

Safe Sex No Regrets

Final report on the Northern Territory Department of Health and Families' *Safe Sex No Regrets* campaign

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Abbreviations used in this report

Ads	Advertisements
NT	Northern Territory
STI(s)	Sexually Transmissible Infections(s)

Executive summary

The Northern Territory Department of Health and Families' *Safe Sex No Regrets* campaign was conducted September 2008-September 2009. The campaign aim was to reduce the incidence of Chlamydia and other sexually transmissible infections amongst people aged 15-29 in urban areas of the Northern Territory.

The campaign objectives were to increase STI testing and treatment via a broad media and marketing campaign, increase access to sexual health services for young people, and increase the capacity of the health workforce to proactively screen for STIs.

The *Safe Sex No Regrets* campaign was originally developed by Health NSW for application in the state of NSW, but has also been run in Victoria and Western Australia.

The Department of Health and Families determined that it would run a campaign over a twelve month period from September 2008. Health NSW gave permission to use the campaign, which was subsequently adapted and supplemented by the Department of Health and Families for use in the Northern Territory.

The campaign cost the Department approximately \$160 000 and included the following components:

- Television advertisements
- Radio advertisements
- Print resources
- Nightclub promotions
- Campaign launches
- Accompanying resources
- Screen saver for high schools
- Website
- Media
- Collaboration with stakeholders.

The Northern Territory Department of Health and Families engaged an independent consultant to conduct an evaluation of the campaign. The evaluation methodology included interviews with stakeholders (referred to throughout this report as 'stakeholders'), a non-identifying survey completed by members of the target group (hereafter referred to as 'survey respondents'), a focus group involving young people (hereafter referred to as 'focus group participants'), and consideration of relevant data and documentation.

While it is too early to say whether the campaign has resulted in a reduction of Chlamydia and other STIs amongst urban Territorians aged 15-29, the Department can certainly claim to have implemented a mass media and marketing campaign.

And there is good evidence that the campaign resulted in an increase in STI testing amongst the target group.

There is also evidence that the campaign promoted access to sexual health services for young people.

There is less direct evidence that the campaign increased the capacity of the health workforce to proactively screen for STIs: the staff of Clinic 34 were no doubt already competent in this regard. But the campaign did foster inter-agency collaboration and a sector-wide focus on Chlamydia, and these probably supported health workforce efforts to proactively screen.

The campaign period coincided with increases in the numbers of STI tests being conducted by Clinic 34 for people aged 15-29. Figures for three-month periods during the campaign were compared with figures for the previous year's corresponding periods, and there were increases in the numbers of tests for the 15-29 group as a whole, as well as for the sub-groups 15-19, 20-24 and 25-29. Staff at Clinic 34 attributed the increase in testing numbers to the impact of the campaign.

The Northern Territory Department of Health and Families should consider the *Safe Sex No Regrets* campaign to have been a successful intervention. The campaign has strengthened the Department's claim to possess competence in the management of sexual health campaigns.

Amongst stakeholders interviewed and focus group participants there was not agreement about the overall appropriateness of the campaign messages, although those who thought the ads *were* appropriate were in the majority. Some stakeholders and focus group participants thought the messages should have been sharper and some thought they were fine as they were. This is normal and shows a healthy engagement amongst people in the complex question as to how young people should receive safe sex messages. It also shows that there are lots of people with informed (albeit divergent) views on this issue and this should be seen as a positive. These people will be a useful resource in the development and implementation of future campaigns.

The development of future sexual health campaigns will benefit from bringing stakeholders together to talk about what core messages to deliver. While there may not be agreement amongst stakeholders, the opportunity for divergent views to be heard and considered will strengthen the overall campaign.

There was a view expressed amongst stakeholders that specialised and targeted campaigns may be required in order to get the *Safe Sex No Regrets* message out to many Aboriginal and Torres Strait Islander young people. Several stakeholders suggested that the campaign did not speak very effectively to Aboriginal and Torres Strait Islander young people and that more specific campaigns will be required for this target group. No doubt the campaign will have spoken to *some* Aboriginal and

Torres Strait Islander young people, but more targeted interventions may be required to reach an appropriate proportion of this group.

The Department's commitment to effective sexual health responses for Aboriginal and Torres Strait Islander communities may require that sexual health campaigns based on inter-state models be supplemented with interventions specifically designed for the Territory's Indigenous communities. There are strong views amongst stakeholders about how this might be pursued. In relation to the *Safe Sex No Regrets* campaign, it was thought that the campaign might have been improved by the addition of a radio advertisement developed and recorded by Aboriginal and Torres Strait Islander people and played over radio stations popular with Indigenous communities.

There was some agreement – particularly amongst interviewed stakeholders and focus group participants - that the television ads were not completely relevant to the NT, but, while people encouraged more NT-specific ads in the future, they were not opposed to the use of campaigns developed in other states or territories. In general, people supported the use of the television ads, and they were very positively reviewed by survey respondents. It was generally considered sensible to borrow such resources from elsewhere given the high cost of producing them from scratch.

There was support for the Department having developed its own radio ads and for the Department's efforts to make these relevant to young people in the NT. Stakeholders and focus group participants thought the ads could have been improved but still acknowledged that they had been useful. There was strong support for radio as a medium and calls for future radio ads to be played on more stations. Survey respondents reviewed the radio ads very positively.

People had mixed views about the other campaign resources, but did not consider them to have been a waste of time or money. Overall, they were considered a reasonable means of supporting the campaign messages.

There was strong support for the Department engaging in this sort of campaign, and many people applauded the Department for its initiative. There was strong support for the project officer involved and for other members of her team.

Overall, there is strong support for a multi-pronged approach to getting the sexual health message out there. There is support for a mix of television, radio, website and other initiatives. Not everyone liked everything – and some people were particularly critical of different campaign elements - but generally each different component was more supported than not.

Future campaigns would benefit from better data collection during the course of the campaign. Future campaigns will be improved by greater attention at the outset as to how the effectiveness of the campaign will be evaluated. The Department may have to work more closely with stakeholder agencies on the issue of collecting client feedback and other data.

Background

Campaign context

The Northern Territory Department of Health and Families' *Safe Sex No Regrets* campaign was conducted September 2008-September 2009. The campaign aim was to 'Reduce Chlamydia and other STIs in the 15-29 age group in NT urban areas'¹.

The campaign objectives² were to:

- Increase STI testing and treatment via a broad media and marketing campaign
- Increase access to sexual health services for young people
- Increase the capacity of the health workforce to proactively screen for STIs.

The campaign was implemented to address the high rates of Chlamydia amongst people aged 15-29 in urban areas the NT (the highest of any state or territory). The case for the campaign was further strengthened by the significance of STIs as facilitators of HIV infection and the fact that there has been an increase in the rate of (heterosexually transmitted) HIV infection in the NT over the past five years³.

The campaign was originally developed by Health NSW for application in the state of NSW, but has also been run in Victoria and Western Australia.

The Department of Health and Families determined that it would run a campaign over a twelve month period from September 2008. Health NSW gave the Northern Territory Department of Health and Families permission to use the campaign, which was subsequently adapted and supplemented by the Department for use in the Northern Territory. The elements of the campaign are described in the section below.

The campaign cost the Department approximately \$160 000.

Campaign components

Television advertisements

The television ads developed by NSW Health were modified to include local referral information and screened on *Imparja* in Alice Springs and on both Channel 9 and Southern Cross TV in Darwin. Ads appeared from September 12th 2008 to the end of

¹ Northern Territory Department of Health and Families, Terms of Reference for the Evaluation of Safe Sex No Regrets – a Chlamydia campaign, 2009, p.1

² Northern Territory Department of Health and Families, Terms of Reference for the Evaluation of Safe Sex No Regrets – a Chlamydia campaign, 2009, p.2

³ Northern Territory Department of Health and Families, Terms of Reference for the Evaluation of Safe Sex No Regrets – a Chlamydia campaign, 2009, p.1

December 2008, and then in April and May 2009 (or April only in the case of Imparja)⁴.

The ads featured scenes of young people socialising in a nightclub, together with safe sex messages appearing on screen and a supporting voiceover message.

The cost to the Department of the TV campaign was about \$69 000.

Radio advertisements

Radio ads were played on Hot 100 FM in Darwin and SUN FM in Alice Springs December 2008-January 2009, April 2009, mid-June to mid-July 2009 and end August to end September 2009.

These ads had been developed by the Northern Territory Department of Health and Families and featured conversations between young people about sex and STIs. They were intended to reflect the ways in which young people communicate with each other and to model open communication about sexual matters. The scripts are attached as Annexure C.

The radio component of the campaign cost the Department about \$57 000.

Print resources

The campaign included two different poster resources. The first used an image from the TV ads. The second was developed to more effectively target people aged under 18, to provide more useful referral information and to be more relevant to Indigenous young people. The second ad featured a safe sex message on a mobile phone.

Campaign brochures (using images from the TV ads) were also printed.

Posters and brochures were distributed across the Northern Territory to pubs and clubs, sites where Australian Defence Force personnel work or reside, youth services and other relevant non-government or community-based organisation, gyms and sporting clubs, hairdressers, medical clinics and doctors' surgeries, libraries, educational institutions, charitable organisations, Darwin prison and government agencies.

Posters were replenished twice during the campaign period⁵.

The Department's print resources cost about \$11 000.

⁴ Northern Territory Department of Health and Families, Safe Sex No Regrets Radio and TV Schedules, 2009

⁵ The Department has comprehensive records of print resource distribution, available upon request. See Northern Territory Department of Health and Families Safe Sex No Regrets – Poster Distribution

Nightclub promotions

On two occasions in September 2008 a team of four young women visited Darwin nightclubs to distribute campaign resources and generally promote the campaign.

Campaign launches

Launches in Darwin and Alice Springs were attended by a range of stakeholders and media groups.

Accompanying resources

The TV and radio ads were supported with a range of accompanying resources including 'clappers' (plastic maracas featuring a slogan about 'the clap'), wristbands, t-shirts, caps, bracelets and lollipops.

These accompanying resources cost about \$8 000.

Screen saver for high schools

A screen saver was developed for use in senior schools.

Website

A website was set up to support the campaign (<http://safesexnoregrets.nt.gov.au/>). The website featured the television ad together with information on safe sex, condoms and where to get them, STI testing and myths about sex.

Media

The Department issued a campaign launch media release on September 11, conducted interviews with NT News, ABC radio and the Centralian Advocate, drafted articles for inclusion in the Hoteliers Association newsletter, Wednesday's Word for members of the NT Division of General Practice and Fernwood Gym's members' magazine.

The Department also advertised the campaign with a specially designed display sail (for use in association with Departmental outreach activities) and a series of newspaper ads in the NT News.

Collaboration with stakeholders

In an effort to build understanding of and support for the campaign, the Department conducted a series of information sessions with relevant agencies in Darwin⁶. Participants involved in these in-service events included staff of Royal Darwin Hospital's emergency and maternity wards, as well as representatives of Family Planning, the Royal Australian Air Force, Bagot Clinic, the Northern Territory AIDS and Hepatitis Council, Darwin Prison, Mission Australia, Robertson Barracks, Danila Dilba and Community Care Centres.

Sixteen information sessions were conducted by departmental staff and others from March-August 2008.

⁶ Northern Territory Department of Health and Families, *Safe Sex No Regrets* schedule of training events

In total 173 people attended the sessions which covered epidemiological and clinical information relevant to Chlamydia and other STIs, as well as introducing participants to the campaign and campaign resources.

Monitoring and campaign adjustment during the course of the campaign

As part of its commitment to monitoring the campaign, the Department conducted a brief survey of university students in February 2009. Departmental staff operated a stall at Charles Darwin University as part of the University's Orientation Week activities and sought feedback on the campaign (via a short survey) from students approaching the stall. In April 2009 students at Casuarina Senior College were asked by Departmental staff to fill out the same survey. In total 32 surveys were completed with the following results:

- 17 students had seen the TV ads; 15 had not
- Students who had seen the ads remembered messages including 'practice safe sex', 'use condoms' and 'get tested', as well as the slogan '*Safe Sex No Regrets*'
- 13 students had heard the radio ads; 19 had not
- Students who had heard the radio ads recalled messages such as 'get tested', 'practice safe sex', 'use condoms' and 'testing is free'
- Most students thought the ads were appropriate for young people.

The campaign was discussed several times by the NT Sexual Health Promotion Advisory Group. Following feedback from members of the group, and after discussions within the department and consideration of mid-campaign expenditure, a decision was taken to shift focus away from TV towards radio. This was done for the following reasons:

- There was a need to review expenditure to ensure the campaign could run the full twelve months
- Feedback – internal and external to the Department – suggested that radio was a more effective medium than TV.

This decision was implemented from April 2009 at which point television advertising ceased.

About the evaluation

Evaluation methodology

The Department contracted an independent consultant to undertake the evaluation. The consultant worked closely with relevant Departmental officers, forming a four-person evaluation team⁷.

The team agreed to pursue a four-part approach to the evaluation:

1. Interviews with key stakeholders in Darwin and Alice Springs (see Annexure A for a list of stakeholders). These took various forms – individual interviews and group interviews, interviews by phone and interview face to face. Interviewees were asked to respond to a series of questions (Annexure B) or, if they preferred, to comment generally on the campaign⁸.
2. An anonymous survey to be completed voluntarily by members of the target group (see Annexure D). Surveys were distributed to eight sites; these sites were selected on the basis that they were places where members of the target group gather and where the Department could be assured of a level of support with distribution. The sites were also selected so as to represent a broad range of venues attracting a broad range of young people. These sites were as follows:
 - Clinic 34, Darwin
 - Anglicare, Darwin
 - Darwin Community Arts
 - Family Planning Welfare Association of NT
 - Charles Darwin University – there were various methods of distribution here including direct approach to students from Departmental staff and distribution through supportive teaching staff
 - Clinic 34, Alice Springs.

A total of 93 completed surveys were received, including 15 from Alice Springs.

3. A focus group discussion involving 9 young people. This was held Wednesday October 16th 2009 for 90 minutes at a community venue. Focus group participants were identified using contacts in youth or sexual health services. Participants were compensated for their time with a \$30 voucher for a local shopping mall.
4. Analysis of documentation and data from various sources. These sources included testing data from Clinic 34 in Darwin, campaign reports from the

⁷ Tim Leach, Jan Holt, Kishan Kariipanon and Jiunn-Yih Su

⁸ Some interviewees chose to comment generally on the campaign rather than stick to a specific list of questions. In these cases, any questions which hadn't been addressed by the interviewee's general comments were considered at the end of his/her general comments.

relevant departmental project officer, email correspondence to the Department from various stakeholders, a report on distribution of resources throughout nightclubs from the leader of that team, a report of a survey conducted with ten members of Robertson Barracks' medical staff in November 2008, and mid-campaign surveys of students at Charles Darwin University February 2009 and of students at Casuarina Senior College.

The evaluation aimed to illustrate:

- Any effect of the campaign on awareness of STIs amongst the target group, and any response to the campaign on the part of the target group
- The effectiveness of the Department's approach to, and implementation of, the campaign
- Overall value of the campaign with reference to its aims and objectives, and in light of the resources expended in its implementation.

Full approval for the evaluation was granted by the Human Research Ethics Committee of the Northern Territory Department of Health and Families and the Menzies School of Health Research on 11th September 2009.

Report format

This report considers each type of intervention separately, as well as offering observations on overall patterns and themes.

The report refers to those people nominated by the Department for interview as 'stakeholders'. People who completed anonymous surveys are described as 'survey respondents' while those who attended the group discussion are referred to as 'focus group participants'.

As a general rule where feedback on a single resource or medium was received from different sources, the sequence is as follows: (1) stakeholder views, (2) views of survey respondents, and (3) feedback from focus group participants.

Findings of the evaluation

The appropriateness of the overall messages

At many points during the evaluative process stakeholders commented on the appropriateness of the central messages. People generally thought that the campaign messages were good ones.

Some stakeholder interviewees and focus group participants thought that the messages should have been tougher. It was suggested they could have included more forceful statements about the NT having the highest STI rates in Australia, and clearer statements about the risks associated with having an untreated STI, especially infertility for women.

There were divergent views on this. While some suggested tougher statements, most thought the easy, decidedly undramatic pitch was the right one. This latter group argued that young people are by nature risk takers and not easily scared, or that if they were scared, they might avoid testing altogether for fear of the results.

The focus group was divided on this issue with many participants arguing for retention of the current approach while others suggesting what was needed was something more graphic – something akin to ads aimed at preventing drink driving and smoking which graphically show the effects of drug misuse. This specific suggestion was echoed by some individual interviewees.

On balance, the majority view across stakeholders and focus group participants was in favour of the current approach, although proponents of alternative approaches argued eloquently and with conviction.

Application of the campaign to Aboriginal and Torres Strait Islander young people

A number of stakeholders expressed the view that the campaign did not speak to Aboriginal and Torres Strait Islander people. The Department had anticipated and was open to this feedback.

The original NSW campaign may or may not have been developed with much attention to Aboriginal and Torres Strait Islander people, but there is nothing obvious about it which suggests a focus on Indigenous Australians. The Department had sought to address this in part through the development of the second poster⁹.

⁹ This poster used an Aboriginal person's hand in the advertisement and referenced the colours of the Aboriginal flag. These references were intended to be subtle rather than overt.

Several stakeholders recommended that more attention be paid to reaching Aboriginal and Torres Strait Islander people through such campaigns. These views did not suggest that the Department had failed to consider Aboriginal and Torres Strait Islander people. Nor were they based on a belief that *all* Aboriginal and Torres Strait Islander people need specialised, culturally specific messages - no doubt many urban Aboriginal and Torres Strait Islander young people found the *Safe Sex No Regrets* campaign accessible. Rather, there was an acknowledgment amongst stakeholders that the cultural characteristics of this population, and the special disadvantage many Aboriginal and Torres Strait Islander people experience when it comes to health, combine to warrant particular focus and specialised, targeted efforts.

At the very least, it was suggested, the *Safe Sex No Regrets* campaign might have been strengthened by placing radio ads within radio programs popular with Aboriginal and Torres Strait Islander people. Several stakeholders also thought that the radio ads themselves should have been made more relevant to Aboriginal and Torres Strait Islander people, but that this could have been relatively easily achieved by having Indigenous people write and voice one of the ads.

Feedback on the television ads

Only some of the stakeholders interviewed had seen the television ads, but many reported that the ads had been seen by their clients. Stakeholders tended not to have strong views about the television ads, other than to be generally supportive of the Department using television as a medium for reaching young people with safe sex messages.

As noted in the preceding section, some stakeholders interviewed had a sense of the ads not being relevant to Aboriginal and Torres Strait Islander people, and some had a sense of the ads as being rather 'Anglo' (i.e. not being relevant to people without white European backgrounds). In fact the ad *does* include several non-Anglo characters, but it is interesting that it was not remembered in this way.

Interviewees recalled a range of campaign messages from the television ads, including:

- You never know who might have a STI
- Use condoms
- Prevent Chlamydia
- You can get treatment and it's free
- Testing and treatment is not a big deal.

A very limited survey¹⁰ conducted by the Family Planning Welfare Association of NT indicated that for young women accessing clinic services during October 2008, a significant number had been alerted to the need for STI testing by the *Safe Sex No Regrets* television ads.

Of survey respondents, 65 had seen the ads (70%¹¹) and 28 had not (30%). Of those who had seen the ads, 59 liked the ads (91% of those who had seen the ads). Only two respondents out of the 65 who had seen the ads said they did not like them. Respondents liked many aspects of the ads but the features most commonly noted were that the ads:

- Were catchy and accessible
- Included helpful information, and promoted awareness and understanding
- Were direct and simple
- Were appropriate for/directed at youth.

Survey respondents indicated they received a range of messages from the television campaign. Of the 65 who had seen the ads, 46 (70%) said they remembered a message that condoms help prevent STIs, 39 (60%) remembered the message that condoms help prevent Chlamydia and 38 (58%) remembered the message that anyone can have a STI. Of the 9 options offered in the survey, the lowest recorded response (STIs are on the rise) still rated 21 responses (32%).

The focus group elicited a range of views about the ads. Five of nine participants remembered seeing the ad without it being played. After the ad had been played for the focus group, still only five recalled seeing it.

There was some support amongst focus group participants for the degree to which the ad is straightforward with a clear message to use condoms, and the way in which it implies that anyone can get a STI.

Some focus group participants liked the visual with the words being crossed out on screen, while others thought this annoying because it made the ad impossible to understand unless they actually watched it (as compared with many other television ad messages which can be absorbed through hearing).

There were also some strong views amongst focus group participants that:

- The party scenes were not those that the participants would choose to pursue (e.g. the nightclub was seen as tacky and the music wasn't considered cool)
- The characters were too clean and apparently clear-headed to be relevant - where were the drunken and dishevelled people at the end of an evening?

¹⁰ The survey was based on information recorded by clinicians during the month of October 2008. Records are incomplete but during October at least eight young women sought STI testing from FPWNT clinics in Darwin and Palmerston in response to the television advertisements.

¹¹ Percentages are rounded up or down to the nearest full number

- The ad didn't focus on end-point decision-making i.e. the scenes didn't have the feel of the end of the night when people, very often alcohol-affected, would be making decisions about sex.

An observation that was offered by both stakeholders and focus group participants was that the characters in the television ad were a bit too nice, clean and wealthy to be relevant to many young viewers in the NT.

Feedback on the radio ads

Stakeholders were generally supportive of the radio ads. They recalled messages such as:

- Importance of screening
- Use condoms
- Anyone might have a STI
- STI checks are easy
- STIs may be asymptomatic.

Several stakeholders were strongly supportive of the ads, suggesting that they had been very effective in normalising STI checks amongst key groups, particularly young men. These stakeholders thought the ads had been most effective with men who were heterosexual and Caucasian.

Of the 93 survey respondents, 71 (or 76%) said they listened to the relevant radio station (ticking either 'yes' or 'sometimes'). Twenty-six respondents did not listen to the relevant radio station.

Forty-nine survey respondents had heard the radio adverts (69% of those who listed to the relevant radio station).

Of those who had heard the ads on the radio, the most commonly remembered messages of those listed on the survey form were:

- You can have a STI without having symptoms (36 respondents)
- Condoms help prevent Chlamydia (33 respondents)
- You can get a STI test from Clinic 34 (32 respondents)
- STI tests are simple (31 respondents).

A total of 42 survey respondents said they were influenced by the ads (86% of all those who heard the ads on radio). The most common manifestations of this influence were that respondents :

- Went for an STI test (31 respondents)
- Thought more about the risk of STIs (21 respondents)
- Used condoms (17 respondents).

The least commonly cited consequences of this influence were that people:

- Ignored STIs (1 respondent)
- Changed their sexual behaviour (7 respondents or 14% of those who heard the ads on radio)
- Spoke to their sexual partners about STIs (10 respondents or 20% of those who heard the ads on radio).

Survey respondents were asked to rate the radio ads on a scale of 1 (poor) to 5 (excellent). Fifty-one respondents offered a rating with the following results:

Table 1 – Radio ad ratings by survey respondents

Item	1 rating	2 rating	3 rating	4 rating	5 rating
Number of respondents	0	2	19	21	9
Percentage respondents ¹²	0%	4%	37%	41%	18%

Survey respondents were asked what they liked about the ads and the most common responses were that the ads were:

- Relevant
- Informative
- Up-front
- Clear in message.

When asked what they did not like about the ads respondents listed a range of elements, although there were no real patterns and nothing was listed more than a couple of times. Complaints included that the ads were:

- Unrealistic
- Repetitive
- Too casual.

With the focus group, as with the feedback on the television ads, there were divergent views about the quality and appropriateness of the ads.

Participants liked that the ads:

- Were catchy
- Had clear messages e.g. ‘go to Clinic 34’, ‘STIs are easily treatable’
- Indicated some attempt to use language relevant to young people.

Participants did not like that the ads:

- Were too dismissive of the experience of having a STI – it was suggested young people would be more embarrassed than the advert characters about having a STI
- Were too long

¹² % of those answering the question

- Were obstructed by the music (which many participants did not like and most thought too loud – who has the music so loud when talking to their friends about a STI?)
- Didn't quite get it right in terms of the language used i.e. the effort to use the language of young people was appreciated but participants did not think the goal had been achieved.

Website traffic

Data provided by the Department relating to use of the *Safe Sex No Regrets* website is presented in Table 2 below.

Table 2 – Use of the *Safe Sex No Regrets* website month by month

Category	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	Mar 09	Apr 09	May 09	Jun 09	Jul 09	Aug 09
Unique visitors	781	696	629	722	716	958	938	1028	781	644	604
New visitors	586	524	534	590	615	817	797	818	601	549	517
Average pages	2	2	2	2	2	2	2	2	2	2	2
Peak day	Wed	Sun	Mon	Fri	Tues	Tues	Wed	Mon	Tues	Thurs	Mon
Peak time	12-1 pm	2-3 pm	2-3 pm	3-4 pm	9-10 am	8-9 am	10-11 am	2-3 pm	1-2 pm	10-11 pm	2-3 pm
Average duration	15m 19s	6m 49s	2m 38s	2m 45s	1m 36s	2m 32s	2m 28s	2m 41s	3m 13s	2m 57s	2m 36s
Most popular page	STIs	STIs	STIs	STIs	STIs	STIs	STIs	STIs	NR ¹³	NR	NR

The table indicates the website averaged 774 unique visitors per month. On average the site received hits from 631 new visitors monthly. Visits to the sites ranged in length but the lowest average visit for any month was 1 minute and 36 seconds. The most popular page tended to be the one describing STIs.

Perusal of the site indicates that its information has been carefully prepared to be relevant and easily accessible. An average of 774 unique visitors per month was presented with well-prepared and pertinent information on Chlamydia and other STIs, indicating the utility of the site as a component of the Department's campaign.

Had this information not been obtained from the website, site visitors may well not have been able to access it (or been interested in doing so) via other means.

¹³ Homepage

Alternatively, they may have had to seek the information from already overstretched sexual health services.

The website has formed a useful element of the Department's multi-pronged approach to disseminating information about STIs.

Initiative to install screen savers in Senior Schools

It is apparent that the Northern Territory Department of Health and Families and Department of Education and Training tried hard to implement this initiative. Unfortunately, this part of the campaign did not proceed.

The Department had worked hard to get the project underway. Agreement had been reached between the Chief Executive Officers of both the Northern Territory Department of Health and Families and the Northern Territory Department of Education and Training, and then between the respective Ministers. Project staff from both departments then co-presented this part of the campaign to every school council across the Territory.

Whilst the majority of school principals and school councils were supportive of this initiative, ultimately only one senior school implemented the screen saver. This school introduced the screen saver for a two week period.

There was a range of barriers to implementation of the screen saver initiative across more schools, but a major obstacle was that schools often failed to nominate a person to be responsible for implementation for the initiative and, in the absence of a lead person, the project did not proceed.

Another challenge was that most schools wanted the screen saver on computers that could only be accessed by senior students. This was problematic as computers were generally shared between senior and non-senior students.

The school that took on this initiative advised that:

- There were no information technology difficulties in implementing the screen saver
- Student feedback indicated that the screen saver was effective in raising awareness of STIs
- The school supported the message and would be involved in such campaigns again.

Despite some problems with the screen saver, the campaign posters were distributed to and displayed in all high schools around the NT, giving the campaign at least some visibility.

Feedback on the other resources associated with the campaign

There were mixed views on the other campaign resources. Nobody interviewed considered them to be a waste of time or money, although some thought them unlikely to have been particularly effective.

Some stakeholders noted that people love getting things for free, so the resources acted as a useful hook for engaging people in the campaign. There was associated positive commentary on the degree to which the resources supported the overall campaign and assisted in the visibility of the campaign message.

The promotional activities involving young people visiting venues and distributing campaign resources received particularly positive commentary. This was seen by a number of stakeholders as a very effective means of getting the message out there to the target group. A report¹⁴ filed by the team leader indicated that, in the team's experience, people were very receptive to the campaign and very happy to receive free gifts; the most popular resources were reported to be the clappers and the glow sticks.

Other comments from people interviewed included:

- T-shirts were nice enough and everyone likes a free t-shirt, although it was thought the shiny green writing made them less likely to be worn by men
- Caps were quite appealing although a bit hot for the Territory
- The clappers were amusing (and potentially annoying), but young people don't think of STIs as 'the clap' so the joke was for older people
- Rubber bracelets were good and likely to be more appealing to young people than most of the other resources
- Glow in the dark bracelets were considered appealing and useful.

Of the survey respondents, 44 had seen 'other resources' while 47 had not. The most seen of these other resources was the poster¹⁵ (37 respondents), followed by the pamphlets (18 respondents) and wristbands (also 18 respondents).

Feedback on the role of the Department

There was positive feedback for the Department on its role in implementing the campaign. Interviewees commended it for the following:

- Relatively quick implementation of a campaign, as compared with some health campaigns that take forever to develop and even longer to implement
- Efforts to engage relevant agencies and to offer these agencies appropriate information in the lead-up to the campaign
- Efforts to make the campaign more relevant to the NT through the development of radio ads and a (mobile phone) poster
- Efforts (ultimately unsuccessful) to get the campaign into schools

¹⁴ Ward, F. Report to Northern Territory Department of Health and Families, 12 September 2008

¹⁵ Note the survey did not differentiate between the two posters.

- Adaptability and willingness to modify the campaign as it rolled out
- A commitment to collecting information which would show whether or not the campaign had been effective
- The effectiveness of the relevant project officer.

Feedback also suggested that future campaigns might be improved through:

- More consultation in the development of resources and implementation of the campaign
- More attention to the extent to which the campaign reaches out to Aboriginal and Torres Strait Islander people
- Better collection of information relevant to assessing the success of the campaign - while there was great commitment to evaluation some agreements around ways to measure outcomes were not properly executed
- More attention to the flow-on effects of campaigns and the need to better resource relevant clinical services where increases in service demand are anticipated.

STI testing at Clinic 34 during the relevant periods

Information on numbers of Chlamydia tests conducted during the relevant period was provided by Clinic 34 in Darwin¹⁶. It is summarised in the table below.

Table 3 – STI tests conducted by Darwin Clinic 34 during relevant period

Quarter	Age group (years)			All
	15-19	20-24	25-29	
Oct-Dec 07	130	206	148	484
Jan-Mar 08	127	180	166	473
Apr-Jun 08	123	204	173	500
Jul-Sep 08	145	273	214	632
Oct-Dec 08	149	227	187	563
Jan-Mar 09	198	236	171	605
Apr-Jun 09	206	339	215	760
Jul-Sep 09	155	319	227	701
Quarterly average				
Before	131	216	175	522
After	177	280	200	657
Increase (%)	35%	30%	14%	26%
p value	0.02	0.08	0.15	0.08

¹⁶ Data provided by Clinic 34, September 2009 for the period October 2008 to September 2009

As Table 3 indicates, the number of tests for each quarter during the campaign period was higher than for the corresponding quarter the year before. For example, there were 484 tests conducted during the quarter October to December 2007 (pre-campaign) compared with 563 for the period October to December 2008 (while the campaign was running). The biggest jump was within the 15-19 age group with a statistically significant increase of 35% in the quarterly average number of tests for this group. Increases were also recorded for other age groups, and a considerable 26% increase overall.

Comparing age groups, the highest number of tests were requested by people aged 20-24.

Figure 1 – Testing trends quarter by quarter, Clinic 34, Darwin

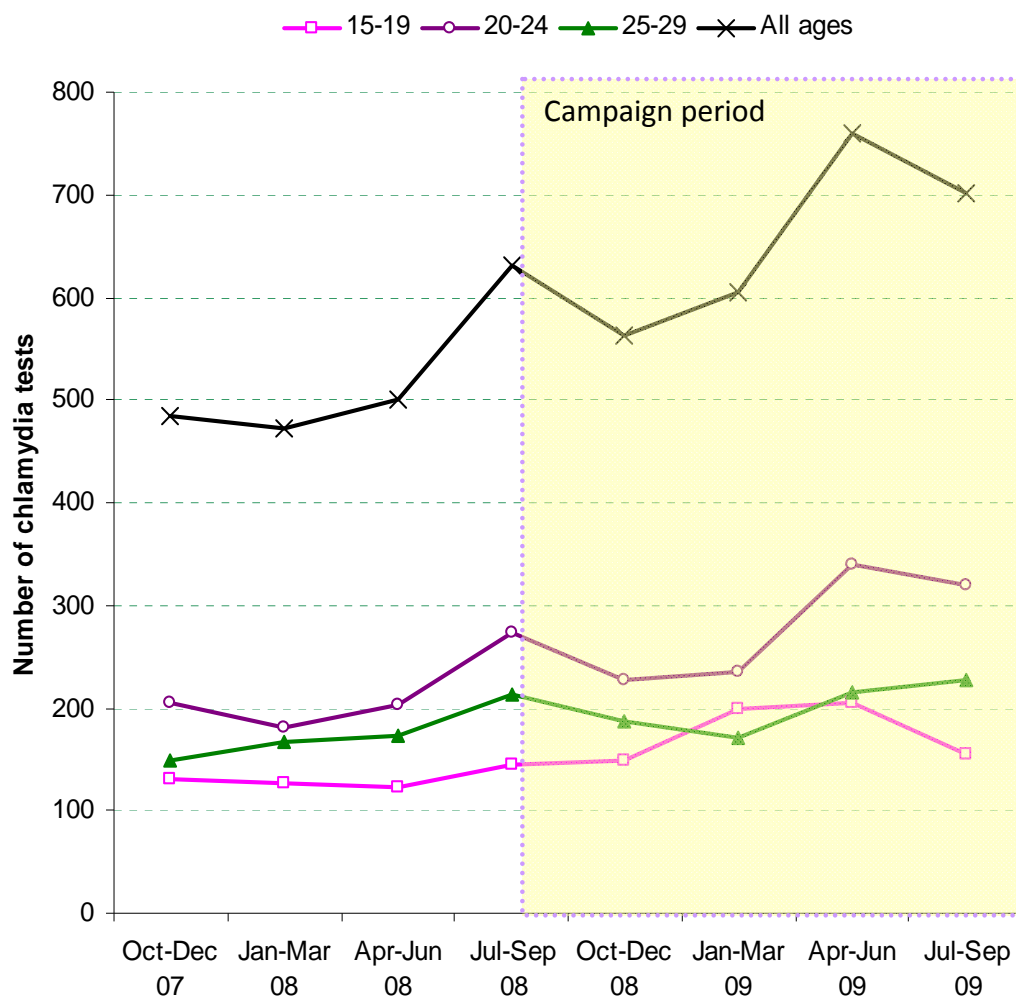


Figure 1 shows that the number of Chlamydia tests being conducted by Clinic 34 during the campaign period peaks for the April-June quarter and remains above 700 for the period July-September 2009, compared with 632 for July-September 2008.

Figure 2 – Testing rates month by month, Clinic 34, Darwin

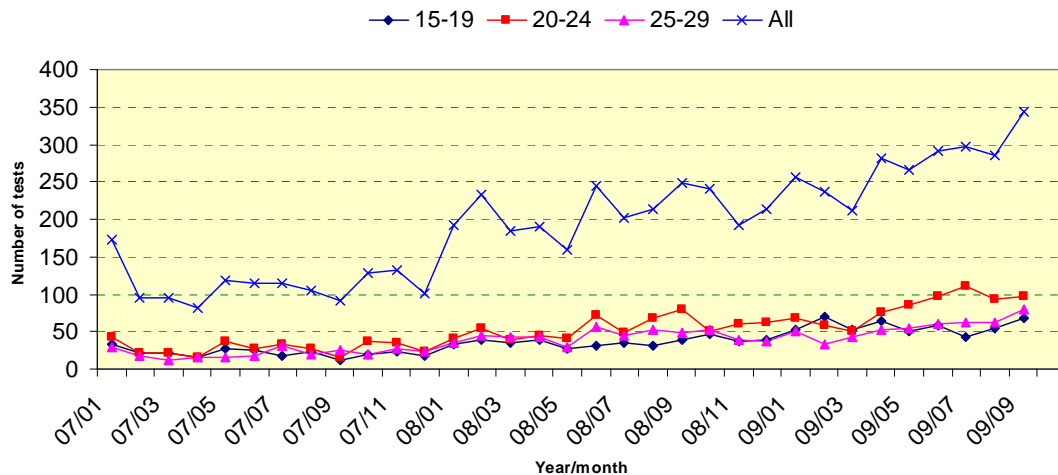


Figure 2 indicates that the number of tests per month for age groups combined clearly increased for the latter half of 2009. The average number of tests per month increased evidently in the latter half of 2009, remaining at over 250 tests per month from May 2009 and reaching 350 tests in September.

Some attempts were made by the Northern Territory Department of Health and Families and Clinic 34 to clarify the extent to which these increases in test numbers might be attributable to the campaign. At the outset of the campaign the Department and Clinic 34 had discussed ways of collecting this data and efforts were made to collect information from Clinic 34 clients. Unfortunately, there was a misunderstanding between agencies as to which would compile the data and, ultimately, it was unavailable for this evaluation in the form originally anticipated. The limited referral data that was collected, however, indicated that the *Safe Sex No Regrets* campaign was the prompt for many clients to seek testing¹⁷.

Clinic 34 staff interviewed for this evaluation were happy to nominate the campaign as having been overwhelmingly responsible for the increase in testing rates.

Note that this evaluation has focussed on numbers of tests rather than numbers of positive diagnoses. With increases in testing, the number of diagnoses would be expected to rise in the short-term. While the campaign may or may not have prompted changes in sexual behaviour, it is too early to try and measure this through numbers of positive diagnoses for Chlamydia.

¹⁷The limited referral data provided by the Clinic for the period 01/09/2008 to 23/12/2008 showed 4% of clients nominating the *Safe Sex No Regrets* campaign as the reason for their visit. Data for the period 24/12/2008 to 30/5/2009 showed over 10% of clients nominating the *Safe Sex No Regrets* campaign as the reason for their visit.

Future campaigns

Several interviewees stressed the importance of having young people help shape campaigns intended for their benefit, although it was acknowledged that it can be difficult to obtain this input. This point also came up in the focus group.

Suggested sources of future youth advice were the Youth Roundtable and Headspace Youth Advisory Committee.

Many suggestions were offered to help improve future campaigns. In particular, the focus group spent some time thinking about how to reach young people within environments where they may be socialising and contemplating or negotiating sex. The group suggested that messages be conveyed via drinks coasters or stubby coolers, placed on the backs of toilet doors or above urinals, placed on buses, in taxis and at taxi ranks, and at 24-hour eateries.

Concluding observations and recommendations

The campaign had set itself an ambitious aim: to reduce Chlamydia and other STIs in the 15-29 age group in NT urban areas. Its objectives had been to:

- Increase STI testing and treatment via a broad media and marketing campaign
- Increase access to sexual health services for young people
- Increase the capacity of the health workforce to proactively screen for STIs.

It is too early, of course, to tell whether the campaign has reduced Chlamydia and other STIs amongst urban Territorians people aged 15-19. But the Department can claim to have successfully conducted a broad media and marketing campaign. And there is good evidence to support the claim that this campaign has increased STI testing and treatment. Numbers of people seeking STI testing at Clinic 34 in Darwin have increased (comparing testing during the campaign period with comparable pre-campaign periods). And staff at Clinic 34 attribute the increase in testing to the campaign.

There is also evidence that the campaign increased access to sexual health services for young people. This is supported by the Clinic 34 data, as well as feedback from stakeholders, survey respondents and focus group participants that young people were encouraged by the campaign to access services, and that at least some did so in direct response to the campaign.

The evaluation identified less evidence of an increase in the capacity of the health workforce to proactively screen for STIs. Clinic 34 staff have, no doubt, always been competent in this regard, and the evaluation did not involve interviews with many other workers who would be directly involved in screening. But it's also true that the campaign fostered a significant level of inter-agency collaboration and information sharing, and a sector-wide focus on Chlamydia. These have no doubt supported health worker efforts to proactively screen.

There were other campaign achievements as well. Awareness of STIs was raised by the campaign – this is indicated by stakeholder feedback, survey responses and focus group advice - although it is impossible to say by what degree. And it is clear that the Department worked collaboratively with other agencies in the implementation of the campaign, laying the groundwork for future cooperative ventures.

Overall, the Northern Territory Department of Health and Families should consider the *Safe Sex No Regrets* campaign to have been a successful intervention. The campaign has strengthened the Department's claim to possess competence in the management of sexual health campaigns.

Amongst stakeholders interviewed and focus group participants there was not agreement about the overall appropriateness of the campaign messages, although those who thought the ads *were* appropriate were in the majority. Some stakeholders and focus group participants thought the messages should have been

sharper and some thought they were fine as they were. This is normal and shows a healthy engagement amongst people in the complex question as to how young people should receive safe sex messages. It also shows that there are lots of people with informed (albeit divergent) views on this issue and this should be seen as a positive. These people will be a useful resource in the development and implementation of future campaigns.

The development of future sexual health campaigns will benefit from bringing stakeholders together to talk about what core messages to deliver. While there may not be agreement amongst stakeholders, the opportunity for divergent views to be heard and considered will strengthen the overall campaign.

There was a view expressed amongst stakeholders that specialised and targeted campaigns may be required in order to get the *Safe Sex No Regrets* message out to many Aboriginal and Torres Strait Islander young people. Several stakeholders suggested that the campaign did not speak very effectively to Aboriginal and Torres Strait Islander young people and that more specific campaigns will be required for this target group. No doubt the campaign will have spoken to *some* Aboriginal and Torres Strait Islander young people, but more targeted interventions may be required to reach an appropriate proportion of this group.

The Department's commitment to effective sexual health responses for Aboriginal and Torres Strait Islander communities may require that sexual health campaigns based on inter-state models be supplemented with interventions specifically designed for the Territory's Indigenous communities. There are strong views amongst stakeholders about how this might be pursued. In relation to the *Safe Sex No Regrets* campaign, it was thought that the campaign might have been improved by the addition of a radio advertisement developed and recorded by Aboriginal and Torres Strait Islander people and played over radio stations popular with Indigenous communities.

There was some agreement – particularly amongst interviewed stakeholders and focus group participants - that the television ads were not completely relevant to the NT, but, while people encouraged more NT-specific ads in the future, they were not opposed to the use of campaigns developed in other states or territories. In general, people supported the use of the television ads, and they were very positively reviewed by survey respondents. It was generally considered sensible to borrow such resources from elsewhere.

There was support for the Department having developed its own radio ads and for the Department's efforts to make these relevant to young people in the NT. People thought the ads could have been improved but still acknowledged that they had been useful. There was strong support for radio as a medium and calls for future radio ads to be played on more stations.

People had mixed views about the other resources, but did not consider them to have been a waste of time or money. Overall, they were considered a reasonable means of supporting the campaign messages.

Overall, there is strong support for a multi-pronged approach to getting the sexual health message out there. There is support for a mix of television, radio, website and other initiatives. Not everyone liked everything – and some people were particularly critical of different campaign elements - but generally each different component was more supported than not.

There was strong support for the Department engaging in this sort of campaign, and many people applauded the Department for its initiative. There was strong support for the project officer involved and for other members of her team.

Future campaigns would benefit from better data collection during the course of the campaign. Future campaigns will be improved by greater attention at the outset as to how the effectiveness of the campaign will be evaluated. The Department may have to work more closely with stakeholder agencies on the issue of collecting client feedback and other data.

Data on testing rates, combined with feedback from staff at Clinic 34, indicates that campaign was successful in encouraging more people to test for Chlamydia and other STIs. This conclusion is supported by the survey data indicating that people were influenced by the ads in very positive ways.

Recommendations

1. That the Northern Territory Department of Health and Families consider the *Safe Sex No Regrets* campaign a success and a sound basis for future youth-focussed sexual health campaigns in the Northern Territory.
2. That, in the planning for future campaigns, the Department convene a meeting (or meetings) of stakeholders to discuss what core messages should be included in the campaign. This meeting may be a meeting of the Department's Sexual Health Advisory Group (SHAG), although the addition of stakeholders who do not form part of the SHAG may strengthen the discussion. The Department should not expect consensus at this meeting but the campaign being planned will still benefit from the voicing at this early point of informed and divergent views.
3. That future sexual health campaigns utilise a multi-pronged (multi-media) approach including, where resources permit, combinations of television, radio, web, print and other resources.
4. That future sexual health campaigns be supported by the Department through a commitment to briefing, liaising with and otherwise supporting other agencies working with members of the target group. The briefings of stakeholder agencies on the *Safe Sex No Regrets* campaign might act as a useful model for this collaboration.
5. That the Department reflect its commitment to the sexual health of Aboriginal and Torres Strait Islander communities by ensuring that, in the planning of each new campaign, consideration is given to the extent to which the campaign will speak to Indigenous populations. Supplementation of campaign materials with interventions designed specifically for Aboriginal and Torres Strait Islander people may be required.
6. That the Department ensure that, from inception, future campaigns are supported with appropriate mechanisms for evaluating campaign effectiveness. To this end the Department may need to work more closely with stakeholder agencies on the issue of collecting client feedback and other data.
7. That, where future campaigns are intended to increase the number of STI tests being sought, the Department consider the need for any additional resourcing to be provided for Clinic 34.
8. That, in the context of its ongoing assessment of STI testing data from Clinic 34, the Department consider one year from now any changes in the number of tests being conducted by the Clinic. In light of any significant changes, the Department might consider the need for a sexual health campaign to supplement the *Safe Sex No Regrets* campaign.

9. That in the development of sexual health campaigns for young people, the Department endeavour to engage young people in campaign development and in the production of campaign materials.
10. That, in acknowledging that campaigns developed interstate do not always translate to the Northern Territory, the Department continue to explore opportunities to adapt and use such campaigns.
11. That, in relation to any future sexual health campaigns for young people, the Department allocates sufficient resources to negotiating collaboration with Northern Territory schools so that the campaigns may be conducted in schools with the support of principles and parent groups.

Appendices

Annexure A - Stakeholders consulted

- Greta Enbom, Health Promotion Officer, Northern Territory AIDS and Hepatitis Council
- Rebecca Johnson, Student Services Curriculum Officer, Department of Education and Training
- Robyn Wardle, Chief Executive Officer, Family Planning Welfare Association of NT
- Erin Evans, Health Promoting School Nurse, Taminmin High School, Humpty Doo
- David Adams, Sexual Health Worker, Danila Dilba
- Natasha Tatipata, Sexual Health Worker, Danila Dilba
- Astrid Stark, Public Health Officer, Clinic 34, Alice Springs
- Peter Knibbs, Clinical Nurse Consultant, Clinic 34, Darwin
- Cathy Pell, Sexual Health Physician, Clinic 34, Darwin
- Kim Jackson, Clinical Nurse Consultant, Clinic 34, Darwin
- Lydia Szczyglowski, Receptionist, Clinic 34, Darwin

Annexure B - Questions for interviewees

1. Have you seen/heard any of the campaign resources? If so, which ones and where?
2. The campaign included some TV ads which were shown until April this year. Do you think the TV ads were a good way to get the safe sex message across to young people? Were they believable/attention grabbing etc?
3. What key messages were the TV ads trying to get across?
4. The campaign has included some radio ads which are still running on Hot 100. Do you think the radio ads are a good way to get the safe sex message across to young people? Are they believable/attention grabbing etc?
5. What key messages are the radio ads trying to get across?
6. Do you think the campaign worked in raising awareness about STIs, safe sex, testing and where to get tested?
7. Did you think the campaign was appropriate for the Northern Territory?
8. Did you hear of anyone having an STI check after seeing/hearing the campaign?
9. Do you think any of your service users have been affected by the campaign in any way?
10. Do you think the campaign has represented a good use of resources?
11. Do you think there are better ways to get the safe sex message across to young people?
12. Would you like to make any other comments about this campaign?

Annexure C - Radio scripts

Safe Sex No Regrets – Radio Scripts

Script 1: 46 seconds

Phone conversation between Kim and Jade

Kim: Hey Jade, heard you hooked up with Mattie last weekend? How'd it go?

Jade: Good, he's so nice, but we got carried away and didn't use a condom. Bit stupid hey?

Kim: Geez girl where was your head at, you know there's lots of STIs around. You better get tested!

Jade: Have already, I like totally freaked out, coz you know how you can have an STI without getting any signs

Kim: Yeah. It's scary. So how'd it go?

Jade: The test was real easy; I didn't even have to drop my knickers in front of anyone. I just went into the loo at the clinic and did my own test.

Kim: Are you okay?

Jade: Um, no, I got Chlamydia, but it's been treated. You know what Kim. I'm always using condoms in the future.

Safe Sex No Regrets. Use Condoms.

Call Clinic 34 for free and confidential testing
Authorised by the Northern Territory Government
Spoken by

Script 2: 45seconds

Mattie and Jade telephone conversation

Jade: Hi, it's Jade. How are you?

Mattie: Good. Had a fun time last weekend.

Jade: About last weekend, it freaked me out not using a condom, so I went for a test and I've got Chlamydia.

Mattie: You don't think I gave it to you?

Jade: We've both had other partners. I've never had a sexual health check up, have you?

Mattie: No. Coz I have never had anything wrong with you know down there.

Jade: The problem is you can have an STI and not have symptoms. The good thing is, testing is easy: guys just pee in a pot and the clinic staff don't give you a hard time or anything.

Mattie: Yeah, I s'pose if it's that easy and free I'll get a check up. Then can we catch up again?

Jade: Sure. But we have to talk about condoms.

Safe Sex No Regrets. Use Condoms.

For a free and confidential testing call Clinic 34
Authorised by the Northern Territory Government Darwin
Spoken by

Script 3: 45seconds

Mattie and Dave

Dave: Hi Mattie. How's it going?

Mattie: It's all good now, I've just been to Clinic 34 - I needed to get a STI check.

Dave: Geez how come?

Mattie: Well you know how I have been seeing Jade over the past few weeks? Well she rang to say she has Chlamydia.

Dave: Wow, but she seems so nice. Didn't think she'd have anything.

Mattie: She is nice and I want to keep seeing her. It's just a bummer what happened but hey, anyone who doesn't use a condom puts themselves and their partner at risk of STIs. Lucky for us Chlamydia can be treated and cured; there are other STIs that can't.

Dave: Woah! Maybe I should get checked too!

Mattie: Yep, I reckon you should coz it's easy, you just pee in a pot, it's free
 and the clinic staff are pretty cool. It's good to know we are both clear
 now.

Dave: Ok. Catch you later and I'll let you know how it goes.

Safe Sex. No Regrets. Use Condoms.

For free and confidential testing call Clinic 34
Authorised by the Northern Territory Government, Darwin
Spoken by

Annexure D – Anonymous survey

SAFE SEX NO REGRETS CAMPAIGN

ANONYMOUS SURVEY

The Northern Territory Department of Health and Families has engaged an independent consultant to conduct an evaluation of the Safe Sex No Regrets Campaign. This questionnaire forms part of this evaluation. The Department would appreciate it if you would fill out this questionnaire and return it by 18th September 2009. The campaign began in September 2008 and will continue until the end of September 2009.

Please tick

Male Female

Age 15-19 20-24 24-29

1. Have you seen any of the Safe Sex No Regrets TV commercials?

- Yes (go to question 2)
- No (go to question 4)

2. What messages do you remember from the TV commercial? (Tick as many boxes as you like)

- Condoms help prevent STIs Anyone can have a STI It's OK to carry condoms
- STIs are on the rise in the Northern Territory It's good to protect yourself from STIs
- It's good to protect your partner from STIs Condoms help prevent Chlamydia
- Condoms help prevent herpes Condoms help prevent syphilis

3. Did you like the ads?

- Yes What did you like?.....
- No What didn't you like?.....

4. Do you listen to radio station Hot 100? Yes No

5. Safe Sex No Regrets radio ads were played on radio station HOT100 during December 2008 and September 2009. Did you hear any of these ads?

- Yes (go to question 6)
- No (go to question 10)

6. If yes, what messages do you remember from the radio ads?

- Condoms help prevent Chlamydia STIs are common STI tests are simple
- You can get a STI test from Clinic 34 You can have a STI without having symptoms
- Chlamydia is treatable STI testing at Clinic 34 is non-judgemental and attitude-free
- STI testing is free Anyone can have a STI Get an STI test Condoms help prevent STIs
- It's good for sexual partners to discuss use of condoms

People who are sexually active should have a regular STI check-up

7. Did the ads influence you in any way?

Yes (go to question 8)

No (go to question 9)

8. Did the messages encourage you to do any of the following? (Tick as many boxes as you like)

Go for an STI test Think more about the risk of STIs Buy condoms

Talk to friends about STIs Ignore STIs Use condoms Change my sexual behaviour

Speak to my sexual partner/s about STIs Carry condoms with you when you go out

9. Did you like the radio ads?

Yes What did you like?.....

No What didn't you like?.....

10. Have you seen any of the other campaign resources?

Yes (go to question 11)

No (go to question 12)

11. Which ones? (please tick as many as you like)

Posters Wristbands Lollipops 'Klappers' T-shirts Pamphlet

Safe sex no regrets website

12. Where could you go in Darwin or Alice Springs to get an STI check?

Thank you for taking the time to fill out this survey