



# Young people's comparative recognition and recall of an Australian Government Sexual Health Campaign

Megan SC Lim<sup>1,2</sup>, Judy Gold<sup>1,2</sup>, Anna L Bowring<sup>1</sup>,  
Alisa E Pedrana<sup>1,2</sup> and Margaret E Hellard<sup>1,2</sup>

## Abstract

In 2009, the Australian Government's National Sexually Transmitted Infection Prevention Program launched a multi-million dollar sexual health campaign targeting young people. We assessed campaign recognition among a community sample of young people. Individuals aged 16–29 years self-completed a questionnaire at a music festival. Participants were asked whether they recognised the campaign image and attempted to match the correct campaign message. Recognition of two concurrent campaigns, GlaxoSmithKline's *The Facts* genital herpes campaign (targeting young women) and the *Drama Downunder* campaign (targeting gay men) were assessed simultaneously. Among 471 participants, just 29% recognised the National Sexually Transmitted Infection Prevention Program campaign. This compared to 52% recognising *The Facts* and 27% recognising *Drama Downunder*. Of 134 who recognised the National Sexually Transmitted Infection Prevention Program campaign, 27% correctly recalled the campaign messages compared to 61% of those recognising the *Facts* campaign, and 25% of those recognising the *Drama Downunder* campaign. There was no difference in National Sexually Transmitted Infection Prevention Program campaign recognition by gender or age. Campaign recognition and message recall of the National Sexually Transmitted Infection Prevention Program campaign was comparatively low. Future mass media sexual health campaigns targeting young people can aim for higher recognition and recall rates than that achieved by the National Sexually Transmitted Infection Prevention Program campaign. Alternative distribution channels and message styles should be considered to increase these rates.

## Keywords

Health promotion, health campaigns, public sector, sexually transmitted infection, sexual health, adolescents

Date received: 20 March 2014; accepted: 9 June 2014

## Introduction

Despite mixed evidence of the effectiveness of mass media campaigns in improving sexual health,<sup>1</sup> they continue to be implemented, often at considerable cost. In 2009, the Australian Government's National Sexually Transmitted Infection (STI) Prevention Program (NSTIPP) launched a sexual health campaign costing AUD 9.8 million (GBP 5.5 million); targeting Australians aged 15–29 years ([www.sti.health.gov.au/internet/sti/publishing.nsf/content/campaign](http://www.sti.health.gov.au/internet/sti/publishing.nsf/content/campaign)). STI prevention messages were presented under the campaign slogan of 'STIs are spreading fast. Always use a condom'.<sup>2</sup> The campaign was featured nationally in magazines, radio, online, and outdoor advertising such as billboards, public transport, and in community venues. Evaluation findings for this campaign have not

been reported in the literature. Although assessments of mass media campaign recognition are commonly undertaken by campaign developers, they are not frequently reported.<sup>1</sup>

Since 2005, we have conducted behavioural surveillance at a music festival.<sup>3,4</sup> This provides an opportunity to access a large number of high-risk young people, the target population of the NSTIPP campaign.

<sup>1</sup>Centre for Population Health, Burnet Institute, Melbourne, VIC, Australia

<sup>2</sup>Department of Epidemiology and Preventive Medicine, Monash University, Melbourne, VIC, Australia

### Corresponding author:

Megan Lim, Centre for Population Health, Burnet Institute, GPO Box 2284, Melbourne, VIC 3004, Australia.  
Email: [lim@burnet.edu.au](mailto:lim@burnet.edu.au)

In 2010, the festival was used to assess recognition and recall of the NSTIPP, in comparison to two other concurrent sexual health campaigns. This study is unique in that it uses an established surveillance system to compare recognition of three very different sexual health campaigns in a single sample of young people.

## Methods

During the NSTIPP campaign period, two other sexual health campaigns were running concurrently in Australia. *The Facts* campaign was developed by pharmaceutical company GlaxoSmithKline, targeted young women, and promoted information about genital herpes utilising television, radio, magazines, and outdoor advertising.<sup>5</sup> The *Drama Downunder* campaign was developed by the Victorian AIDS Council/Gay Men's Health Centre, targeted gay men, and promoted STI testing and treatment using gay community media, online and outdoor advertising, including billboards and public transport.<sup>6</sup>

Survey participants were recruited using a convenience sample at a Melbourne music festival in January 2010. Festival patrons aged 16 to 29 years were approached to self-complete a risk behaviour questionnaire by recruiters located around a market stall. Methodological details have been described previously.<sup>3,7</sup> In 2010, two questionnaire versions were designed to maximise the number of themes covered while minimising the length of the questionnaire. Both versions included core demographic and behavioural questions, however one version included detailed questions regarding alcohol consumption and the other version included campaign evaluation questions. Questionnaire versions were distributed randomly to each participant. In the version containing the campaign evaluation questions, campaign images were presented from four sexual health campaigns with the text obscured. The images were drawn from the NSTIPP campaign, the two comparator campaigns, and a 'decoy' control image from a Belgian sexual health campaign,<sup>8</sup> which Australians were unlikely to have seen. Participants were asked to nominate which of these four images they had seen previously, and to match each campaign image to the main message of that campaign.

Only those who completed the campaign evaluation version of the questionnaire and reported ever having had sex were included in the analysis. Chi square statistics were used to compare recognition and recall by gender, age group, and sexual risk behaviour. The project was approved by the Alfred Hospital Human Research Ethics Committee.

## Results

Of 1369 participants, 685 were randomised to complete the campaign version of the questionnaire; 144 (21%) were excluded because they had never had sex and 70 (10%) were excluded as they did not complete all questions. Final analysis included 471 participants; median age was 20.4 years and 63% were women. Multiple sexual partners in the past year were reported by 31%, with 30% using condoms consistently. Casual partners in the past year were reported by 52%, with 56% using condoms consistently with these partners. Eleven men reported sex with another man in the past year (the *Drama Downunder* target group).

Campaign recognition and message recall are presented in Table 1. Just 29% of participants recognised the NSTIPP campaign; similar to the *Drama Downunder* (27%) campaign, but lower than *The Facts* (52%).

There was no difference in campaign recognition by gender or age for the NSTIPP campaign (Table 1). Men were significantly more likely than women to recognise the *Drama Downunder* campaign while women were significantly more likely than men to recognise *The Facts* campaign (Table 1).

Higher risk sexual behaviour (sex with multiple, casual or new partner/s without condoms) was reported by 145 participants (31%). This did not significantly differ between those who did and did not recall the NSTIPP ( $p=0.78$ ), *Drama Downunder* ( $p=0.28$ ), or *The Facts* ( $p=0.11$ ) campaigns.

Correct message recall among those who recognised the campaigns was substantially lower for the NSTIPP campaign (27%) compared to *The Facts* (61%).

## Discussion

We found low recognition and message recall for the Australian Government's NSTIPP sexual health campaign among young people surveyed at a music festival. Recognition of this campaign was much lower than for GSK's *The Facts*, and was similar to that of the *Drama Downunder* campaign, which targeted a different population. Although our convenience sample may not represent all young Australians, the reported behaviours (high-risk partners, inconsistent condom use), which have been reported in detail previously,<sup>4</sup> clearly make them the target group of the NSTIPP campaign.

Recognition of the NSTIPP campaign in our analysis (29%) is similar to the awareness reported in the campaign's own tracking report for the same image (34% in August 2009, 35% in March 2010).<sup>2</sup> Across all campaign images and tracking waves, the NSTIPP campaign reported an overall campaign recognition rate of 54%.<sup>2</sup> In contrast, *Drama Downunder* reported

recognition rates of up to 90% among their target audience.<sup>6,9</sup>

Recognition and message recall of the NSTIPP campaign was far below that of *The Facts*. Reasons for differences between the campaigns may include the use of different media channels (particularly the utilisation of television in *The Facts*). Previous sexual health mass media campaigns targeting young people in Australia report campaign recognition rates of 40–80%,<sup>10–12</sup> with those using television often reporting higher recognition rates. Another difference between the campaigns was their style; both *The Facts* and *Drama Downunder* used a more light-hearted and humorous tone, while the NSTIPP campaign appeared more serious. Previous studies have shown that a light-hearted approach can increase interest and comfort in receiving health promotion messages.<sup>13,14</sup> This suggests that future mass media sexual health campaigns targeting young people can feasibly aim for higher recognition and recall rates than that achieved by the NSTIPP campaign, but may need to consider alternative distribution channels and styles. The success of *The Facts* also reminds us that health promoters can learn a lot about successful marketing from the private sector. Although public-private partnerships can be difficult,<sup>15</sup> it is fortunate that the private sector in sexual health (e.g. pharmaceutical companies or condom manufacturers) tends to promote similar messages to the public sector (unlike for example alcohol, tobacco, and fast food companies).

We included a decoy campaign in our questionnaire as a sensitivity measure; recognition of this campaign

was 6%. Assuming that this percentage of ‘false recognition’ remains constant, we can hypothesise that the ‘true’ level of campaign recognition in our sample is over-estimated by around 6%. This would reduce campaign recognition of the NSTIPP campaign to less than one quarter of our sample; a relatively disappointing figure given this campaign specifically targeted this population, at a national cost of almost ten million dollars.

This study has limitations. We could not assess the impact of the campaign messages on sexual health and behaviour. While important, impact measures are only relevant if campaigns are first successful in reaching their target audience.<sup>16</sup> The timing of the survey (a single time point in January 2010) may have biased differences in recognition of campaigns; each campaign ran during different months and for different durations. Also, we only included one image from each campaign, and thus may have under-estimated campaign recognition. We deliberately chose to include the most prominent of the three images used in the NSTIPP campaign (according to their evaluation), maximising the likelihood of recognition. Recruitment was limited to a single site and thus limits the representativeness of the sample.

While public health campaigns are frequently implemented worldwide, they are often not independently evaluated and evaluations are rarely reported in academic literature.<sup>1,17,18</sup> Studies such as ours, which directly compare different campaigns are particularly rare. Future studies could extend this work by measuring the differential success of campaigns in terms of outcomes

**Table 1.** Campaign recognition and message recall.

	Gender				p Value <sup>a</sup>	Age group				Total		
	Men		Women			16–19 years		20–29 years				
	N	%	N	%		n	%	n	%		n	%
Total	174		297			217		250			471	
<b>Campaign recognition</b>												
NSTIPP campaign	48	27.6	86	29.0	0.73	67	30.9	67	26.8	0.12	134	28.5
<i>Drama Downunder</i> campaign	56	32.2	70	23.6	0.04	51	23.5	75	30.0	0.33	126	26.8
<i>The Facts</i> campaign	62	35.6	182	61.3	<0.01	101	46.5	141	56.4	0.03	244	51.8
Decoy campaign	14	8.0	13	4.4	0.01	17	7.8	9	3.6	0.04	27	5.7
<b>Correct recall of campaign message<sup>b</sup></b>												
NSTIPP campaign	11	22.9	25	29.1	0.44	17	25.4	19	28.4	0.70	36	26.9
<i>Drama Downunder</i> campaign	13	23.2	19	27.1	0.62	12	23.5	20	26.7	0.69	32	25.4
<i>The Facts</i> campaign	36	58.1	112	61.5	0.65	62	61.4	85	60.3	0.86	148	60.7
Decoy campaign	1	7.1	4	30.8	0.11	4	23.5	1	11.1	0.45	5	18.5

<sup>a</sup>p value for Chi square tests comparing men and women (gender), and comparing 16–19 years and 20–29 years (age).

<sup>b</sup>Only among those who report recalling the campaign.

beyond recognition and recall, such as changes in risk behaviour. Evaluations incorporating these approaches will support the allocation of scarce public resources to campaigns that are most likely to be effective.

Among young Australians surveyed, the NSTIPP campaign had much poorer campaign recognition and message recall than a concurrent campaign conducted by a for-profit organisation aimed at a similar target group. Recognition rates were similar to those of a campaign aimed at a different target group (gay men), despite underrepresentation of this group in our sample. It is important that future sexual health campaigns targeting young people consider appropriate message style and media channels in order to maximise campaign reach and ultimately campaign impact.

### Acknowledgements

The authors gratefully acknowledge the Victorian Operational Infrastructure Support Program received by the Burnet Institute. Megan Lim is supported by an NHMRC Sidney Sax Early Career Fellowship and Margaret Hellard is supported by an NHMRC Senior Research Fellowship.

### Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

### Funding

The authors received no financial support for the research, authorship, and/or publication of this article.

### References

- Downing J, Jones L, Cook PA, et al. Prevention of Sexually Transmitted Infections (STIs): A Review of Reviews into the Effectiveness of Non-Clinical Interventions (Evidence Briefing Update). Liverpool: Liverpool John Moores University, [http://www.nice.org.uk/aboutnice/whoweare/aboutthehda/evidencebase/evidence\\_base.jsp?domedia=1&mid=ABF0125D-19B9-E0B5-D45C36B9BEED1625](http://www.nice.org.uk/aboutnice/whoweare/aboutthehda/evidencebase/evidence_base.jsp?domedia=1&mid=ABF0125D-19B9-E0B5-D45C36B9BEED1625) (2006, accessed 27 Nov 2010).
- Osborne D and Rogers K. Sexual Health Campaign Tracking for the National Sexually Transmissible Infections Prevention Program: Woolcott Research, <http://www.sti.health.gov.au/internet/sti/publishing.nsf/content/campaign4> (2010 accessed 28 Jun 2011).
- Lim MS, Hellard ME, Aitken CK, et al. Surveillance of STI risk behaviour among young people attending a music festival in Australia, 2005-08. *Aust N Z J Public Health* 2009; 33: 482-484.
- Lim MSC, Bowring A, Gold J, et al. Trends in sexual behaviour, testing, and knowledge in young people; 2006 to 2011. *Sex Transm Dis* 2012; 39: 831-834.
- GlaxoSmithKline. The Facts. Boronia: GlaxoSmithKline Australia, [www.thefacts.com.au](http://www.thefacts.com.au) (2006, accessed 17 November 2011).
- Pedrana A, Hellard M, Guy R, et al. Stop the Drama Downunder: a social marketing campaign increases HIV/sexually transmitted infection knowledge and testing in Australian gay men. *Sex Transm Dis* 2012; 39: 651-658.
- Lim MS, Hellard ME, Aitken CK, et al. Sexual-risk behaviour, self-perceived risk and knowledge of sexually transmissible infections among young Australians attending a music festival. *Sex Health* 2007; 4: 51-56.
- Sensoa. Allesoverseks. Antwerp: Sensoa, <http://allaboutsex.be/> (2009, accessed 17 November 2011).
- Spina A. *Evaluation of the Drama Downunder Campaign Phase I*. Melbourne: Victorian AIDS Council/Gay Men's Health Centre, 2009.
- Crawford G, Brown G, Nicholson C, et al. *Safe sex no regrets: implementation & evaluation report 2007/2008*. Perth: WA AIDS Council, 2008.
- Wilkins A and Mak DB. Sending out an SMS: an impact and outcome evaluation of the Western Australian Department of Health's 2005 chlamydia campaign. *Health Promot J Austr* 2007; 18: 113-120.
- Anon. 'You never know who you'll meet' campaign evaluation tracking report. Melbourne: Open Mind Research Group, 2008.
- Fennell R. Using humor to teach responsible sexual health decision making and condom comfort. *J Am Coll Health* 1993; 42: 37-39.
- Gold J, Lim MS, Hellard ME, et al. What's in a message? Delivering sexual health promotion to young people in Australia via text messaging. *BMC Public Health* 2010; 10: 792.
- Gold J, Hellard ME, Lim MSC, et al. Public-private partnerships for health promotion: the experiences of the S5 project. *Am J Health Ed* 2012; 43: 250-253.
- Randolph W and Viswanath K. Lessons learned from public health mass media campaigns: marketing health in a crowded media world. *Annu Rev Public Health* 2004; 25: 419-437.
- Leavy JE, Bull FC, Rosenberg M, et al. Physical activity mass media campaigns and their evaluation: a systematic review of the literature 2003-2010. *Health Ed Res* 2011; 26: 1060-1085.
- Gold J, Pedrana AE, Sacks-Davis R, et al. A systematic examination of the use of online social networking sites for sexual health promotion. *BMC Public Health* 2011; 11: 583.