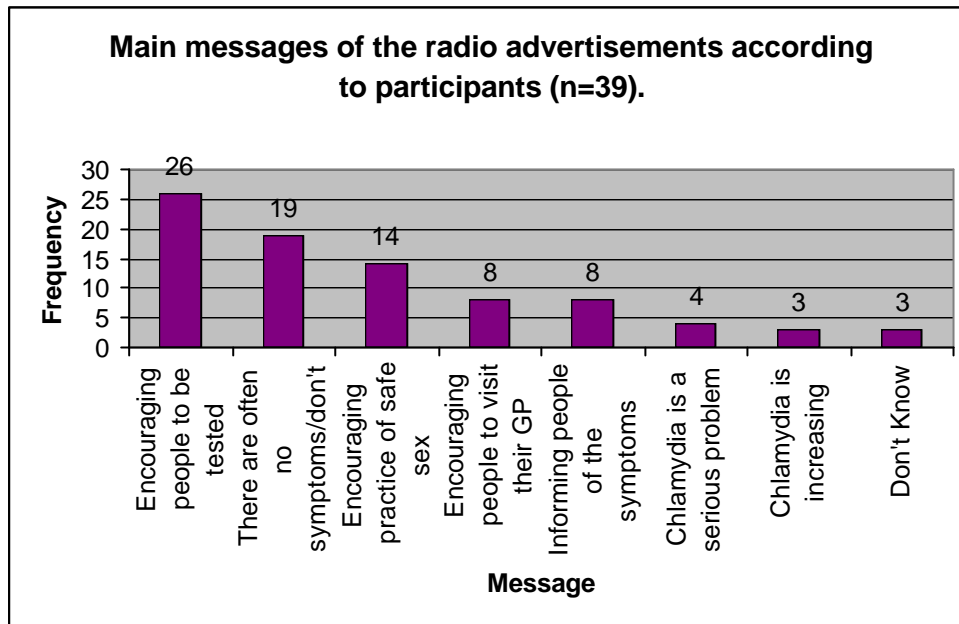
Table 4: Differences in awareness of the campaign between participants (n=122).

Participant Details	Aware of chlamydia campaign		p-value
	Proportion (%)	95% CI	
Male	60	51%-68%	0.811
Female	65.7	57%-74%	
17 and under	61.1	52%-69%	0.841
18-25	61.8	53%-70%	
26-29	73.3	65%-80%	
Educational setting	68.8	60%-77%	0.087
Non-educational setting	53.3	44%-62%	

Radio Advertisements

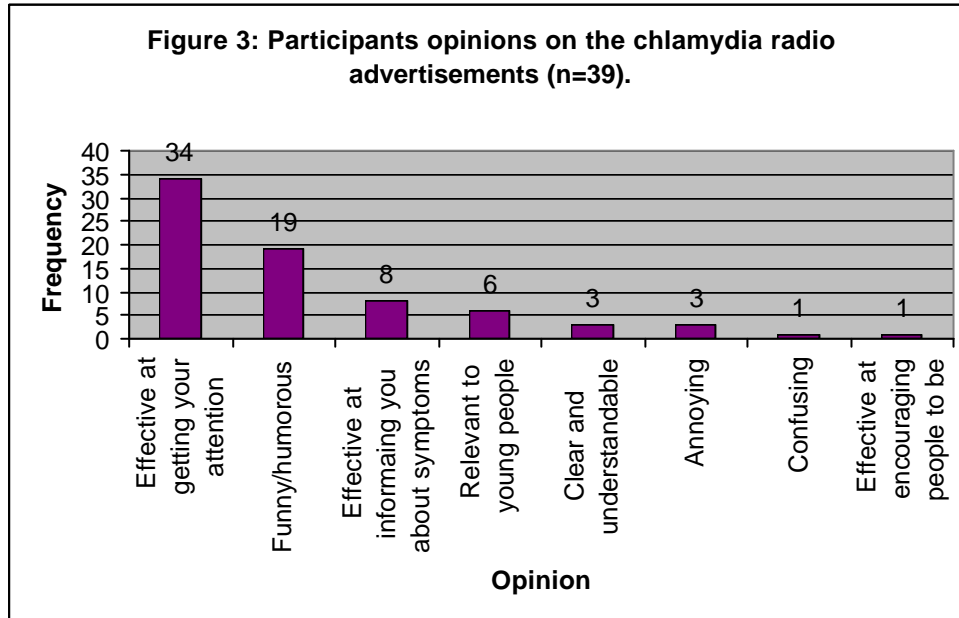
Of the 122 participants surveyed, 32% recalled hearing the radio advertisements and 65% did not. Female participants were significantly more likely to recall hearing the radio advertisements (42%; 95% CI: 34%-51%) than male participants (20%; 95% CI: 14%-28%) ($\chi^2=11.4$, $df=3$, $p=0.01$). There was no significant difference in recall of the radio advertisement between participants in educational settings and in non-educational settings, or between participants of different age groups.

Of the 39 participants who recalled hearing the radio advertisements, the main messages they thought the advertisement was trying to communicate were “encouraging people to get tested”, “chlamydia often has no symptoms so you don’t know you have it”, and “encouraging the practice of safe sex” (Figure 2).



*Participants could provide more than one response.

Of the 39 who had heard the radio advertisements, the most frequently cited opinions were that they were “effective at getting your attention”, “humorous”, and “effective at informing you about symptoms” (Figure 3).



*Participants could provide more than one response.

Posters and Print Advertisements

In total, 59 participants recalled seeing the chlamydia campaign print advertisements, 59 did not recall seeing them, and 4 were unsure. Participants in educational settings were significantly more likely to recall seeing chlamydia posters and print

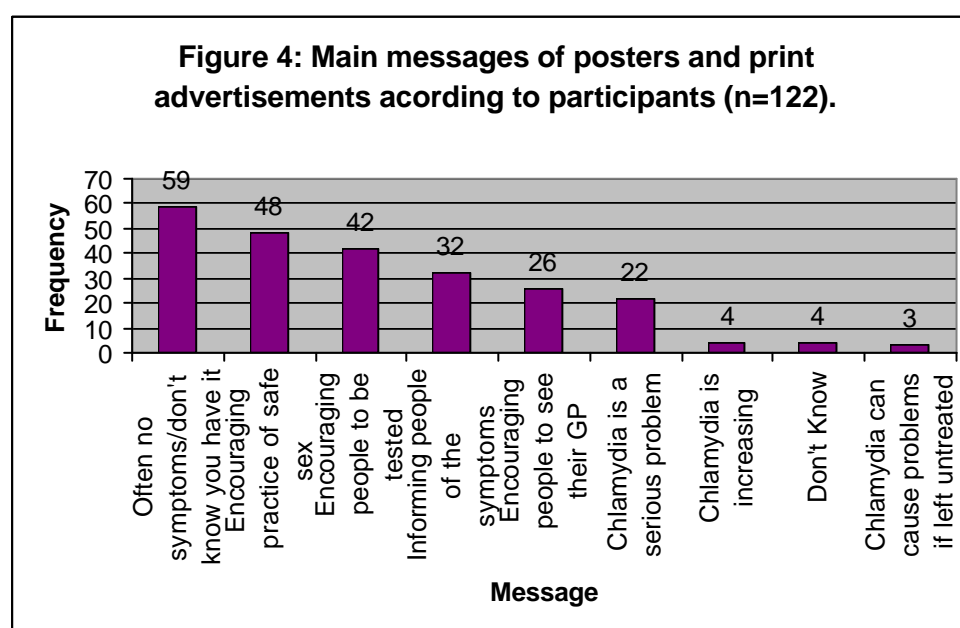
advertisements than those in non-educational settings, while there was no significant difference in recall between participants in different age groups or of different genders, as shown in Table 5.

Table 5: Recall of campaign posters and print advertisements (n=122).

Participant Details	Recall seeing posters and print advertisements		p-value
	Proportion (%)	95 % CI	
Male	49	40%-58%	0.069
Female	48	39%-57%	
17 and under	44.4	36%-53%	0.399
18-25	46.1	37%-55%	
26-29	66.7	58%-75%	
Educational setting	57.1	48%-65%	0.005
Non-educational setting	33.3	25%-42%	

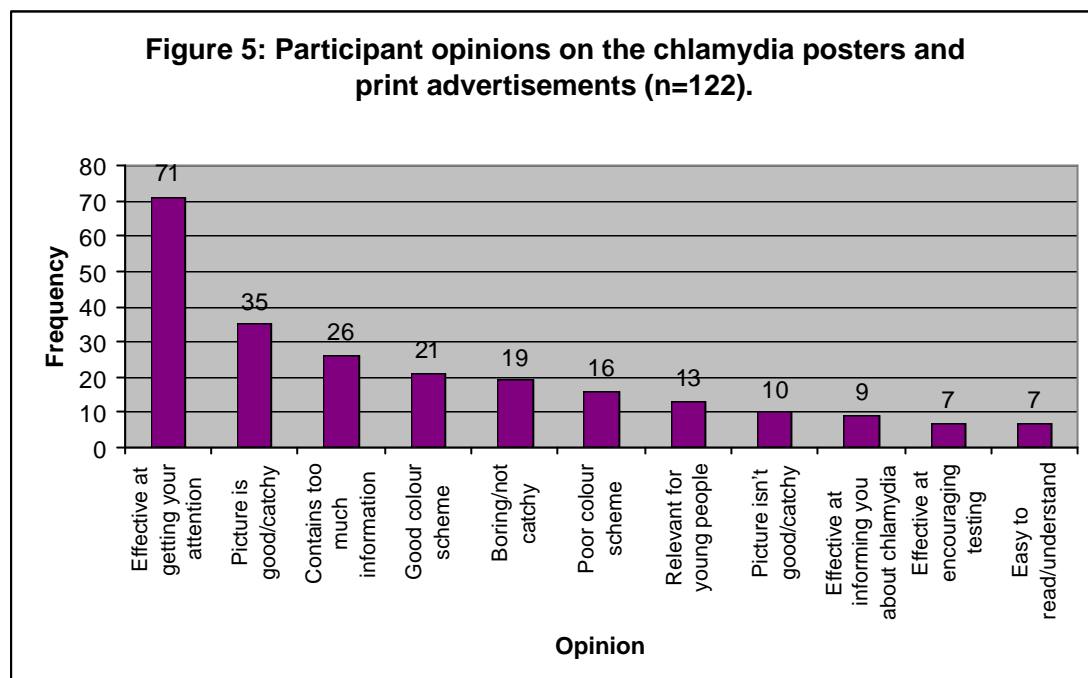
*Participant groups with significant differences are shown in bold.

Participants most frequently reported the main messages the poster and print advertisements were trying to communicate as “*chlamydia often has no symptoms*” (48.4%); “*encouraging the practice of safe sex*” (32.8%); “*encouraging people to get tested*” (34.4%); and “*informing people of the symptoms of chlamydia*” (26.2%). Figure 4 illustrates the full range of responses.



*Participants could provide more than one response.

Unprompted, Participants were then asked to give their opinions on the posters and print advertisements. These findings are displayed in Figure 5.

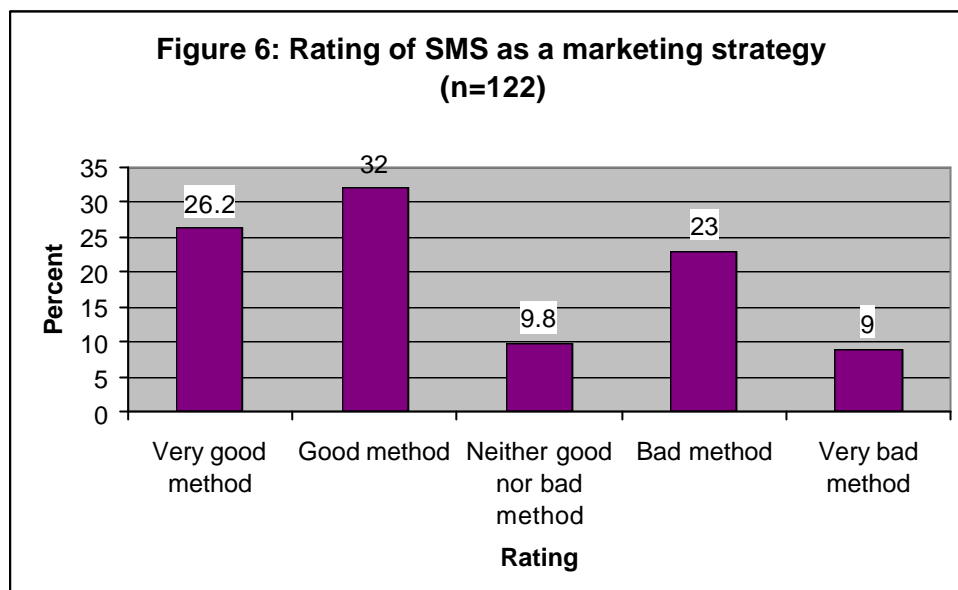


*Participants could provide more than one response.

SMS

Participants were shown an image of the chlamydia SMS text sent to members of the public (Appendix 1) and asked what they would think if they received the SMS. The responses were mixed as 13.9% of participants thought it was an effective way of getting someone's attention and 36.1% said they *would* read the SMS, while 13.1% of participants thought it was annoying, 13.9% said they would not read the SMS or would delete it, and 17.1% found it invasive and offensive.

When asked what they thought about using SMS to communicate sexual health information, the majority of participants (58.2%) rated it as a very good or good method, while 32% of participants rated it as a bad or very bad method (Figure 6).



Participants in non-educational settings and those aged 17 years and under were significantly more likely to rate SMS as a good or very good method of communicating sexual health information than participants in educational settings and those aged either 18-25 years or 26-29 years. There was no significant difference in rating of SMS between male and female participants (Table 6).

Table 6: Rating of SMS as a marketing strategy (n=122).

Participant Details	Rating of SMS				p-value
	Very good or good		Very bad or bad		
	Proportion (%)	95% CI	Proportion (%)	95% CI	
Male	52.7	44%-62%	36.4	28%-45%	0.539
Female	62.7	54%-71%	28.4		
17 and under	88.9	82%-93%	11.1	21%-37%	0.022
18-25	52.8	44%-62%	33.7	26%-43%	
26-29	53.3	44%-62%	46.7	38%-56%	
Educational setting	44.2	36%-53%	40.3	32%-49%	>0.001
Non-educational setting	82.2	74%-88%	17.8	12%-26%	

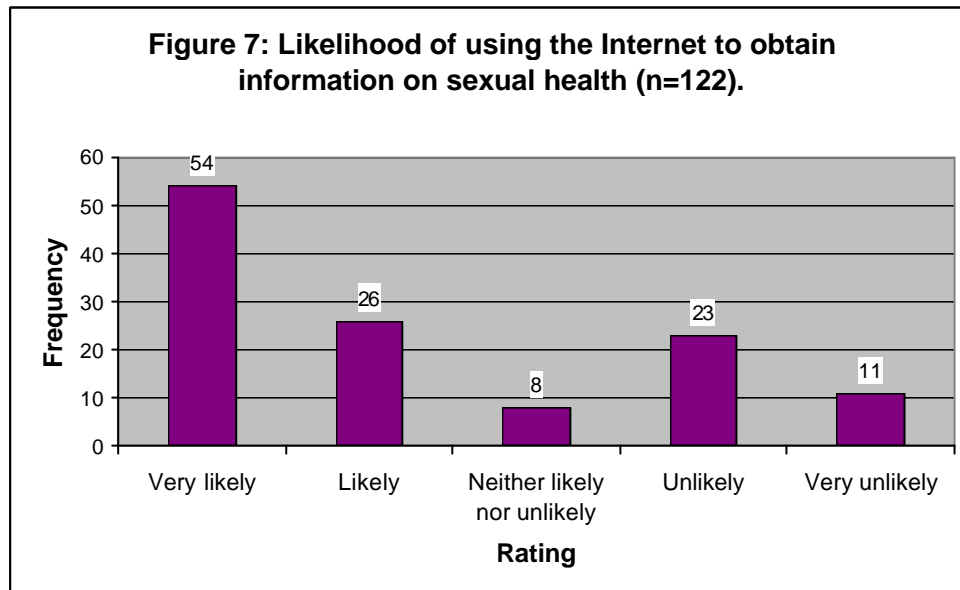
*Participant groups with significant difference are shown in bold.

Website and Internet

Twenty seven per cent of participants were aware that the chlamydia website existed. Females were significantly more likely to be aware of the website (39%; 95% CI: 31%-48%) than males (13%; 95% CI: 8%-20%) ($\chi^2=11.3$, $df=2$, $p=0.004$). There

were no significant differences in awareness of the website between participants in different age groups or in educational settings compared to non-educational settings. Participants that knew of the website stated they had been made aware of it primarily through the radio advertisements (52.9%) and posters in toilets (14.7%).

The majority (65.6%) of participants said they would be very likely or likely to use the internet to obtain sexual health information (Figure 7).



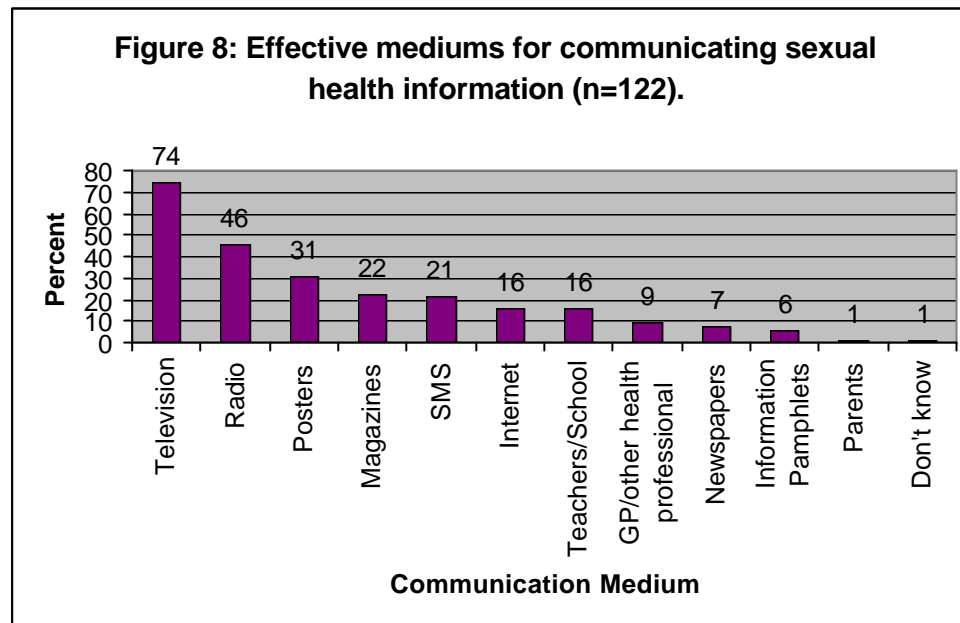
There were no significant differences in likelihood of using the internet between the different groups of participants (Table 7).

Table 7: Likelihood of using the internet to obtain sexual health information.(n=122)

Participant Details	Likelihood of using the internet				p-value
	Very likely or likely		Very unlikely or unlikely		
	Proportion (%)	95% CI	Proportion (%)	95% CI	
Male	58.2	49%-66%	30.9	23%-40%	0.084
Female	74.6	67%-82%	22.4		
17 and under	77.8	70%-84%	16.7	11%-25%	0.639
18-25	65.2	56%-73%	27	20%-35%	
26-29	66.7	58%-75%	33.3	25%-42%	
Educational setting	64.9	56%-73%	26	19%-34%	0.331
Non-educational setting	71.1	62%-78%	26.7	20%-35%	

Communicating Sexual Health Information

Participants were surveyed on what they thought were the most effective ways of communicating sexual health messages to young people. The mediums most commonly cited were television (73.8%) followed by radio (45.9%), posters (31.1%), and magazines (22.1%) (Figure 8).



*Participants could provide more than one response.

Participants in educational settings were significantly more likely to nominate posters (39%; 95% CI: 31%-48%) than those in non-educational settings (18%; 95% CI: 12%-26%) ($\chi^2=5.943$, $df=1$, $p=0.015$). There were no significant differences in the other communication methods between participants in educational and non-educational settings. There were no significant differences in nominated communication methods between participants in different age groups.

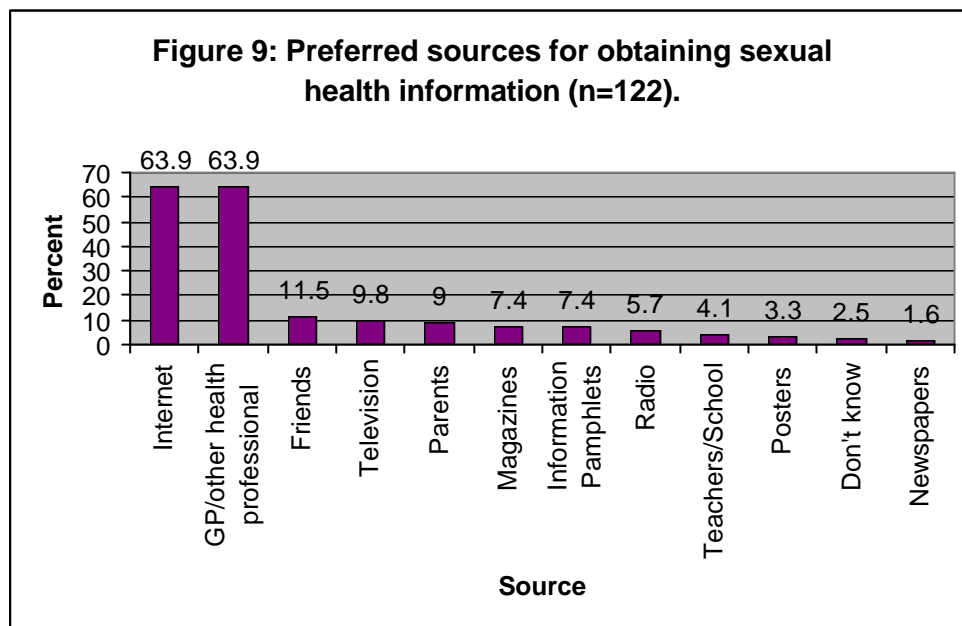
Male participants were significantly more likely (16.4%; 95% CI: 11%-24%) to nominate GP/health professional as an effective medium for communicating sexual health information than females (3%; 95% CI: 1%-8%) ($\chi^2=6.6$, $df=1$, $p=0.01$). There were no other significant differences between males and females, however, males rated television and GP/health professional most frequently, while females nominated magazines, the Internet and information pamphlets most frequently.

Additional suggestions for effectively communicating sexual health information to young people included advertisements during television programs popular among young people, scenario-based advertising, banners or 'pop-ups' on websites, posters

on toilet doors and in locations where alcohol is consumed, advertising at youth festivals and concerts, and talks from external groups to schools.

Preferred Source for Obtaining Sexual Health Information

When asked how they preferred to obtain sexual health information, participants most commonly responded the Internet (63.9%) and GP/health professional (63.9%) (Figure 9). More specific responses included Family Planning Western Australia, Quarry Health Centre, a school councillor or nurse, and a phone hotline.



*Participants could provide more than one response.

Male participants were significantly more likely than females to nominate television, radio and posters as their preferred sources of sexual health information. Conversely, females were significantly more likely than males to nominate the Internet and teachers/school (Table 8).

Table 8: Preferred sources for obtaining sexual health information (n=122).

Preferred Information Sources	Males		Females		p-value
	Proportion (%)	95% CI	Proportion (%)	95% CI	
Television	18.2	12%-26%	3.0	1%-8%	0.005
Radio	12.7	8%-20%	0	0%-3%	0.003
Newspapers	3.6	2%-9%	0	0%-3%	0.116
Magazines	10.9	7%-18%	4.5	2%-9%	0.176
Internet	54.5	45%-63%	71.6	63%-79%	0.050
Information Pamphlets	5.5	3%-12%	9.0	5%-15%	0.495
Posters	7.3	4%-13%	0	0%-3%	0.025
Teachers/School	0	0%-3%	7.5	4%-14%	0.039
Parents	7.3	4%-13%	10.4	6%-17%	0.542
Friends	7.3	4%-13%	14.9	10%-22%	0.187
GP/other health professional	65.5	0.57-0.74	62.7	0.54-0.71	0.751

*Participant groups with significant differences are shown in bold.

Participants from educational settings were significantly more likely to nominate radio as a preferred source of sexual health information than those in non-educational settings, while those in non-educational settings were significantly more likely to nominate teachers/school than those in educational settings. There were no other significant differences in preferred sources between participants in educational and non-educational settings (Table 9).

Table 9: Preferred sources for obtaining sexual health information according to educational setting (n=122).

Preferred Information Sources	Educational Setting		Non-educational Setting		<i>p</i> -value
	Proportion (%)	95% CI	Proportion (%)	95% CI	
Television	13	8%-20%	4	2%-9%	0.126
Radio	9	5%-15%	0	0%-3%	0.037
Newspapers	2	1%-6%	0	0%-3%	0.276
Magazines	9	5%-15%	4	2%-9%	0.343
Internet	64	55%-72%	62	53%-70%	0.763
Information Pamphlets	5	2%-10%	11	7%-18%	0.368
Posters	5	2%-10%	0	0%-3%	0.120
Teachers/School	1	0%-5%	8	4%-14%	0.041
Parents	8	4%-14%	11	7%-18%	0.573
Friends	10	6%-17%	13	8%-20%	0.623
GP/other health professional	69	60%-77%	55	46%-64%	0.141

*Participant groups with significant differences are shown in bold.

Participants aged 17 years and under were significantly more likely to nominate teachers/school as their preferred source for obtaining sexual health information compared to those aged 18-25 years and 26-29 years. There were no other significant differences in preferred sources between different age groups (Table 10).

Table 10: Preferred sources for obtaining sexual health information according to age (n=122).

Preferred Information Sources	Under 17 years		18-25 years		26-29 years		p-value
	Proportion (%)	95% CI	Proportion (%)	95% CI	Proportion (%)	95% CI	
Television	5	2%-10%	10.1	6%-17%	13.3	8%-20%	0.746
Radio	0	0%-3%	6.7	61%-77%	6.7	4%-13%	0.526
Newspapers	0	0%-3%	2.2	1%-6%	0	0%-3%	0.686
Magazines	5	2%-10%	6.7	4%-13%	13.3	8%-20%	0.632
Internet	72	63%-79%	64	55%-72%	57.1	48%-65%	0.531
Information Pamphlets	5	2%-10%	7.9	4%-14%	6.7	4%-13%	0.972
Posters	0	0%-3%	3.4	1%-8%	6.7	4%-13%	0.561
Teachers/School	22	16%-30%	1.1	0%-5%	0	0%-3%	0.000
Parents	17	11%-25%	7.9	4%-14%	6.7	4%-13%	0.466
Friends	11	7%-18%	13.5	9%-21%	0	0%-3%	0.317
GP/health professional	44	36%-53%	67.4	58%-75%	66.7	58%-75%	0.175

*Participant groups with significant differences are shown in bold.

Additional Comments

Participants were also asked to provide additional feedback on the campaign and suggestions on how the campaign could be improved. Some of the most frequent comments included:

- the radio advertisements were good/effective
- SMS was a good marketing strategy
- posters on toilet doors/in bathrooms were a good idea.

Some common suggestions included:

- make the posters brighter and more catchy
- make the print advertisement more visible (increase amount of advertising)
- place posters in more locations (bus stops, high schools, train stations, shopping centres, Perth city)

- include television advertising in the campaign
- increase advertising for younger people (under 18's)
- send a stronger message about the consequences of chlamydia.

4.2 GP Waiting Room Audit

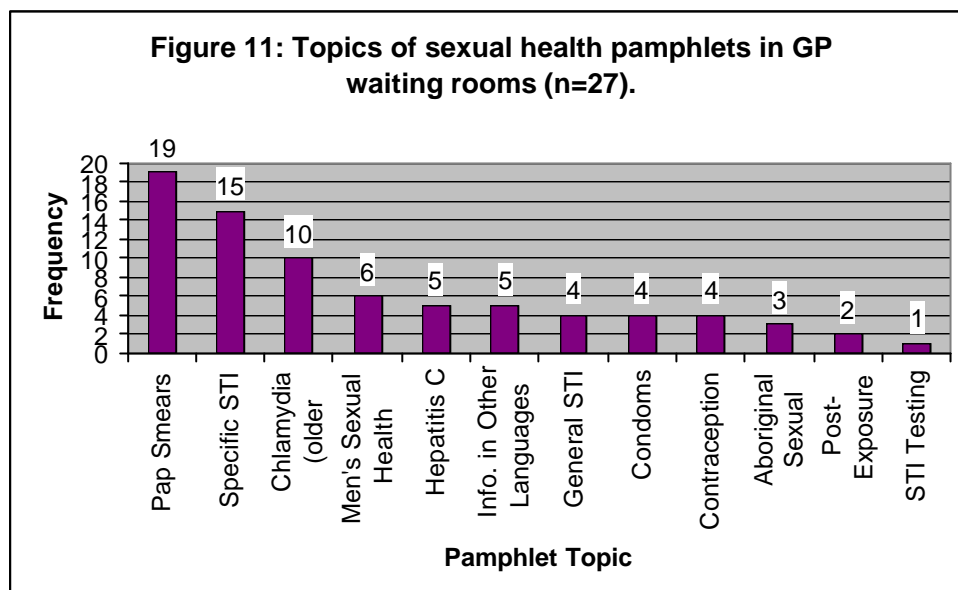
Waiting Room Surveys

In total, 43 GP surgeries in the Perth metropolitan area were visited and their waiting rooms were surveyed. The process of selecting 36 GP surgeries is outlined in the Methods section. However, an additional seven surgeries were visited due to circumstantial opportunities. A list of the suburbs in which the GP surgeries were located is attached in Appendix 9. Two surgeries in Broome were also visited and the results of these audits are contained in Appendix 10.

Six surgeries (15.5%) had the 2005 chlamydia campaign poster displayed, and of these three had one poster, two had two posters and one surgery had three chlamydia posters displayed. Of these surgeries four were rated as having 'average' poster displays, and two as 'very good'. The definitions for standard of display are provided in the survey instrument in Appendix 6. Eight surgeries (17.8%) had 2005 chlamydia pamphlets displayed.

Ten surgeries (23.2%) had some type of sexual health poster displayed. The most common poster topic was *pap smears* (n=6) followed by *condoms* (n=2), *specific STI* (n=2), *birth control* (n=1), *STI testing* (n=1) and *other contraception* (n=1).

Twenty-seven surgeries (62.8%) had sexual health pamphlets (other than the 2005 chlamydia pamphlets) displayed. Of these, the most common pamphlets were on *pap smears*, *a specific STI*, and *chlamydia* (an older version) (Figure 11).



The visibility, access to, and organisation of all pamphlets was also rated and of the surgeries with pamphlets displayed, 50% were rated 'average', 31.6% as 'very good', and 18.4% as 'poor'.

Of the 43 metropolitan GP surgeries visited, 12 were corporate practices, and of these, five (42%) had no pamphlets or no posters displayed at all. This compares to three of the 31 non-corporate clinics (9.6%) that were noted as having no pamphlets or no posters at all. Of the seven corporate clinics that did have a pamphlet display, one was rated 'poor', five as 'average' and one as 'very good', and of the seven that did have posters displayed, five were rated as only having one or two posters displayed. It was also discovered that in corporate practices, a company is contracted to coordinate the placement of posters and pamphlets, at a cost to the corporate practice. The information on the companies contracted by corporate practices and the associated costs are provided in Appendix 11.

Additional notes and comments were taken by the surveyor on the availability of sexual health resources and the display of resources in the waiting room. Some of the pertinent comments about the waiting rooms are listed below.

- Large pamphlet display placed in a discrete area and a whole noticeboard dedicated to chlamydia, containing two chlamydia posters and other related information.
- Pamphlets were easy to access but display was very messy.

- Chlamydia poster was folded over so only the writing (not the picture) could be seen.
- Huge waiting room, walls were very bare, no pamphlet displays at all, plenty of room for resources.
- A whole rack of pamphlets dedicated to STIs.
- Pamphlets were displayed around a corner so they were not visible from main waiting area.
- Pamphlets were in a corner behind a chair and a sweets machine so they were totally inaccessible.
- No sexual health information displayed at all; theme of other resources indicated it might be a practice with an elderly clientele.
- Pamphlets are displayed neatly but placed in a rack very high up on the wall where an average person could not reach.
- Lots of pamphlets neatly displayed, easy and discrete to access.
- Several large noticeboard with many different posters displayed.
- Waiting room is very old and run-down, totally bare; there was a wall-sized rack for pamphlets, which was completely empty, and no receptionist/person to greet patients.

Practice Manager Interviews

Of the 43 metropolitan GP surgeries visited, interviews with practice managers from 24 surgeries were carried out. Eighteen of the Practice Managers (75%) recalled receiving the 2005 Chlamydia Campaign pack, three claimed they did not receive it and three were unsure. Of those who had received the pack, 72% of Practice Managers had read the information and 28% had not. Reasons provided for not reading the information included lack of time and because the pack was passed directly on to a GP.

Ten Practice Managers (42%) said the 2005 chlamydia poster had been displayed in the main waiting room of the GP surgery. This included those who said the poster was not currently up but had been displayed previously. Practice Managers were then asked how decisions are made within the practice on which resources are displayed. In six of the 24 surgeries (25%), the GP decides which posters and pamphlets will be displayed (sometimes by consultation with a nurse), in another six surgeries (25%) the Practice Manager decides, and in three surgeries (12%) the decision is a collaborative one between the GP and the Practice Manager. Nine Practice Managers (38%) said the decision on resources depended on which health

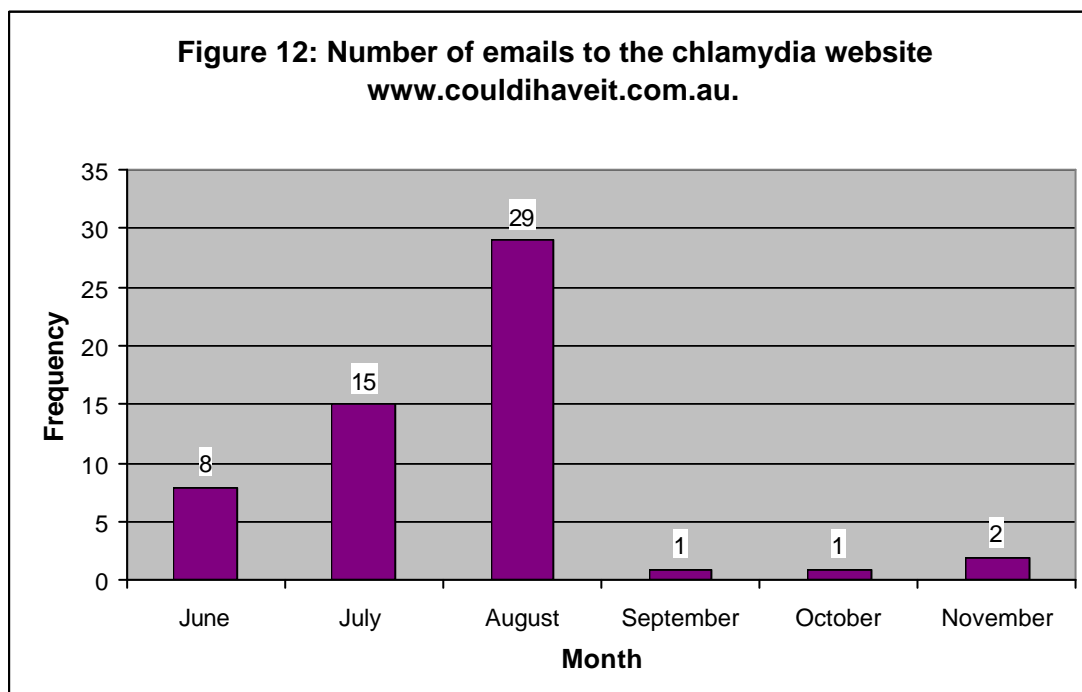
issues were topical and relevant (both within the practice and within the general community). Of the 24 Practice Managers interviewed, 7 were from corporate surgeries. Of these, one Practice Manager stated the surgery's policy is that no posters are allowed to be displayed, and another said that firstly they had to display information relating to the corporation and then, if there was space left, other posters could go up. None of the non-corporate surgery Practice Managers stated that there was a policy about not displaying posters.

Seven (29%) of the Practice Managers said that more 2005 chlamydia resources *had* been ordered and 11 Practice Managers (46%) reported that they *would* order chlamydia resources from the Department of Health. Twenty Practice Managers (83%) stated they knew how to order resources from the Department of Health.

4.3 Additional Evaluation

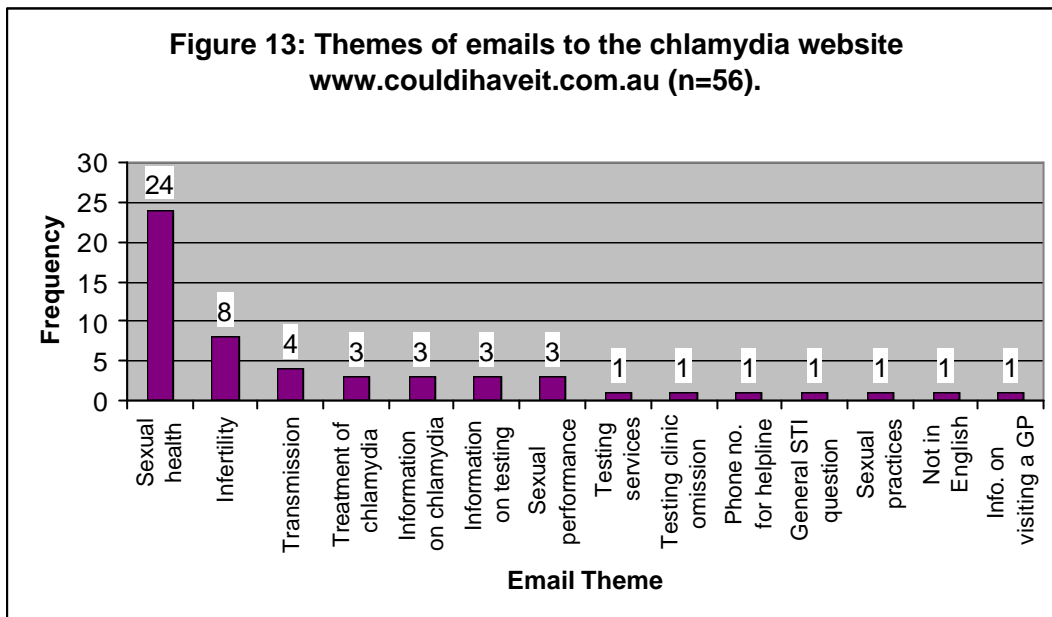
Website

Fifty-six emails were sent to the "Ask a Question" page of the chlamydia website www.couldihaveit.com.au between 23 June 2005 and 26 November 2005. The number of emails peaked in August and then significantly dropped in the subsequent three months (Figure 12).

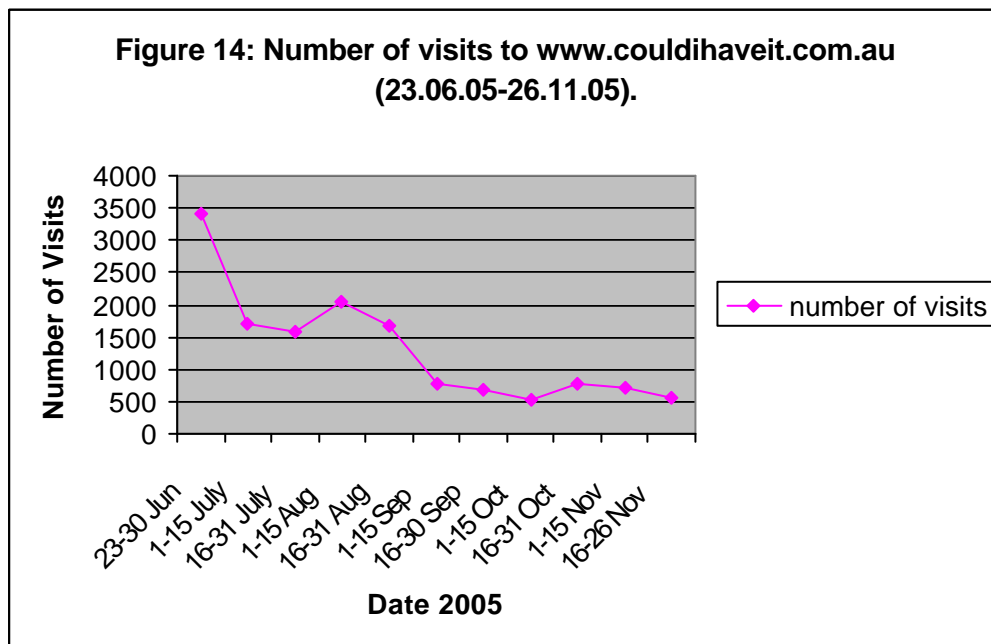


The most common questions sent to the website were around sexual health-related symptoms that the writer or his/her partner was experiencing (42.9%), followed by questions regarding infertility (14.3%) and questions on transmission of chlamydia

and other STIs (7%) (Figure 13). The full summary of questions emailed to the website is provided in Appendix 12.



The peak in the number of visits to the website coincided with the website's launch in June, then dropped, and remained fairly constant (between 50-200 visits per week) for the remaining months (Figure 14). From 23 June 2005 to 26 November 2005, the chlamydia website received 14, 537 visits.



Budget Cost Calculations

By dividing the chlamydia campaign budget (\$164,615.16 or \$84,807.58 each for males and females) by the average monthly increase in the number of chlamydia tests and number of chlamydia notifications for males and females separately, the costs shown in Table 11 were produced.

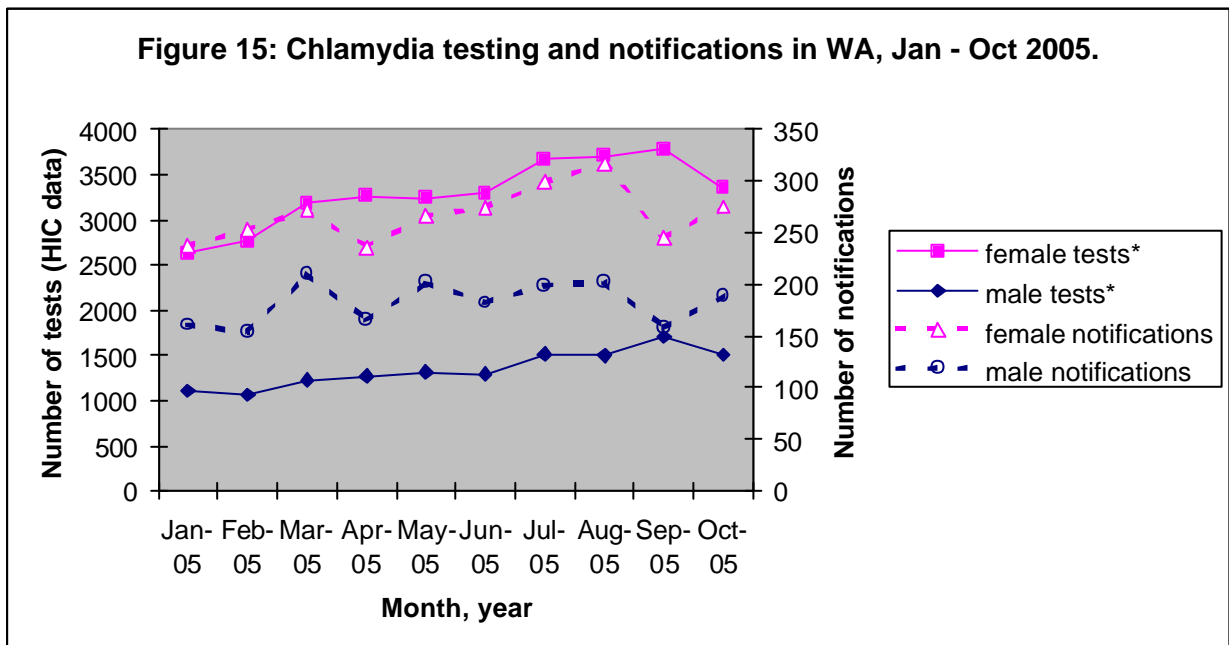
Table 11: Cost per increase in one chlamydia test and one chlamydia notification in males and females as a result of the chlamydia campaign.

	Females	Males
Test	\$129.00	\$236.00
Notification	\$2,765.00	\$11,569.90

The figures and calculation details used to produce these figures are included in Appendix 13.

Chlamydia Testing and Notification Statistics

The rates of chlamydia testing and notification among males and females in WA increased significantly during the campaign period (July to September 2005) compared to the pre-campaign period (January to June 2005) (Figure 15).



5. Discussion

5.1 Key Findings

Social Marketing Evaluation

The evaluation found that knowledge of chlamydia (except for the fact that it is an STI) was fairly low among participants, while awareness and recall of the campaign were quite high, given its size and budget. Recall was strongest around the posters and print advertisements, followed by the radio advertisements and the website. The main messages drawn from the campaign were that chlamydia often has no symptoms so you may not know you have it, the importance of being tested for chlamydia, and recall of the *“30% of people are lucky enough to have symptoms”* slogan. Opinions on the campaign were generally positive with the majority of participants describing the advertisements as catchy and attention-grabbing.

SMS, television, radio, poster and magazine advertising were considered effective media for communicating sexual health information, while participants themselves primarily preferred to obtain sexual health information via the Internet or from a GP/health professional. Scenario-based advertising (using situations young people could relate to) was frequently recommended as an effective advertising strategy for young people. Comparisons of responses between participants by age group, gender and location of survey administration, highlighted significant differences in levels of awareness and opinions of the campaign and in preferences for communicating and obtaining sexual health information.

The use of SMS in the 2005 Chlamydia Campaign was an innovative and relatively new health promotion strategy utilising a communication tool very commonly used by young people. The campaign evaluation found that this medium was well tolerated by the target audience and identified an interesting paradox as, although a number of participants commented that receiving “advertising” SMSs is annoying, they also recognised the value of using this as a marketing tool because *“everyone has a mobile phone”* and *“everyone reads their SMSs”*. Further consumer feedback also indicated the SMS strategy was well tolerated as the WA Department of Health received only one complaint regarding the campaign SMSs out of a total of 11, 535 SMSs that were sent. The evaluation also highlighted age-related differences in perception of SMS as participants aged 17 years and below were significantly more likely to nominate SMS as a very good or good marketing strategy than those aged

18 to 29 years. This information can be used judiciously to inform future health promotion campaigns that use SMS as a marketing strategy.

GP Waiting Room Audit

Among the 43 metropolitan GP surgeries visited, the 2005 Chlamydia Campaign resources were not well represented as the majority of surgeries did not display chlamydia posters or pamphlets. Relatively few sexual health posters were displayed but the most common were those on pap smears. Encouragingly, the majority of waiting rooms did display sexual health pamphlets, most commonly on pap smears, a specific STI and the older version of the chlamydia pamphlet. The majority of waiting rooms were rated as having an 'average' display. However, several surgeries had very poor displays referring to the fact that they either had no resources displayed at all or had disorganised or poorly placed resources. Most Practice Managers had received and read the chlamydia information package and decisions on displaying resources were made by either the GP or Practice Manager, and depended on which health issues were topical and the corporation regulations. In corporate practices, a company is contracted to coordinate the placement of posters and pamphlets, at a cost to the corporate practice.

Additional Evaluation

Visits to the chlamydia website peaked in June when the website was launched, and dropped significantly in the subsequent months, but remained constant at approximately 50-200 visits per week. The number of emails sent to the "Email a Question" page of the website peaked in August and reduced significantly in the following months. However, two emails were received in November indicating that people were still accessing the website.

The calculations of the 'cost' per increase in one chlamydia test and one chlamydia notification in WA as a result of the 2005 Chlamydia Campaign found the increase in one chlamydia test cost \$129.00 for females and \$236.00 for males, and an increase in one chlamydia notification cost \$2,765.00 for females and \$11,569.90 for males.

5.2 Limitations

There are several limitations to the findings of this evaluation. The over-representation of participants from educational settings (universities and TAFEs) compared to those sourced from public venues compromises the ability to generalise the findings to all young people aged 15 to 29 years. Several components of the

analysis of survey results indicated there was little difference in the responses from participants in educational settings compared to those in non-educational settings. This was the case for knowledge of chlamydia, opinions on the campaign advertisements and likelihood of using the Internet to obtain sexual health information. This may suggest certain areas of poor knowledge, opinions and behaviours that tend to be universal among young people. However, some differences between participants from educational settings and non-educational settings *were* identified, including awareness of the campaign, opinions on using SMS to communicate sexual health messages, and preferred sources for obtaining sexual health information.

A study of sexual behaviour among university students compared to their same-age peers not attending university, concluded that knowledge and behaviours of university students should not be routinely generalised to other young people (3). Similarly, given the over-representation of university and TAFE students in this study, the results cannot be generalised to all young people. Furthermore, in the campaign evaluation, although participants not interviewed in educational settings were considered non-students, this may not be entirely accurate as they were not asked their occupation and thus could have been students. Therefore, generalisation of the findings to wider groups of young people should be approached with caution.

The small sample size of the study also limits the ability to generalise the results to a wider audience. The time limitations associated with the project, and the fact that only one researcher was administering the surveys, restricted the sample size to a relatively small number. However, participants *were* sourced from a variety of locations in an attempt to broaden the participant demographic and therefore represent a wider scope of young people's opinions and hopefully minimise bias.

The strongest recall of the campaign was around the posters and print advertisements. This may have been influenced by the fact that after being asked if they could recall these advertisements, participants were shown examples of the posters and print advertisements to check that they had seen the right ones. After being shown the posters and print advertisements, many participants who had not initially recalled seeing them then recalled having seen them and this was recorded accordingly on the survey. Recall around the radio advertisements and website may have been lower because participants were *not* given examples of these campaign resources. Therefore, prompting participants with posters and print advertisements

and not with radio advertisements and website details may have biased the recall of this component of the campaign.

5.3 Comparison of Findings

Some of the results from this evaluation are similar to those of other sexual health studies. The National Survey of Australian Secondary Students on HIV/AIDS and sexual health (6) revealed that students' knowledge around STIs was "patchy", and knowledge surrounding specific diseases, their effects on health and transmission was poorer. In particular, knowledge regarding chlamydia as an STI that affects men and women, and awareness that it can lead to infertility, was poor. Similarly, the campaign evaluation found knowledge of chlamydia to be limited, with only a small proportion of participants able to provide any detail about chlamydia beyond the fact that it is an STI.

In two Canadian studies of how adolescents use technology for their health needs (10), and their preferences for sexual health services (11), it was revealed that one of the most frequently sought or distributed topics of information was on sexual health. Privacy in accessing information was identified as a key challenge and participants most commonly reported using the following technologies - mobile phones, email, instant messaging, websites, internet search engines, television, radio and magazines. Similarly, in the chlamydia campaign study, SMS, the Internet and television were commonly recommended as effective media among young people, and the Internet was preferred particularly due to its anonymity. This suggests the global prevalence in use of modern communication means among young people, and the importance of utilising these media when promoting sexual (and other) health information.

An evaluation of a previous WA chlamydia campaign in 1998 (7) asked participants (aged 16 to 30 years) their preferred sources for health information. The most commonly cited sources were doctors, parents, friends, hospitals/clinics and magazines/books, while only 1% of participants nominated the Internet. In contrast, this campaign evaluation found the Internet and a GP/health professional were the preferred sources of sexual health information. Although the earlier campaign survey asked about health in general not sexual health, it is interesting that the Internet barely rated. However, as the earlier survey was conducted in 1998, this may reflect the increasing use of the Internet over time and its rapid uptake, particularly by young people.

A survey of whether patients read posters displayed in waiting rooms (8) revealed that the majority of patients *do* read and remember the subject of waiting room posters. However, another study (9) found that only a small proportion of patients surveyed could recall the posters displayed in the waiting room and few actually picked up health pamphlets. Given these conflicting findings, it could be argued that waiting rooms *do* offer an ideal setting for opportunistic health promotion *if* conducted in an effective way. The function of notice boards, posters and pamphlet displays could be re-assessed and reformulated to incorporate more modern methods such as videos, interactive computer facilities and the Internet.

Many participants suggested that the Chlamydia Campaign and other sexual health messages should be promoted to younger audiences. When probed, participants stated that this was because younger people (aged 17 years and below) are becoming increasingly more at risk of STIs due to early onset of sexual behaviour. Several studies support these ideas and suggestions by highlighting the declining age of first sexual intercourse (12,13) and the need for sexual health promotion targeted to younger audiences because of these changing trends in behaviour (14).

In terms of *how* sexual health messages can be promoted to younger audiences, participants in the campaign evaluation frequently suggested that sexual health education at school is very important and is often effective when provided by external groups and individual speakers discussing real-life experiences. Similarly, one of the Canadian studies (11) found that young people thought school was a good place to receive sex-related information but felt teachers were not the best sex-educators. They preferred people who were specially trained in teaching sexual health, and were non-judgemental, “sex-positive” and used demonstrations. These findings provide ideas from young people themselves on how sexual health education can be conducted effectively in schools.

5.4 Discussion of Results

Although the majority of participants knew that chlamydia was an STI, few were able to describe other characteristics of the infection. Interestingly, there was little difference in knowledge between different groups of participants, indicating that lack of knowledge around sexual health issues may be common among young people from a range of demographics. The fact that one of the primary messages of the chlamydia campaign, (*“chlamydia often doesn’t have symptoms so you may not*

know you have it) was the second most frequently cited information, demonstrates that campaign messages were taken on by people. This highlights the need for ongoing educational campaigns on sexual health issues directed to all young people, to reinforce information and messages around these topics.

There were no significant differences in levels of awareness of the campaign between participants in both educational and non-educational settings, other than recall of the posters and print advertisements. It would be expected that participants in educational settings would have higher recall as the posters were displayed around universities and TAFEs. However, the lack of differences in awareness suggests that the marketing strategies used in the campaign were effective at reaching young people irrespective of their educational status, and therefore are successful media for targeting a wide range of young people.

Encouragingly, when asked what they considered the main messages of the radio and print advertisements to be, participants reported: *“there are often no symptoms so you don’t know you have it”*, *“encouraging people to be tested”* and *“encouraging the practice of safe sex”*. The first two messages were the primary slogans of the campaign and therefore, indicate that the campaign messages were communicated clearly. Although practicing safe sex was not an explicit message of the campaign, it is a positive outcome that young people still interpreted this message from the campaign advertisements.

Female participants tended to nominate print media such as magazines, information pamphlets and the Internet as effective ways of communicating sexual health information and as preferred sources for obtaining information. On the other hand males were more likely to nominate media such as television and radio as effective sources. This may highlight some fundamental differences in the types of media and resources that males and females utilise to obtain health information. Females were significantly more likely to nominate the Internet as a resource for both communicating and obtaining sexual health information, which correlates with their increased awareness of the chlamydia website. Therefore, the Internet may be seen as a valuable tool for promoting sexual health messages, particularly to young females.

Participants aged 17 years and under and those from non-educational settings shared similarities in that they were both significantly more likely to rate SMS as an

effective marketing tool, and were more likely to prefer to obtain sexual health information from teachers/school. However this apparent similarity may actually be a result of the fact that a large proportion of people sourced from non-educational settings were aged 17 years and below.

In the focus group sessions many of the participants thought that the 'Email a Question' component of the website was a very good idea, particularly as it allowed people to ask a personal sexual health question anonymously without having to visit a GP. This opinion is reflected in the number of emails to the website, their personal nature and the openness with which people addressed their sexual health issues.

Given the relatively small size and budget of the chlamydia campaign and the small sample size in this study, the recall of the various advertisements, although on face value may seem low, is actually quite strong. In addition to the generally positive feedback on the radio and print advertisements and the increase in the level of chlamydia testing in WA, the campaign appears to have been successful, largely as a result of the innovative marketing strategies, images and messages used in the campaign.

The findings revealing that corporate practices contract an external company to coordinate the placement of posters and pamphlets is of some concern as it means decisions around which health material is displayed in corporate practices is made by people who work on a for-profit basis. This may mean that the posters and pamphlets displayed in corporate practices are more likely to be those of drug companies who pay the contracted company to display their resources, rather than material produced by government and non-government health agencies. Therefore, patients of corporate practices may not be exposed to valuable health promotion messages in an ideal setting for disseminating health information due to decisions driven by economic gain rather than a desire to provide health education.

The calculations used to produce the cost per increase in one chlamydia test and one chlamydia notification as a result of the campaign enabled a simple cost-effectiveness analysis of the campaign to be carried out. It is interesting to compare the costs of the increases in testing and notification to the costs associated with the health implications of untreated chlamydia. For example, untreated chlamydia can lead to infertility, and therefore people wishing to conceive may access IVF treatment. This costs the Australian government approximately \$4000 each round

(3). Furthermore, the IVF patient is also likely to incur considerable out-of-pocket medical expenses. Clearly, the costs associated with one increase in a test or notification is much less than even one round of IVF treatment.

This can similarly be related to other implications of untreated chlamydia such as ectopic pregnancies, and the medical cost associated with this. Untreated chlamydia can cause PID in 10% to 15% of women after their first episode of chlamydia infection, and this risk rises to 40% after a second episode (1). The costs of treating PID include GP visits, medication and possible hospitalisation. In addition to these monetary costs are the social and emotional impact of these health issues. Although this cost-effective analysis is very simple and makes certain assumptions (such as that a patient who tests positive for chlamydia undergoes treatment and has no consequent health complications), it is nevertheless an interesting look at the potential economic benefits of health promotion campaigns and highlights the importance of taking a preventative approach to health.

The increased rates of chlamydia testing and notification among males and females in WA during the campaign period (July to September 2005) compared to the pre-campaign period (January to June 2005) may indicate a heightened awareness of chlamydia and an impetus to be tested among the target audience as a result of the campaign. Interestingly, in July and August (campaign period) rates of both testing and notifications increased, however, in September although testing increased (by 72 tests), the number of notifications decreased (by 72 notifications). This could indicate a reduced incidence of chlamydia, because although more people were tested for chlamydia, fewer people were actually diagnosed with the infection, possibly due to a decrease in the incidence of chlamydia. However, it could also simply reflect a larger number of people who are *not* at high risk (and do *not* have chlamydia) being motivated to be tested as a result of the campaign.

5.5 Recommendations

The results from this study produced a number of key recommendations that may assist in the development of future sexual health campaigns.

- Television, radio, posters, Internet and magazines are effective media for communicating sexual health information.
- Toilets (particularly in pubs, clubs and educational institutions) are a good location for poster advertising.
- Scenario-based advertising is effective and preferred among young people.

- SMS is considered an effective marketing tool, particularly among young people aged 17 years and below.
- Young people are very likely and prefer to use the Internet to obtain sexual health information.
- Sexual health campaigns should be directed to younger audiences (under 17 years) particularly through sexual health education at high school.

6. Conclusion

The evaluation of the 2005 Chlamydia Campaign has provided valuable feedback on the types of marketing strategies that are effective among young people and how young people prefer to learn about sexual health. Modern technologies, particularly the Internet and mobile phones have been identified as useful media for reaching and engaging with young people. The strong recall and positive opinions on what was a relatively small campaign, in addition to the utilisation of the website and increase in chlamydia testing, highlight the effectiveness and value of health promotion campaigns. Given the increasing significance of sexual health problems among young people in Australia, the associated health implications, and the need to facilitate positive sexual behaviours, educational health promotion campaigns that target sexual health issues in young people are an imperative.

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8. Appendices

Appendix 1: Sample Campaign Resources

30% OF ALL PEOPLE WHO CATCH CHLAMYDIA EXPERIENCE GENITAL DISCHARGE, PAIN DURING SEX, ABNORMAL BLEEDING OR SEVERE PAIN WHEN URINATING. THEY'RE THE LUCKY ONES.

Most people with it have no idea because they have no symptoms at all. But left untreated, chlamydia can make both males and females sterile. You catch it through unprotected vaginal, anal or oral sex. So if you've done it with a new partner without a condom in the last 12 months, you could be spreading chlamydia without making feeling is urgent, and so is treatment, so see your GP right away. And for more info, go to www.couldihaveit.com.au

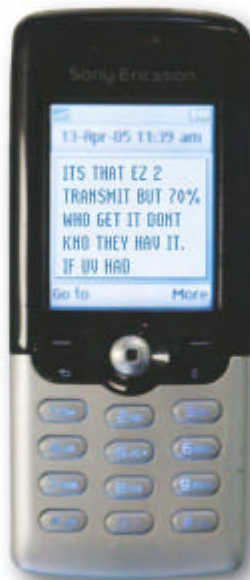
CHLAMYDIA
Most people haven't got a clue

CHLAMYDIA. MOST PEOPLE HAVE NO SYMPTOMS SO DON'T KNOW THEY HAVE IT.

ASK YOUR GP FOR A SIMPLE TEST TODAY.

www.couldihaveit.com.au

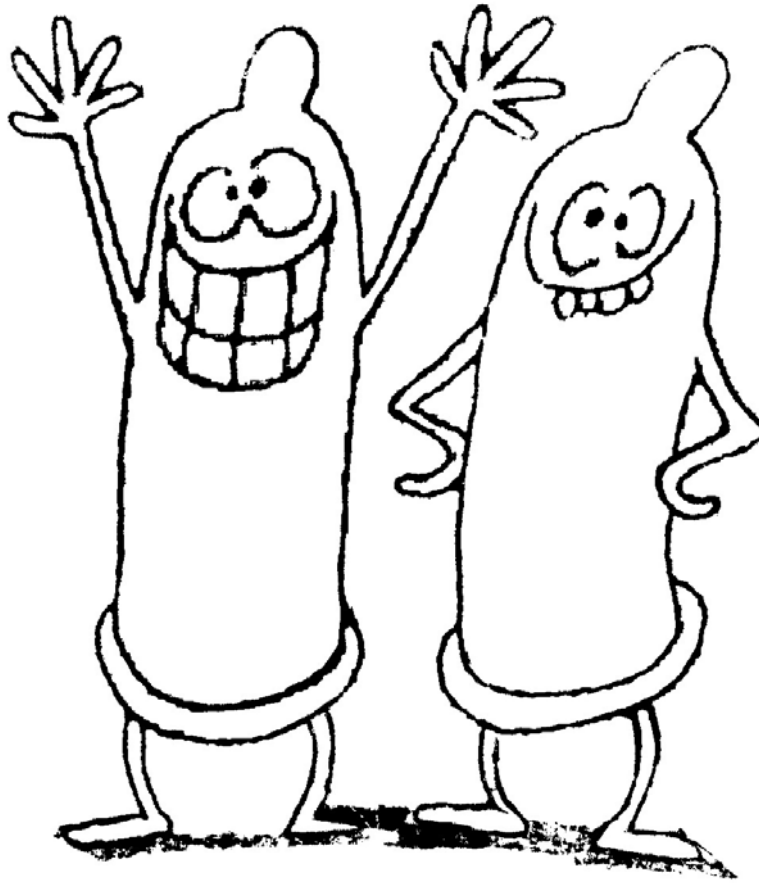
CHLAMYDIA
Most people haven't got a clue



Audio from the radio advertisements can be accessed from the campaign website <http://www.couldihaveit.com.au>.

Appendix 2: Focus Group Advertisement

“Oi! We’re bursting to talk to you!”



If you are 18-25 years and have good ideas about how to promote sexual health, come and join in a discussion and be part of some interesting research. All participants will receive a Healthy Living Pack for their contribution.

If you are interested please call Alexa on 9388 4873 or email Alexa.Wilkins@health.wa.gov.au for more information.

Sexual Health & Blood-borne Virus Program
Department of Health
Government of Western Australia

School of Population Health
Faculty of Medicine and Dentistry
University of Western Australia

Appendix 3: Focus Group Information and Consent Form



Department of **Health**
Government of **Western Australia**
Sexual Health & Blood-borne Virus Program



THE UNIVERSITY OF
WESTERN AUSTRALIA

FACULTY OF
Medicine and Dentistry



Communicable Disease Directorate
Department of Health Western Australia
Grace Vaughan House
227 Stubbs Terrace
SHENTON PARK WA 6008

School of Population Health
Faculty of Medicine and Dentistry
The University of Western Australia
35 Stirling Highway
CRAWLEY WA 6009

2005 Chlamydia Campaign: Social Marketing Evaluation

Information Sheet

This study is investigating public perceptions of the WA Department of Health's 2005 Chlamydia Campaign. We are interested in young people's awareness of the campaign and their opinions on the advertisements and marketing strategies.

We will do this by running focus groups with 40 people aged 18-25 years to discuss which marketing approaches are most effective in communicating sexual health messages. The focus group will be audio taped for quality improvement purposes, however names of participants will not be recorded on the tape.

Participation in the focus groups is on a voluntary basis, and if at any point you wish to withdraw from the study you are free to do so without reason or prejudice. All information obtained from this study will be kept confidential and your name and identity will not be used in any report, publication or discussion.

Thankyou for your time in considering to participate in this study. If you would like to discuss any aspects of this research further please contact Alexa Wilkins or Dr Donna Mak on the phone numbers below.

Student Researcher
(School of Population Health, University of Western Australia)
Alexa Wilkins Ph: 9388 4873

Supervisor
(Communicable Disease Control, Department of Health WA)
Dr Donna Mak Ph: 9388 4828

If you have any questions or complaints about this project, please contact the researcher or the Secretary, Human Research Ethics Committee, Registrar's Office, University of Western Australia, 35 Stirling Highway Crawley, WA 6009 (telephone number 6488 3703).



Department of **Health**
Government of **Western Australia**
Sexual Health & Blood-borne Virus Program



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School of Population Health
Faculty of Medicine and Dentistry
The University of Western Australia
35 Stirling Highway
CRAWLEY WA 6009

2005 Chlamydia Campaign: Social Marketing Evaluation

Consent Form

I, _____ have read the information sheet provided and any questions I have asked have been answered to my satisfaction. I agree to participate in the focus group and discuss the 2005 Chlamydia Campaign, realising that I may withdraw at any time without reason and without prejudice.

I understand that the focus group discussion will be recorded in written notes and on audio tape, and stored confidentially, and will not be released by the investigator unless required to by law. I understand that neither my name nor any identifying information will be recorded on the tape or in the notes. I have been advised as to what information is being collected, what the purpose is and what will be done with the information upon completion of the research.

I agree that research data gathered from the study may be published provided my name or other identifying information is not used.

Participant Signature: _____

Date: _____

If you have any questions or complaints about this project, please contact the researcher or the Secretary, Human Research Ethics Committee, Registrar's Office, University of Western Australia, 35 Stirling Highway Crawley, WA 6009 (telephone number 6488 3703).

Appendix 4: Focus Group Discussion Topics

Focus Group Discussion Topics

The following list highlights the discussion topics for the focus groups. These topics will provide *direction* to the discussion and will not be asked in an interview-like manner by the researcher. Rather, they will be used as prompts when a topic has not yet been discussed or has not been covered sufficiently.

Group knowledge of Chlamydia

(assess level of knowledge, provide explanation if necessary, have STI and sexual health pamphlets on hand to offer participants)

Recall of advertisements relating to Chlamydia. Discussion should cover the following aspects of the advertisements:

- Medium (radio, newspaper etc.)
- Recall of slogans and main messages
- Effectiveness of advertisements (catchy, relevant, understandable)
- Overall opinions on the effectiveness of the 2005 Chlamydia Campaign

(researcher will have sound clips of the radio ads, newspaper cuttings of the print ads and the 2005 Chlamydia Campaign posters and pamphlets to show the group)

Discussion on how information on sexual health issues is commonly obtained

Opinions on using the Internet and SMS texting to communicate sexual health messages to young people

Opinions on the www.couldihaveit.com.au website *(researcher will have a laptop on which to display the website for those who have not visited it)*

Opinions on effective ways of promoting sexual health messages to young people

Appendix 5: Social Marketing Survey



Department of **Health**
 Government of **Western Australia**
 Sexual Health & Blood-borne Virus Program



FACULTY OF
 Medicine and Dentistry



2005 Chlamydia Campaign: Social Marketing Evaluation Survey

Good (...), my name is Alexa. I am a University of Western Australia student conducting a study for the Health Department about a recent sexual health campaign. I would appreciate it if you could spare me five minutes to answer a few questions. I will not be asking your name and all the information you provide will remain confidential.

<p>Date:</p> <p>Time:</p> <p>Location:</p>	<p>Q3a. Do you recall hearing any radio ads about chlamydia?</p> <p>Yes (continue)..... 1</p> <p>No (go to Q4a)..... 2</p> <p>Unsure (go to Q4a)..... 3</p>
<p>Screen A Before We begin may I ask your age?</p> <p>Under 16 (terminate-say quota full)</p> <p>16-17..... 1</p> <p>18-25..... 2</p> <p>26-29..... 3</p> <p>30 or above (terminate-say quota full)</p>	<p>Q3b. Can you please describe what you recall hearing in the radio ad(s)?</p> <p>Heard correct radio ad..... 1</p> <p>Heard other radio ad..... 2</p> <p>Unsure..... 3</p> <p>_____</p> <p>_____</p>
<p>Screen B Gender (record automatically)</p> <p>Male..... 1</p> <p>Female..... 2</p>	<p>Q3c. What are the main messages you think the radio ad(s) are trying to get across? (probe) (circle all responses)</p> <p>Chlamydia is a serious problem.... 1</p> <p>Chlamydia is increasing..... 2</p> <p>There are often no symptoms..... 3</p> <p>People often don't know they have it 4</p> <p>Chlamydia can cause serious problems if left untreated..... 5</p> <p>Chlamydia can cause infertility..... 6</p> <p>Encouraging people to get tested.... 7</p> <p>Encouraging people to see their GP. 8</p> <p>Informing people of the symptoms... 9</p> <p>Encouraging practice of safe sex.... 10</p> <p>Don't know..... 11</p> <p>Other (please specify):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Q1. What do you know about Chlamydia? (do not prompt) (circle all responses)</p> <p>It is transmitted by sex..... 1</p> <p>It is common..... 2</p> <p>Often no symptoms/don't know you Have it..... 3</p> <p>Can cause infertility..... 4</p> <p>Correct symptoms..... 5</p> <p>Incorrect symptoms..... 6</p> <p>It is increasing..... 7</p> <p>Young people most likely to get it... 8</p> <p>You can be tested for it..... 9</p> <p>Treatment (simple/details)..... 10</p> <p>Don't know..... 11</p> <p>Other (please specify):</p>	
<p>Q2. Have you seen or heard any advertisements about chlamydia in the last three months?</p> <p>Yes (go to Q3a)..... 1</p> <p>No (go to Q4a)..... 2</p> <p>Unsure (go to Q3a)..... 3</p>	

<p>Q3d. What do you think of the radio ad(s)?</p> <p>Funny/humorous..... 1 Effective at getting your attention..... 2 Clear and understandable..... 3 Annoying..... 4 Confusing..... 5 Relevant to young people..... 6 Effective at informing you about symptoms... 7 Effective at encouraging people to get tested. 8 Offensive..... 9 Other comments: _____ _____</p>	<p>Q4d. What do you think of the posters and print advertisements?</p> <p>Effective at getting your attention..... 1 Relevant for young people..... 2 Effective at encouraging testing..... 3 Effective at informing you about chlamydia.... 4 Good colour scheme..... 5 Picture is good/catchy..... 6 Easy to read/understand..... 7 Funny/humorous..... 8 Boring/not catchy..... 9 Doesn't contain enough information..... 10 Contains too much information..... 11 Poor colour scheme..... 12 Picture isn't good/catchy..... 13 Difficult to read/understand..... 14 Offensive..... 15 Other comments: _____ _____ _____</p>
<p>Q4a. Do you recall seeing any chlamydia posters And/or Chlamydia print advertisements?</p> <p>Yes (continue)..... 1 No (show sample ads. Go to Q4c)..... 2 Unsure (show sample ads. Go to Q4c)..... 3</p>	
<p>Q4b. Can you please describe what you recall seeing in the chlamydia posters and/or print advertisements?</p> <p>Seen correct print ads..... 1 Seen other print ads..... 2 Unsure..... 3 _____ _____ _____</p>	<p>Q5a. Do you recall receiving this SMS? (show picture of chlamydia SMS)</p> <p>Yes..... 1 No..... 2 Unsure..... 3</p>
<p>Q4c. What are the main messages you think the chlamydia posters and print advertisements are trying to get across? (probe) (circle <u>all</u> responses)</p> <p>Chlamydia is a serious problem..... 1 Chlamydia is increasing..... 2 Often no symptoms..... 3 People often don't know they have it..... 4 Chlamydia can cause serious problems if left untreated..... 5 Chlamydia can cause infertility..... 6 Encouraging people to get tested..... 7 Encouraging people to see their GP..... 8 Informing people of the symptoms..... 9 Encouraging practice of safe sex..... 10 Don't know..... 11 Other (please specify): _____ _____ _____</p>	<p>Q5b. What do you think of the SMS/what would you think if you received this SMS?</p> <p>Annoying..... 1 Wouldn't read it/would delete..... 2 Invasive/offensive..... 3 Useful for providing information..... 4 Effective way of getting someone's Attention..... 5 Other comments: _____ _____ _____</p>
	<p>Q5c. What do you think about using SMS to communicate sexual health information? (read out each answer)</p> <p>Very good method..... 1 Good method..... 2 Neither good nor bad method..... 3 Bad method..... 4 Very bad method..... 5</p>

<p>Q6a. Are you aware that there is a Chlamydia website www.couldihaveit.com.au? (show picture of website)</p> <p>Yes (go to Q6b)..... 1 No (go to Q6c)..... 2 Unsure (go to Q6c)..... 3</p>	<p>Q8. From where do you prefer to obtain sexual information?</p> <p>Television..... 1 Radio..... 2 Newspapers..... 3 Magazines..... 4 Internet..... 5 Information pamphlets..... 6 SMS/text messages..... 7 Posters..... 8 Teachers/school..... 9 Parents..... 10 Friends..... 11 GP/other health professional..... 12 Don't know..... 13 Other (please specify): _____ _____ _____</p>
<p>Q6b. How were you made aware of the website?</p> <p>Radio ad..... 1 Poster in toilet..... 2 Poster in GP clinic..... 3 Information pamphlet..... 4 Browsing the internet..... 5 Unsure..... 6 Other (please specify): _____</p>	<p>Q9. From what you have seen and heard of the chlamydia campaign, do you have any suggestions as to how a future sexual health campaign could be improved?</p> <p>Yes (please specify)..... 1 _____ _____ _____ _____ _____ _____ _____ _____ _____ No..... 2</p>
<p>Q6c. How likely would it be for you to use the Internet as a resource for obtaining information about sexual health? (read out each answer)</p> <p>Very likely..... 1 Likely..... 2 Neither likely nor unlikely..... 3 Unlikely..... 4 Very unlikely..... 5</p>	<p style="text-align: center;">End of survey</p>
<p>Q7. What do you think are the most effective ways for communicating sexual messages to people of your age? (circle <u>all</u> responses) (asterisk first mentioned)</p> <p>Television..... 1 Radio..... 2 Newspapers..... 3 Magazines..... 4 Internet..... 5 Information pamphlets..... 6 SMSs/text messages..... 7 Posters..... 8 Teachers/school..... 9 Parents..... 10 Friends..... 11 GP/other health professional..... 12 Don't know..... 13 Other (please specify): _____ _____ _____ _____</p>	

That is the end of the survey, thank you for your time. Just to remind you my name is Alexa and I am from the University of Western Australia. If you have any further questions about this study I can provide you with an information sheet with my contact telephone number. (Provide information sheet if requested).

Appendix 6: GP Waiting Room Survey

GP Waiting Room Environmental Audit

Date:

Name of service provider:

1. How many 2005 Chlamydia posters are displayed in the waiting room?

- | | | |
|--------------------------|-------------------------------|---|
| <input type="checkbox"/> | <i>0 (skip to question 3)</i> | 1 |
| <input type="checkbox"/> | <i>1</i> | 2 |
| <input type="checkbox"/> | <i>2</i> | 3 |
| <input type="checkbox"/> | <i>3+</i> | 4 |

2. Rate the visibility of the Chlamydia poster(s):

- | | | |
|--------------------------|---|---|
| <input type="checkbox"/> | <i>Poor (hidden or very difficult to read)</i> | 1 |
| <input type="checkbox"/> | <i>Average (clearly displayed; easy to read from some seating areas)</i> | 2 |
| <input type="checkbox"/> | <i>Very Good (clearly displayed; easy to read from all seating areas)</i> | 3 |

3. Are any other sexual health posters displayed?

- | | | |
|--------------------------|--------------------------------|---|
| <input type="checkbox"/> | <i>Yes (continue)</i> | 1 |
| <input type="checkbox"/> | <i>No (skip to question 5)</i> | 2 |

4. What are the topics of the other sexual health posters?

- | | | |
|--------------------------|---------------------------------|---|
| <input type="checkbox"/> | <i>Birth Control</i> | 1 |
| <input type="checkbox"/> | <i>Condoms</i> | 2 |
| <input type="checkbox"/> | <i>Other Contraception</i> | 3 |
| <input type="checkbox"/> | <i>Specific STI</i> | 4 |
| <input type="checkbox"/> | <i>Hepatitis C</i> | 5 |
| <input type="checkbox"/> | <i>Pap Smear</i> | 6 |
| <input type="checkbox"/> | <i>STI testing</i> | 7 |
| <input type="checkbox"/> | <i>Aboriginal sexual health</i> | 8 |
| <input type="checkbox"/> | <i>Other</i> | 9 |

5. Are any 2005 Chlamydia pamphlets displayed?
- Yes* 1
- No* 2
6. Are any other sexual health pamphlets displayed?
- Yes (continue)* 1
- No (skip to question 8)* 2
7. What are the topics of the other sexual health pamphlets?
- Other Chlamydia pamphlet* 1
- General STI* 2
- Specific STI* 3
- Hepatitis C* 4
- Condoms* 5
- Contraception* 6
- STI Testing* 7
- Pap Smears* 8
- PEP* 9
- Aboriginal sexual health* 10
- Sexual health information in different languages* 11
- Men's Sexual Health* 12
- Other* 13
8. Rate the visibility, access to and organisation of all pamphlets:
- Poor (hidden; difficult to access; out of reach; indiscreet)* 1
- Average (clearly displayed; easy to access)* 2
- Very Good (clearly displayed; easy to access; well organised [eg. by health topic or alphabetically])* 3
9. Other comments:
10. Obtain permission to take photos of particularly good or poor displays.

Appendix 7: Practice Manager Interview Survey

Practice Manager Questionnaire

Date:

Name and position title:

Name of organisation/GP surgery:

1. Did you receive the 2005 Chlamydia pack? (*You would have received it at the end of June; show sample pack if necessary*)

- Yes*
- No*
- Unsure*

2. Did you read the information in the 2005 Chlamydia pack?

- Yes (skip to question 4)*
- No (see question 3)*

3. Are there any reasons you have not read the information?

.....

4. Have you displayed the poster from the 2005 Chlamydia pack?

- Yes (see question 5)*
- No (skip to question 6)*

5. Where has the poster(s) been displayed?

- Main waiting room*
- Consultation room*
- Clinic toilet or bathroom*
- Only in staff areas (no patient access)*

6. Are there any policies or guidelines within your organisation that specify which posters and pamphlets can or will be displayed?

- Yes Details.....*
- No (see question 7)*

7. How are decisions made regarding which posters and pamphlets are displayed?

.....

8. Have you ordered more 2005 Chlamydia resources?
- Yes (skip to question 9)*
 - No (see question 8)*
9. Do you know how to order more resources from the Department of Health?
- Yes*
 - No (provide ordering information)*
10. Will you order more Chlamydia resources from the Department of Health when your current supply runs out?
- Yes*
 - No*
 - Maybe*
11. Did you refer the information contained in the 2005 Chlamydia pack on to anyone else (a colleague, patient etc.)?
- Yes* *Who?.....*
 - No*
12. Comments:

Appendix 8: Focus Group Results

Chlamydia Campaign Focus Group Responses

Focus Group 1: Joondalup TAFE

Focus Group 2: Joondalup TAFE

Focus Group 3: UWA

What is known about chlamydia?

- it can cause infertility
- only 20% of people get symptoms
- it has infected the koala population

- it can go undetected
- have heard the radio ads
- chlamydia is on the increase
- it is an epidemic
- it can make you sterile

- it's bad
- treated by antibiotics
- it is a common STI
- there are no symptoms
- can cause infertility if untreated

What had people seen or heard about chlamydia in the last couple of months?

- posters in the toilets at the Lookout & Aberdeen
- radio ads ("I'm so lucky") on Nova, 94.5, 92.9
- no one had received or knew anyone who had received a chlamydia SMS
- nobody had visited the website but had heard of it from the radio ads

- radio ads-"I'm so lucky I have symptoms"
- poster in toilets ("want some goss?" "lucky to have symptoms")
- poster on the back of the toilet door

- radio ads (remembers thinking the radio ads didn't get the message across, they sounded ridiculous)
- vaguely remember some posters and pamphlets (but may have been old chlamydia campaign)
- information in doctor's office

What slogans could people remember from any of the ads people had seen or heard?

- "lucky ones"
- " You want goss?" (from the female toilet poster)**

- the "lucky" idea
- "want some goss" from the toilet posters
- the list of symptoms for chlamydia

- "I'm so lucky it burns", "she's one of the lucky ones"

What were the main messages the ads were trying to convey?

- chlamydia is spreading and becoming more common
- chlamydia is a serious problem
- people should get tested for chlamydia
- a lot of people that have it don't know they've got it
- emphasis is on doing something about it (i.e. getting tested) rather than on prevention

- recognising the symptoms
- encouraging getting tested (a female participant recounted that her 21 year old brother had told her he went and got a chlamydia test because of the ads)
- symptoms are often not present

What are people's opinions on the radio ads?

- they are funny
- uses reverse psychology (the idea that you're lucky to have symptoms)
- they are effective because of the use of humour
- the ads could have more of a preventative approach (eg. "it's easy to avoid")
- it is good that the ads are on the radio as it is sending the message that it is ok to talk about STIs
- surprised to hear an ad about sexual health on the radio at 8am
- the ads are catchy because of the laughing and the humour, however some found the laughing detracted from the seriousness of the message and issue
- you pay attention because they are short and funny
- most people said they *did* listen to the voiceover blurb at the end because after the first bit you want to know what they are talking about
- the humour hooks you in-if it was boring you wouldn't listen or absorb it
- the information at the end is good because it informs you about something you didn't know ("70% of people...")
- the ads are good as everyone wonders "what if I had...", so it is well-targeted information
- one person thought that the humorous approach might not be appreciated by someone who actually has Chlamydia as it detracts from how it is perceived and the seriousness of the issue
- group agreed that it would depend on who was listening to the ad as to how well it would be received

- the humour and irony used is good
- the female is too giggly-it's a stereotype of women, not all girls talk like that
- the female voice doesn't sound realistic, sounds like a 40-year-old woman trying to sound young
- the final fast sentence from the voiceover sounds like an election campaign ad ("authorised by the State Government Perth")
- the background noise in the male ad makes it hard to hear/understand
- the part about the symptoms/being lucky is confusing
- it gets boring when the voiceover comes on
- a female participant said her mother was offended when she heard the ad
- problem with the radio is that people can change the station when ads come on

-the ads are effective because I heard the first bit and thought “what the hell?” so I kept listening to see what the ad was about

-found it very annoying

-makes me laugh

-stands out from other ads

-makes people more aware (70% have no idea...)

-the ads don't encourage people without symptoms to get tested (emphasis is on people with symptoms), so it should focus on asymptomatic people more

-people assume it's not going to happen to them

-emphasis is on pain/symptoms/discomfort

-ad makes you aware that you might have it, and that you can't assume someone is STI free just because they don't have symptoms

-it heightens awareness about STIs because the scariness of AIDS has died down so people are mainly concerned about not getting pregnant

-the humour is effective in getting your attention but not in getting things done (eg. encouraging testing)

-would be more effective to describe what will happen if you don't get tested (eg. an ad about someone finding out they are infertile because of an STI they had 10 years ago)

-a female participant had a friend who had chlamydia and the worst thing about it was having to call previous sexual partners to tell them (contact tracing), so maybe there should be more emphasis on this aspect

What are people's opinions on the posters/newspaper clippings?

-they caught my attention

-remembers seeing it in a pub toilet and thinking the format and wording were weird/different

-one person has a photo of the campaign picture in their phone

-a bit confused by the wording when they saw the poster in the toilet (but may have been because they were drunk when they read it)

-the approach of presenting the information in a different way (saying people with symptoms are lucky) is catchy/effective

-message is different than just “wear a condom”-we already know that

-the black & white picture is easier to read (some people disagreed with this point)

-some said the red poster used in the toilets was more interesting but others thought the black & white one was better as the picture and writing were clearer

-the “check” text on the male toilet posters caught people's attention because you're wondering what “check” is referring to

-problem with the red one is that it is blurry and would be even more difficult to see when you're drunk

-the red poster is catchy as it makes you stop & look at it

-the red poster looks like two guys kissing

-the website address on the posters should be in bigger font (you don't want to embarrass yourself by having to look really closely at the poster to read it)

-website address is good because it's easy to remember

-overall, thought the posters were good, especially given it's one of the only posters they've ever bothered to read

-two girls had seen the poster in a club toilet and had drawn in all the other girls in the toilet and they were all reading it and talking about it, so they said it was definitely catchy

-comparing the new chlamydia brochure to the old one – mixed response, old one is more colourful and therefore catchy but the picture on the new one is sexier and “sex sells”

-posters need more information on what the symptoms are and how you contract chlamydia

-the picture implies that you catch chlamydia from kissing (given that information on transmission is not provided)

-website address should be a lot larger so it is more visible

-the GP poster is good because it only takes 2 seconds to read and because it emphasises getting tested

-it depends where the poster is displayed because some have too much writing

-the toilet posters with a lot of information on them are good because you have time to read them in toilets (eg. when they’re placed above the hand dryer)

-the red poster is better because it’s “hotter”; others said the red one isn’t as good because it’s blurry and the picture is unclear

-general consensus was that the posters would be better if the text on the GP poster replaced the text on the black & white poster

-the chlamydia brochure is a bit boring, wallet cards are better as they are more discrete

-brochure needs much more colour on it

-brochure is too sexual, not discrete, it would be too obvious you’re reading something about sex; if you were at the GP you would be more likely to pick up the old chlamydia brochure because people wouldn’t easily be able to tell what you’re reading

-GP poster is effective because it has just a simple message, but others said it isn’t a very ‘catchy’ poster

-red posters were favoured, black & white pictures not as striking

-toilets are a good location to display them-you can’t miss them, it’s an appropriate location

-toilet posters-there’s a lot of writing on it for a poster

-picture on red posters is good as it says “sex”, gets your attention as ‘sex sells’

-would be useful to have something about prevention on the posters (eg. “use a condom” at the bottom of the posters)

-should have the text from the GP poster on the black & white picture

-the red poster looks like two guys

-the posters need something more to get someone to take action (and should cover prevention)

-chlamydia isn’t a word that is said very much so people don’t think it’s that common

-the statistics on chlamydia should be emphasised (that the rates are increasing)

What are people’s opinions on the website?

-the homepage colour scheme/font is eerie, but it is good as it expresses the seriousness of the topic

-it is easy to navigate

-the information pages are good, the bold headings are good as they direct your attention

- people who access the website obviously want information so the large amount of info *is* appropriate
- the 'email a friend' page is silly because nobody would send the page to a friend, it's like saying "hey, I've got chlamydia"
- the 'email a friend page' is ok because you might send it to someone who doesn't have other sources of information

the 'email a question' page is good because it is confidential, not embarrassing and a good way to ask questions anonymously

- it looks boring
- the picture on the homepage is good as it is clearly sexual
- some people said the black & white colour scheme was bad while others thought it looked good
- homepage is intriguing, makes you want to read more
- some thought there was too much information on the facts pages while others thought it was a good because if you're visiting the page then you obviously do want information
- it needs more shock factor
- there's no impact, no colour
- a male participant said that no guy would read page after page of information
- there's too much information, if you're just looking for one piece of information there's just too much to wade through-the page should provide a little bit of info and then have a "click for more information" icon so you can *choose* whether you want more details
- if you don't have a Yr 12 education you're not going to read all that information, it should be more accessible to *all* people
- 'email a question' page is really good, non-confrontational
- strong negative opinion of the 'email a friend' page-it's insulting, implies your friend is promiscuous , would not use it
- overall-colour scheme is bad, not exciting enough
- website should be more fun and interactive, with games, quizzes cartoons on it
- the pictures on the website are good but the writing (amount, font) isn't so good
- using shocking pictures are good , they work because of the scare factor

- the page would take a long time to load if you were on a dial-up connection
- good as it is straightforward and basic
- the black & white colour scheme is good (not boring)
- the amount of information on the website is good because if you've accessed the website you're obviously interested
- could change the font size on the facts pages, so that most important bits are emphasised
- should provide more information about the approximate costs of having a chlamydia test, that you should go to a bulk billing GP
- "email a question" page is good because of the anonymity (would be good to be able to read other people's questions)
- "email a friend" page-why would you want to tell a friend? But would be a good way to tell someone that you've had unprotected sex with that they could be at risk

What do people think of the Internet as a sexual health information source?

- really good because it's private

- everyone goes on it
- there's lots of information and links
- most people said they use the Internet as their main source for information on all things

- Internet is good because it's anonymous
- but there is problem that many people don't have access to the Internet at home, and even if you have access at school you don't want to look up those kinds of pages at the school library because they are embarrassing; also pages relating to sex are often blocked on school computers

- have to make sure it's a reputable source
- good because it is anonymous
- wouldn't be comfortable to access sexual health information in a public place
- it's a good way for people in rural areas to access information because often their local GP would know their family and friends and there's a lack of resources

What are people's opinions on using SMS to communicate health information?

- really annoying, receive lots of SMS's from Telstra etc.
- but you would pay attention if you were worried about the issue
- even if you help just ten people from the SMS's then that's a good thing
- the SMS should have said it was from the DoH, otherwise it wouldn't be taken seriously (people think it's a prank SMS)
- generally SMS not thought of as a good idea-would prefer to get information from the Internet and in their own time
- concern that young kids can sign up to Blue Sky Frog and therefore would have received the SMS

- it's annoying, like when you receive Optus advertising
- I just delete it straight away
- I don't like that someone has my phone number
- a female participant said it's good, I would feel special, I'd show my friends
- male participant said that he would never get that SMS and then talk about it among his friends
- it depends on the timing of the text, when people receive it
- SMS is a good medium if it is just presenting straightforward factual information
- Saturday night is a good time to send the SMS because it would make people think about practicing safe sex

- SMS marketing is bad
- makes me angry
- it is an invasion of privacy, especially as it is quite personal because the SMS came to *you*, it's not just a poster on the wall that you *chose* to read
- runs the risk of 10 year olds receiving the SMS
- it should be up to you to get the information, not 'forced' on you
- it would be offensive and shocking to receive that kind of SMS
- should ask the people who received the message what they think of it

Which mediums are most effective for advertising sexual health issues among young people?

- TV is really good as the majority of people watch it and you don't have to go out of your way to get information

- TV has a captive audience (you're already watching so it's just there)

- radio is also good

- radio is better than TV because there's a captive audience in their car whereas you can change the channel on TV

- most people don't usually bother to read posters so they're not that effective

- brochures are ok but it depends where you are-if in a GP waiting room then you would read it; they're also more personal as you can take them away and read them at home

- people think that sexual health pamphlets/information should be available in chemists, supermarkets, youth groups, libraries, and high schools; and think that brochures should be available where you buy contraception (eg. in condom boxes, poster on supermarket wall)

- trains would be a good place to put posters up because you always read the sign on the train, others said this would be too confronting

- having posters up in places where you get bored and have time to read is effective (such as on trains and at bus stops)

- having brochures/posters up at the GP

- there should be people going into schools and teaching sex education

- having brochures around at TAFE's and Uni's

- most people wouldn't talk to their parents about it, they are not a good source of information

- locations the campaign could be publicised: in magazines like Cosmopolitan and FHM; at concerts; in gym changing rooms; on the stamps you get stamped with when entering clubs; bar staff t-shirts; public noticeboards; sports events; pamphlets in shopping bags (eg at youth clothes stores); in shopping centre areas where youth hang out on a Thursday night

- O-Day's are a good occasion to obtain sexual health info as you can just take all the pamphlets you want and read them at home

- sex education at school is important

- magazines that the target age group read (eg. Cosmopolitan, Girlfriend, FHM); and needs to be on the right page of the ad, such as in the sealed sex section, not amongst pages of other ads which people won't read

- places around uni and putting an ad in the guild diary because so many students have this and read it when they're bored

- television is a good medium, it reaches everyone, all socioeconomic groups

- TV ads should show real chlamydia statistics so people know how serious it is

- TV ads should use a real-life situation, make it apply to everyone (eg. show one person sleeping with 5 people and those 5 people have slept with 5 other people etc. and this is how chlamydia can spread); and should also emphasise that the test is very simple and actually say what it involves

- TV ads should be relevant/appropriate to both metro and rural youth

- shocking pictures/ads not necessarily good-people often look away, shock value is a cheap tactic, need to actually emotionally stir people (eg. the drink driving ads) as

this makes people think about what they're doing and is more effective; wouldn't want to see shocking STI pictures on TV or on posters

-could have a large electronic counter that counts the number of people who are infected with chlamydia or have become infertile from it etc. (like the one in Subiaco that counts the number of people who have died from smoking)

Recommendations on how to improve the campaign/overall comments

-different is better

-should keep updating the picture

-change is good

-shouldn't direct ads at improving parent knowledge of sexual health issues so they can talk to their children as people don't want to talk to their parents about STIs

-campaign should also focus on younger age group (from 13/14 year olds up) because people are having sex younger

-there should be better sex education at school, get a group/health workers to come in and make the sex ed interesting and interactive

-sexual health information should be consistent across all schools, problem with Catholic/private schools where sex is taboo

-people should know about chlamydia so it's good it is being advertised

-15 & 16 year olds can't go to pubs/clubs & aren't at uni so they're not seeing the message, why not have the posters up at schools?

-big problem of the ads not reaching the younger audience-there needs to be more ads where they will see them

-there should be year 11 & 12 information sessions about sexual health

-it all needs more colour, the black & white components are bad

-the pictures aren't good, they're blurry and ineffective

-television ads would be a good idea, and putting them on in a timeslot appropriate to the target audience (eg. putting it on in the ad breaks of the OC)

-the campaign is good because it tells you what the symptoms are so you can think about it for yourself, whether you have the symptoms

-more information about testing on the posters/radio ads would be good so people aren't scared to go and get tested

-saying "see your local GP" is confusing as lots of people don't have a 'local', better to suggest somewhere like FPWA; and the posters should list locations where you can get tested

-chlamydia tests should be free (it's a disincentive if people think they have to pay for the test)

-need to widen the age group the campaign reaches to include younger people; can use magazines such as Dolly/Girlfriend, under-age night clubs/dance parties, websites; paper products (pamphlets/flyers) aren't good for younger kids as they're generally not willing/interested to take information; should also educate parents

-campaign should also have an emphasis on prevention

Appendix 9: GP Suburbs Visited

GP Waiting Room Audit Suburbs

Total No. GP Clinics Visited = 43

Metropolitan Suburbs Visited:

Victoria Park	Padbury
Rivervale	Hillarys
St James	Kallaroo
East Victoria Park	Subiaco
South Perth	Floreat
Como	Mt Claremont
Applecross	Shenton Park
Booragoon	Wembley Downs
Cloverdale	Leederville
Kewdale	Nedlands
Belmont	Fremantle
Bayswater	Duncraig
Woodlands	Noranda
Karrinyup	Northbridge
Innaloo	Marangaroo
Scarborough	Girrawheen
Mullaloo	Mirrabooka
Beldon	Balga
Craigie	Alexander Heights

Appendix 10: Broome GP Audit Results

Broome GP Waiting Room Audit Results

Number of surgeries visited=2

How many 2005 chlamydia posters were displayed in the waiting room?

GP Surgery 1= 1 poster

GP Surgery 2= 0 posters

Rate the visibility of the chlamydia poster:

GP Surgery 1= 'Average'

GP Surgery 2= N/A

Are any other sexual health posters displayed?

GP Surgery 1= No

GP Surgery 2= No

Are any 2005 chlamydia pamphlets displayed?

GP Surgery 1= No

GP Surgery 2= No

Are any other sexual health pamphlets displayed?

GP Surgery 1= Yes

GP Surgery 2= Yes

What are the topics of the other sexual health pamphlets?

GP Surgery 1= pap smears

GP Surgery 2= other chlamydia pamphlet, pap smears

Rate the visibility, access to and organisation of all pamphlets:

GP Surgery 1= 'Average'

GP Surgery 2= 'Poor'

Other Comments:

GP Surgery 1= Posters were not very visible and were placed quite far away from the main seating area. Pamphlets were displayed in a rotating rack, discretely away from the main seating area.

GP Surgery 2= Walls were bare of posters, only had paintings displayed. Pamphlets were well set out but they were around a corner so totally invisible from the main seating area.

Appendix 11: Placement of brochures in corporate General Practices in WA

Placement of brochures in corporate practices

Company	Practice reach	Service	Cost
Symbion Health (formerly Mayne Health)	12 practices in Perth metro area <i>(Winthrop Medical specialises in skin cancer and already stocks our brochures)</i>		No charge
INFOMED Patient Information	40 practices in Perth metro area 1200 practices Australia wide	INFOMED merchandisers visit every GP practice every four weeks to restock the INFOMED board (supplied free of charge to the practices)	\$600.00 + GST for 6months of distribution (50% off the rate card for Not for Profit organisations) 4000 brochures would be required
Foundation Health Care (Independent Practitioner Network)	22 practices in WA	Ultimate Media coordinates the placement of posters and brochures in "FOCUS" display systems in the practices.	\$150.00 per centre/per month 200 brochures per centre

Appendix 12: Website Emails Database

Summary of emails sent to www.couldihaveit.com.au

Total Number of Emails	56
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Question Themes	Number of Occurrences	%
Information on testing	3	5
Sexual performance concerns	3	5
Infertility	8	14
Has symptoms (sexual health related)	25	45
Testing services locations	1	2
Testing clinic omission	1	2
Phone number for helpline	1	2
Treatment of Chlamydia	3	5
Information on Chlamydia	3	5
Transmission	4	7
General STI question	1	2
Sexual practices	1	2
Not in English	1	2
Information on visiting a GP	1	2
Total	56	100

Gender	Number
Female	12
Male	17
Female (unsure)	9
Male (unsure)	3
Unknown	15
Total	56

Questions emailed to www.couldihaveit.com.au

Number	Date	Theme	Gender
1	24 June	Information on testing	Unknown (f)
2	25 June	Sexual performance concerns	Male
3	26 June	Infertility	Unknown (f)
4	27 June	Has symptoms	Female
5	27 June	Testing services locations	Male
6	28 June	Testing clinic omission	Female
7	29 June	Phone number for helpline	Unknown
8	30 June	Treatment of Chlamydia	Unknown (m)
9	1 July	Has symptoms	Female
10	1 July	Has symptoms	Male
11	5 July	Has symptoms	Unknown (f)
12	6 July	Infertility	Unknown
13	7 July	Has symptoms	Male
14	7 July	Information on Chlamydia	Unknown (m)
15	13 July	Transmission	Unknown (f)
16	14 July	Infertility	Female
17	17 July	Infertility	Female
18	20 July	Infertility	Unknown (f)
19	21 July	Infertility	Unknown (f)
20	21 July	Infertility	Female
21	23 July	Has symptoms	Unknown
22	26 July	General STI question	Unknown (f)
23	28 July	Has symptoms	Female
24	1 August	Transmission	Unknown
25	1 August	(Partner) has symptoms	Unknown (m)
26	1 August	Transmission	Unknown
27	1 August	Infertility	Unknown
28	1 August	Has symptoms	Male
29	2 August	Sexual performance concerns	Male
30	2 August	Treatment of Chlamydia	Unknown
31	3 August	Has symptoms	Unknown
32	3 August	Information on Chlamydia	Unknown
33	4 August	Sexual practices	Unknown
34	4 August	Has symptoms	Male
35	5 August	Information on Chlamydia	Unknown
36	6 August	Has symptoms	Male
37	7 August	Has symptoms	Female
38	9 August	Not in English	Unknown
39	11 August	Has symptoms	Female
40	11 August	Transmission	Unknown (f)
41	11 August	Information on visiting a GP	Unknown
42	12 August	Has symptoms	Male
43	16 August	Has symptoms	Male
44	17 August	Has symptoms + info on Chlamydia + transmission + infertility	Female
45	17 August	Has symptoms	Male

Questions emailed to couldihaveit.com.au

46	18 August	Information on testing	Female
47	18 August	Has symptoms	Unknown (f)
48	20 August	Has symptoms	Male
49	20 August	Has symptoms	Male
50	25 August	Has symptoms	Male
51	26 August	Has symptoms	Female
52	30 August	Has symptoms	Male
53	21 September	Information on testing	Unknown
54	12 October	Treatment of Chlamydia	Unknown
55	20 November	Sexual performance concerns	Male
56	22 November	Has symptoms	Male

Appendix 13: Budget Cost Calculations

Chlamydia Campaign Budget vs. Chlamydia Testing and Notifications in WA, Jan-Sep 2005.

	Female Tests	Male Tests
Jan	2626	1113
Feb	2757	1066
Mar	3181	1228
Apr	3260	1271
May	3241	1314
Jun	3295	1294
Jul	3672	1515
Aug	3704	1501
Sep	3776	1705

Table 1. Number of chlamydia tests in WA in Jan-Aug 2005.

	Female Notifications	Male Notifications
Jan	237	161
Feb	253	154
Mar	272	210
Apr	236	165
May	266	202
Jun	274	182
Jul	299	199
Aug	317	202
Sep	245	158

Table 2. Number of chlamydia notifications in WA in Jan-Aug 2005.

Total Budget for 2005 chlamydia campaign = \$169,615.16

Total Budget for 2005 chlamydia for males and females separately = \$84,807.58

Female Tests

The increase in the monthly average number of chlamydia tests in females during the 6-month period from Jan-June (pre-campaign) to the monthly average of the period Jul-Aug (campaign period) = 657

Therefore, the cost per increase of one chlamydia test in females = **\$129.00**

Male Tests

The increase in the monthly average number of chlamydia tests in males during the 6-month period from Jan-June (pre-campaign) to the monthly average of the period Jul-Aug (campaign period) = 359

Therefore, the cost per increase of one chlamydia test in males = **\$236.00**

Female Notifications

The increase in the monthly average number of chlamydia notifications in females during the 6-month period from Jan-June (pre-campaign) to the monthly average of the period Jul-Aug (campaign period) = 31

Therefore, the cost per increase of one chlamydia notification in females = **\$2,765.00**

Male Notifications

The increase in the monthly average number of chlamydia notifications in males in the 6-month period from Jan-June (pre-campaign) to the monthly average of the period Jul-Aug (campaign period) = 7

Therefore, the cost per increase of one chlamydia notification in males = **\$11,569.90**