

YOUNG WOMEN'S SEXUAL HEALTH PROJECT

EVALUATION REPORT

October 2003

**WOMEN'S HEALTH STRATEGY UNIT
NORTHERN TERRITORY DEPARTMENT OF HEALTH AND COMMUNITY
SERVICES**

This evaluation report was researched and prepared by the Northern Territory (NT) Department of Health and Community Services (DHCS), Women's Health Strategy Unit with the support of the Commonwealth Government through its Public Health Outcome Funding Agreement 1999/2000 – 2003/2004.

This work is copyright. It may be reproduced in whole or in part for study training purposes subject to inclusion of an acknowledgment of the source and no commercial usage or sale. The suggested citation is:

Kasteel L, Holt J, Hayhurst B, Young J. Young Women's Sexual Health Project: Evaluation Report. Department of Health and Community Services, Darwin, 2003.

© Women's Health Strategy Unit
Department of Health and Community Services
October 2003
ISBN: 0-7245-4492-5

Acknowledgments

The Evaluation Report Team wishes to acknowledge the following for their support during the life of the project:

- Project sponsors, the then Assistant Secretaries of Community Health, Aboriginal Health, and Hospital Services and Health Development and Community Services Divisions
- The Women's Health Strategy Unit, NT DHCS
- The AIDS/STD Program of the Centre for Disease Control, NT DHCS
- Members of the Young Women's Sexual Health Project Consultative Committee, and
- Focus groups participants.

Liz Kasteel, Jan Holt, Beverley Hayhurst and Jenny Young
Evaluation Report Team
October 2003

Foreword

The literature review reveals that the rate of heterosexually acquired Human Immunodeficiency Virus (HIV) in young women is on the increase, both in developed and developing countries. It also reveals that in the absence of poverty, young women put themselves at risk of acquiring HIV because they do not see HIV as a personal threat, they lack self confidence in decision making and negotiation skills in the use of condoms with casual partners, and they stereotype people with HIV.

The reported cases of HIV in the NT from 1991 to 2002 show a steady increase of young heterosexual people acquiring HIV. The Young Women's Sexual Health project was designed to reaffirm young women's knowledge of healthy, safe sex practices; reinforce the danger of HIV; and reduce the potential risk of HIV and other sexually transmitted diseases by increasing condom usage. This project targeted 18-30 year old young women, particularly those who frequent nightclubs and/or pubs.

The findings of this evaluation show that although there was no definitive causal link between the campaign and change of attitude towards condom use, young women responded well to this campaign through their positive acceptance and use of the campaign slogan – *"Put It On So We Can Get It On"*.

This evaluation report will inform the development of a more strategic approach to addressing specific sexual health issues in the NT to ensure better health outcomes for NT population groups.

TABLE OF CONTENTS

<i>EXECUTIVE SUMMARY.....</i>	4
EVALUATION PURPOSE AND OBJECTIVES	4
LONG TERM PROJECT GOAL	4
EVALUATION METHODOLOGY	4
KEY FINDINGS	5
FUTURE DIRECTIONS/RECOMMENDATIONS	5
<i>THE PROJECT.....</i>	6
BACKGROUND AND RATIONALE	6
SUMMARY OF LITERATURE REVIEW	7
GOALS AND OBJECTIVES	8
Long term project goal.....	8
Project objectives	8
PROJECT MANAGEMENT	9
Funding	9
Timeframe	9
Management structure.....	9
PROJECT COMPONENTS	10
Development of campaign strategy	10
Campaign products.....	11
Project evaluation.....	11
<i>THE EVALUATION.....</i>	12
EVALUATION PURPOSE.....	12
EVALUATION OBJECTIVES	12
SCOPE.....	12
EVALUATION METHODOLOGY	13
Project management.....	13
Evaluation tools.....	13
Evaluation limitations.....	14
<i>EVALUATION FINDINGS.....</i>	15
ORIGINAL FOCUS GROUP	15
Appropriateness	15
Effectiveness	15
NEW FOCUS GROUPS	16
Appropriateness	16
Effectiveness	16
SURVEY QUESTIONNAIRES	17
STAKEHOLDER INTERVIEWS.....	20
Appropriateness	21
Effectiveness	21
Efficiency	22

<i>CONCLUSIONS AND RECOMMENDATIONS</i>	<i>23</i>
<i>REFERENCES</i>	<i>27</i>
<i>ACRONYMS</i>	<i>28</i>
<i>APPENDICES</i>	<i>29</i>
Appendix 1: The Young Women's Sexual Health Consultative Committee	29
Appendix 2: Sample of an advertisement to recruit focus group participants.....	30
Appendix 3: Focus Group Questions – Pre-Campaign	31
Appendix 4: Written Focus Group Questions – Pre-Campaign	32
Appendix 5: List of Campaign Products.....	33
Appendix 6: Focus Group Questions – Post Campaign.....	35
Appendix 7: Survey Questionnaire	36

LIST OF TABLES AND FIGURES

Table 1:	HIV cases in NT residents by year and exposure category	6
Figure 1:	Responses to the question, "who is the campaign aimed at?"	18
Figure 2:	Responses about personalising the risk of HIV	18
Figure 3:	Impact of campaign messages on casual sex	19
Figure 4:	Campaign impact on condom usage	19

EXECUTIVE SUMMARY

EVALUATION PURPOSE AND OBJECTIVES

Due to an increase in the rate of heterosexually acquired HIV in young women in the NT over the past five to 10 years, the DHCS decided in early 2001 to develop a strategic approach to early intervention to prevent further cases of heterosexually acquired HIV in women. The approach was to undertake a six-month pilot awareness campaign targeting young heterosexual women aged 18-30 years who reside in urban Darwin, frequent nightclubs, pubs or bars and who may engage in casual sexual relationships.

The Young Women's Sexual Health pilot project with the slogan, *"Put In On So We Can Get It On"*, was conducted by the Women's Health Strategy Unit (WHSU) in partnership with the AIDS/STD Program of the Centre for Disease Control from November 2002 to July 2003.

This evaluation report informs key stakeholders of the appropriateness, efficiency and effectiveness of the project's components and makes recommendations to inform future policy and strategy development.

LONG TERM PROJECT GOAL

To prevent further cases of heterosexually acquired HIV in women aged 18-30 in the Darwin urban area.

Project objectives

To develop a media campaign that:

1. **reaffirms** young women's knowledge of healthy, safe sex practices,
2. **reinforces** the danger of HIV, and
3. **reduces** the potential risk of HIV and other sexually transmitted diseases by increasing condom usage.

EVALUATION METHODOLOGY

The evaluation was conducted by a multi-disciplinary team over a three month period from July to September 2003.

The evaluation methodology included:

- A literature review
- Pre and post project focus groups
- A survey questionnaire distributed to a wide range of locations and service providers in the Darwin urban area
- Stakeholder interviews.

KEY FINDINGS

Feedback from the focus groups, survey questionnaires and stakeholder interviews revealed that the media campaign, in particular the posters and their choice of location, was seen as appropriate by the target group. However, the feedback revealed that for the campaign to be more effective it needed to be more broadly targeted to include young men as well as women and to include a wider age range namely, teenagers aged below 18 years, as well as young people aged over 18 years.

Due to the limited time period for the campaign, long term changes in attitude and behaviour are difficult to measure. However, the target group positively adopted the campaign slogan designed with input from the original focus group participants. It was felt that a range of other activities could enhance any future preventative campaigns including extending the campaign targeting men and women to other media, provision of free condoms to a broad range of venues frequented by young people and ensuring that future campaigns focus not only on the provision of information about safe sex, but on the skills to negotiate safe sex.

FUTURE DIRECTIONS/RECOMMENDATIONS

It is recommended:

1. That future campaigns target young men as well as women.
2. That future campaigns target young people aged below 18 years, as well as the over 18 year old age group. This would necessitate revisiting the design, content and distribution of the campaign products.
3. That future campaigns be extended to other media, e.g. television, newspapers or magazines, to get the message across.
4. That future campaigns provide free condoms at a range of venues frequented by young people.
5. That future campaigns publicise free HIV/STI testing services.
6. That target group input and feedback be an essential component in all future sexual health campaign strategies.
7. That future education campaigns provide information on the link between STIs and the increased risk of acquiring HIV, and the role that using a condom can play in reducing the risk of acquiring STIs and HIV.
8. That future campaigns continue to focus not only on provision of information about safe sex, but on the skills to negotiate safe sex.

THE PROJECT

BACKGROUND AND RATIONALE

In Australia, young heterosexual women have not been the traditional targets for HIV awareness campaigns because HIV has predominantly affected homosexually active men.¹

Nationally, the proportion of heterosexually acquired HIV has been gradually rising which has resulted in women becoming increasingly represented in the total reported cases of HIV.² This profile of transmission is occurring to an even greater degree in the NT, where heterosexual transmission accounted for 43 per cent of all HIV cases between 1991 and 2002. Over 15 per cent of all HIV diagnoses in NT residents during this same period were in women. The NT also has an increasing trend of diagnoses of HIV in young people aged less than 30 years. See Table 1.

Table 1 HIV cases in NT residents by year and exposure category

	Heterosexual cases		Heterosexual cases under 30 yrs		Total HIV cases	
	Male	Female	Male	Female	Male	Female
1991	0	1	0	1	5	1
1992	2		0		6	
1993	4		1		10	
1994	2		0		5	
1995	1		0		1	
1996	1		1		6	
1997	2	3	0	1	7	4
1998	4	1	0		11	1
1999	1	1	0		4	1
2000	1	1	0	1	2	1
2001	1		1		4	
2002	3	4	1	3	4	4
Total	22	11	4	6	65	12

Source: DHCS AIDS/STD Program HIV database.

Whilst the total number of reported cases in the NT are small (77 cases recorded between 1991 and 2002); nearly all women diagnosed HIV positive in the NT acquired the disease through heterosexual contact and almost half (45 per cent) of these women did so from sexual contact with a person from a high prevalence country.³

Coupled with this increase in heterosexually acquired HIV amongst young women in the NT, health officials are alarmed at the increase in Sexually Transmissible Infections (STIs) in the 15-19 year old group. A person infected with an STI has a much higher risk of acquiring HIV, because STIs may serve as cofactors for HIV infection if safe sex

¹ Commonwealth Department of Health and Aged Care (2000). National HIV/AIDS Strategy 1999-2000 to 2003-2004. Commonwealth of Australia, p. 14

² World Health Organisation, 2002 Update (2002). UNAIDS/WHO Epidemiology Fact Sheet: Australia (report generated on 19 August 2003).

³ NT AIDS/STD Program Surveillance Update 2003, Department of Health and Community Services, vol. 3(2)

is not practiced.⁴ STI rates are considered "an accurate indicator for trends of HIV infection, since the behaviours associated with the acquisition and transmission of STIs are identical to the behaviours associated with HIV transmission."^{3,5}

These findings alerted DHCS to the potential public health danger of HIV transmission in young people and in particular young women. In general, young people place themselves at increased risk of acquiring HIV due to the perception that they are invulnerable to the risk of HIV, initiating sexual intercourse at an earlier age than ever before, many have multiple sexual partners, lack of negotiation skills in the use of condoms with a casual partner, and stereotyping people with HIV. Young women also give their primary reason for using condoms as contraception, rather than protection against infections.⁶

As a result, the DHCS decided in early 2001 to develop a strategic approach to early intervention to prevent further cases of heterosexually acquired HIV in women. The approach was to undertake a six-month pilot awareness campaign targeting young heterosexual women aged 18-30 years who reside in the Darwin urban area,⁷ frequent nightclubs, pubs or bars and who may engage in casual sexual relationships.

The Young Women's Sexual Health project with the slogan, "*Put In On So We Can Get It On*", was conducted by the Women's Health Strategy Unit (WHSU) in partnership with the AIDS/STD Program of the Centre for Disease Control from November 2002 to July 2003.

SUMMARY OF LITERATURE REVIEW

A literature review was conducted in July 2002.⁸ This review revealed that HIV is no longer a disease unique to the homosexual community. The prevalence of HIV in women has been on the increase worldwide. Data from the NT shows that since 1999 there has been an increase in the proportion of heterosexual young women diagnosed with HIV.

There have been a number of research studies undertaken to investigate the relationship between women and HIV, and the factors, particularly social, that place women at risk of acquiring HIV.

The literature showed that gender issues, for example, the traditional roles of men and women, often create unequal power relationships between men and women that can impact on condom use by both genders. The literature also showed that young women do not perceive themselves as vulnerable to contracting HIV when they are on the 'pill'.

³ NT AIDS/STD Program Surveillance Update 2003, Department of Health and Community Services, vol. 3(2)

⁴ HIV and Reproductive Health Services. In Introduction: What are HIV and AIDS?

<http://www.engenderhealth.org/res/onc/hiv/introduction/hiv1p2.html> Accessed September 2003

⁵ Boyer CB and Kegeles SM (1991). *AIDS Risk and Prevention among Adolescents*. Soc. Sci. Med., vol. 33 (1), p. 12

⁶ Ibid, pp. 11-19

⁷ Darwin urban as a statistical region defined by Australian Bureau of Statistics 2000

⁸ Northern Territory Department of Health and Community Services. (2002). YWSH Project Literature Review (unpublished). Darwin.

The literature also indicated that young women are currently at an increased risk of HIV exposure due to several factors, including initiating sexual intercourse at a younger age than in the past and having multiple sexual partners. The literature revealed that young people do not consistently use condoms with new and/or casual partners. This often results in pregnancies and/or high rates of STIs.

The literature demonstrated that effective HIV prevention efforts that combine education, provision of information and structural change to the social environment, produce better health outcomes.

GOALS AND OBJECTIVES

Long term project goal

To prevent further cases of heterosexually acquired HIV in women aged 18-30 years in the Darwin urban area.

Project objectives

To develop a media campaign that:

1. **reaffirms** young women's knowledge of healthy, safe sex practices
2. **reinforces** the danger of HIV, and
3. **reduces** the potential risk of HIV and other sexually transmitted diseases by increasing condom usage.

PROJECT MANAGEMENT

Funding

The Commonwealth and NT Governments jointly funded this project. A total of \$145,000 was made available through the Commonwealth Public Health Outcome Funding Agreement (PHOFA), \$60,000 towards operational costs and \$85,000 towards personnel costs. The NT Government, through the DHCS, allocated \$10,000 plus in-kind contributions towards this project.

Timeframe

The initial project timeframe was for 12 months, from January 2002 to January 2003. This was extended for a further six months to July 2003 due to:

- unforeseen circumstances in relation to staff turnover
- initial lack of clarity about internal responsibilities during the campaign development
- unexpected early termination of contract by the consultant (an external evaluator).

Management structure

The project was carried out in partnership between the WHSU and the AIDS/STD Program. An internal Memorandum of Understanding was developed to guide the partnership.

The project was managed by the WHSU and supported by a Consultative Committee, which met monthly in the planning stage (the first three months) and later, met as needed. The Consultative Committee had 12 members from a broad range of organisations. (See list in Appendix 1). The project sponsors were the Assistant Secretaries for the former Community Health, Aboriginal Health and Hospital Services Division, and Health Development and Community Services Division.

A Working Group with representation from the WHSU, AIDS/STD Program and Health Promotion Unit was responsible for the day to day running of the project.

An Evaluation Team was established to plan and conduct the project evaluation.

PROJECT COMPONENTS

Development of campaign strategy

Two focus group sessions were conducted during May 2002 with a total of 21 women participating. To recruit focus group participants, advertisements entitled "Sex in the City" (see example in Appendix 2) were placed in the local newspaper, radio, community billboards and at nightclubs around Darwin. The focus group sessions were to ascertain the target groups' level of knowledge of healthy safe sex practices and HIV, and to provide input to the design of campaign messages and products. (See copy of focus group questions in Appendix 3). Participants were also asked to complete a written questionnaire. (See Appendix 4).

Feedback from focus group participants that contributed to the campaign development is summarised below:

Knowledge and awareness of safe sex practices and HIV

- Although the target group indicated they knew about HIV, they were not used to thinking they were at risk of exposure to HIV.
- Participants stated they may make a judgement about a person's HIV status purely by their appearance.
- During focus group discussions, the target group indicated an understanding of the risks of unsafe sexual behaviours, i.e. pregnancy, STIs and HIV. However, the majority of women were most concerned about pregnancy.
- The majority of the participants stated that the use of condoms was mainly for protection against pregnancy. Those who were on the pill and protected from pregnancy therefore felt a condom was not necessary.
- There were inconsistencies in responses by focus group participants in relation to condom usage. In open discussions, some participants stated that they always carried and used condoms. However, this was not confirmed in their responses to the written questionnaire which sought more personal information from participants.

Input to the design of campaign messages and products

- Participants stated that the campaign should reinforce the 'safe sex message' without attempting to 'preach' to the target audience.
- Participants suggested that the campaign messages should be presented in a sexy, fun and humorous way.
- Participants suggested a range of promotional slogans and messages. The most popular was, "Put it on so we can get it on", a slogan created by a participant.

- Participants believed all promotional elements of the campaign, i.e. radio advertisements, songs, posters and nightclub entry stamps should have a complimentary tone, feel and message.

Campaign products

A local advertising company was selected through a tender process to develop the campaign products. This tender process was supported by the DHCS's Public Affairs branch.

The campaign products developed were:

- two different poster designs displayed behind the women's toilet doors of nightclubs/pubs. The posters were also distributed to social clubs, youth organisations, doctors' surgeries, Members of the Legislative Assembly, the Armed Forces, the Northern Territory University (NTU) and regional DHCS centres
- two radio advertisements aired through Hot100 FM
- a dance song aired together with the advertisements on the radio
- a stamp out featuring the campaign slogan was provided for use at selected nightclubs
- condom wallets with the slogan and a list of service provider contacts. These condom wallets were then provided free at special events at nightclubs in Darwin.

Copies of campaign products are shown in Appendix 4.

Campaign launch

Discovery nightclub, a venue popular with young people, was chosen as an appropriate venue to launch this campaign. Over the weekend of 22 and 23 November 2002, the posters were in place in the women's toilets, the condom wallets were available to all patrons, the safe sex song was frequently played, and the stamp out was used. The DJ made continual reference to the campaign and its slogan over this weekend. The nightclub promoted the theme of "safe and sexy" through holding a competition called "Mr and Ms Safe and Sexy". Approximately 3,000 people attended Discovery nightclub over these two nights.

Campaign timeframe

The campaign continued for a six-month period from November 2002 to May 2003.

Project evaluation

At the end of the campaign a combined process and impact evaluation was conducted.

THE EVALUATION

EVALUATION PURPOSE

To inform key stakeholders of the appropriateness, efficiency and effectiveness of the project's components and to inform future policy and strategy development.

EVALUATION OBJECTIVES

1. To examine the appropriateness, effectiveness and efficiency of the project and campaign strategies, activities and resources.

Appropriateness – examines whether the products (launch, posters, ads,) were the best method of getting the message across to the target population (women aged 18-30 who frequent bars, pubs and nightclubs).

Effectiveness – is concerned with measuring the success of the project. Effectiveness is a measure of the extent to which program outcomes meet program objectives.

Efficiency – examines whether the strategies used to develop and run the campaign were executed efficiently (the committee structure, methods for developing and promoting materials, timelines, communication, use of funds).

2. To determine if the project's objectives have been achieved through the various promotional strategies.
3. To make recommendations including ways to sustain and/or broaden the focus of the project.

SCOPE

The evaluation examines the specific strategies used to meet the project objectives, the target group's knowledge of healthy sexual behaviours and personalisation of the risks of contracting HIV and other STIs. This evaluation does not measure target group change in behaviour nor effectiveness of sexual health services.

EVALUATION METHODOLOGY

Project management

Evaluation team

The evaluation was the responsibility of the following multi-disciplinary team:

- Liz Kasteel (YWSH Project Manager, WHSU, DHCS)
- Jan Holt (AIDS/STD Program, DHCS)
- Bev Hayhurst (Health Promotion Unit, DHCS)
- Jenny Young (Evaluation Officer, WHSU, DHCS)

An external consultant assisted with data collection and focus group facilitation.

Timeframe

The initial evaluation timeframe was six weeks, commencing at the end of May 2003. This was extended for a further six weeks due to difficulty sourcing participants for the focus groups and the early termination of the contract by the external consultant.

Evaluation tools

Focus groups

During the evaluation phase, three focus groups were conducted with a total of 26 female participants. Both verbal and written feedback about the campaign was obtained at these focus groups. The written feedback sought information of a more sensitive and personal nature and was used to ensure validity of verbal data obtained during the focus groups. (See verbal and written focus group questions in Appendix 6). One focus group was dedicated to women who had previous involvement in the campaign development. It was initially difficult to encourage women to attend these focus groups despite advertising on all radio stations, in the NT News and at Nightclubs. To attract participants, Public Affairs DHCS assisted with a radio competition conducted over a one-week period.

Survey questionnaire

To obtain broader feedback from the target group, a total of 600 survey questionnaires were distributed to a range of locations and service providers in Darwin and Palmerston. These included nightclubs, health clinics, doctors' surgeries, hairdressers, NTU and youth organisations. Survey participants were asked to state their gender and age so that the evaluators could identify who had responded to the survey. The survey was voluntary and anonymous and a pre-paid envelope was provided. A total of 116 survey questionnaires were received. A copy of the survey questionnaire is attached in Appendix 7.

Stakeholder interviews

Interviews were conducted with representatives from the AIDS/STD Program, Office of Youth Affairs, YWCA, Anglicare, the NT Branch of the Australian Hoteliers Association and the United Nations Transitional Administration in East Timor (UNTAET).

Evaluation limitations

A number of limitations were encountered during this evaluation and these have had an impact on the results. These included:

- Difficulty measuring the success of this campaign in terms of increased condom usage (see project objective 3), as obtaining this type of data is extremely resource intensive. Moreover, it would be difficult to draw conclusions on the causal links between reducing the risk of HIV infection and condom use due to the project timeframes.
- Limited timeframe for the actual campaign to produce long-term measurable outcomes in terms of reduction in heterosexually acquired HIV in women. The campaign ran for six months. This is not sufficient time to measure behavioural change.
- The focus group participants were all women aged 18-30 who frequent nightclubs. However, not all of them were engaging in casual sex.
- The campaign only targeted women. Feedback from focus groups indicated that men need to be targeted, as well as women, for this type of campaign to yield the long-term outcomes desired, since healthy sexual behaviour is a shared responsibility.
- The high mobility of the Darwin population had an impact on the ability of the evaluators to obtain feedback from some original focus group participants and some key stakeholders.
- Difficulty forming conclusions due to inconsistencies in verbal and written responses by some focus group participants.
- Difficulty recruiting participants for the focus groups even though they were advertised widely. The difficulty may have been due to the personal nature of the topic. Ideally more focus group sessions would have been conducted to obtain wider input from the target group or alternatively identifying other strategies to collect data.

EVALUATION FINDINGS

ORIGINAL FOCUS GROUP

Five participants from the original focus groups attended a second focus group on 11 June 2003. This session was held to ascertain any change in awareness and knowledge of safe sex practices, as well as seek feedback on appropriateness and effectiveness of the campaign products.

Appropriateness

Most participants felt that the campaign products were appropriate. They felt that the slogan, *"Put It On So We Can Get It On"*, was well known and the models and colours depicted in the posters were eye catching. Although most acknowledged that *"picking up"* is common practice in this age group, one participant stated that seeing the words on the poster, *"We all know how good it feels to pick up"*, was a bit confronting.

Most participants did not hear the radio advertisement on air despite this being the medium they suggested for best coverage. However, 40 per cent of the participants stated that although the advertisement did not particularly appeal to them, i.e. it had an irritating voice and was *"cheesy"*, the messages were easily remembered.

Effectiveness

All participants stated that the messages in the poster were effective. In particular, the message, *"Picking up HIV as a woman is real. It's happening here ... in this town"*, was felt to be very powerful and made HIV risk seem a reality.

Although all participants said they had seen the posters and the stamp-out, not all had heard the radio advertisements and song. Most participants said that this campaign had not changed their attitude towards condom usage because they stated that they had an established practice of always using a condom with a casual partner. This is inconsistent with the fact that most of the participants stated that they had been for an STI and/or HIV test. One participant revealed that the campaign had influenced her to discuss condom usage with a casual partner prior to going home with that person.

All participants said that placing the posters behind toilet doors in nightclubs was ideal. Most would like to see the posters placed in men's toilets as well. This was because they felt men's attitudes about using condoms had not changed. They felt that men do not think about the risk of not using condoms. Participants said that if the campaign was aimed at men then the posters would need less words, sexier graphics and use a male icon, such as a Holden Monaro.

NEW FOCUS GROUPS

Two additional focus group sessions were held on the 9 and 10 July 2003 with a total of 21 women attending. These women had no prior involvement with the project.

Appropriateness

All participants stated they had seen the posters. Some indicated that the venues depicted in the poster looked too "*clean*" and the models were "*too good looking*" and "*dressed up*" for Darwin nightclubs. "*When you go out you see most people wearing jeans*".

Some participants commented that the voice in the radio advertisement was irritating, but acknowledged the message stuck in their minds. Some said the voice did not sound real, sounded scripted, and not the type of words young people would use.

All participants agreed that placement of posters behind toilet doors at nightclubs was appropriate.

Effectiveness

All participants agreed that the campaign slogan, "*Put It On so We Can Get It On*", has become a commonly used phrase to indicate the need to use condoms.

All participants indicated that the message, "*It's happening here....in this town*", is straight to the point, hard hitting, powerful, and effective. However, some participants were unimpressed with the message, "*We all know how good it is to pick up...*".

In answer to the question, "*Do you see HIV as a threat to you personally?*", there was general discussion about personalising the risk, that "*it could happen to me*". One participant said, "*...I read in the paper about how many people in the Territory have HIV and it made me sit back and think*".

All participants indicated that they remembered parts of the radio song, that they understood the message to be about condom usage, but not necessarily about HIV.

Participants indicated that prior to seeing the posters they were more concerned about getting pregnant than the risk of contracting HIV.

"I worry more about pregnancy than anything else".

"The posters have brought back that awareness."

A further comment was that this campaign led participants to realise that HIV affects people other than homosexual men, and that it has changed their attitudes to casual sex.

"...yes, it hits home, it has brought it out into the open a lot more".

"You can joke about it, and if one of your mates has picked up, you can yell out, 'Put It On So We Can Get It On'."

The participants stated it was difficult to measure the effect of the six-month campaign on attitudes and behaviours. There was general comment on the need to target younger people, aged 16 or younger because, *"by 18 years it is too late"*. Others stated that free condoms should be available at high schools, and that there should be a poster directed to school age students. Another suggestion was to target under 18 year olds at cinemas rather than schools. There was general agreement that males need to be targeted as well, because if men see the current campaign posters, they may feel that safe sex is the responsibility of women.

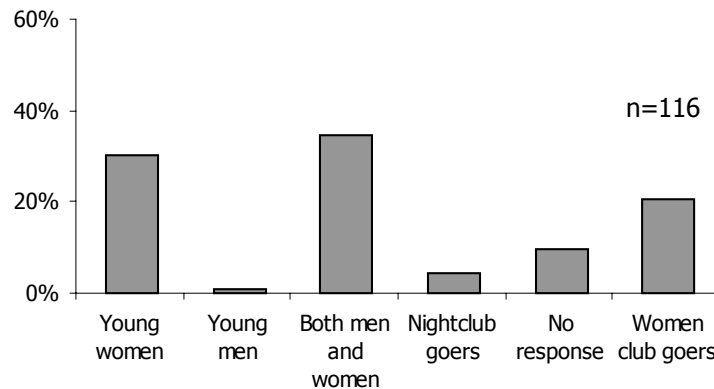
Participants' written evaluation of the focus group process

Participants felt the focus groups were informal, useful, well-run, very informative, encouraged open discussion and fun and that they raised awareness of HIV. Other comments were that younger women and men need to be involved. One comment from an original focus group participant was that being part of the focus group made HIV real. All participants indicated a willingness to be involved in any future focus groups.

SURVEY QUESTIONNAIRES

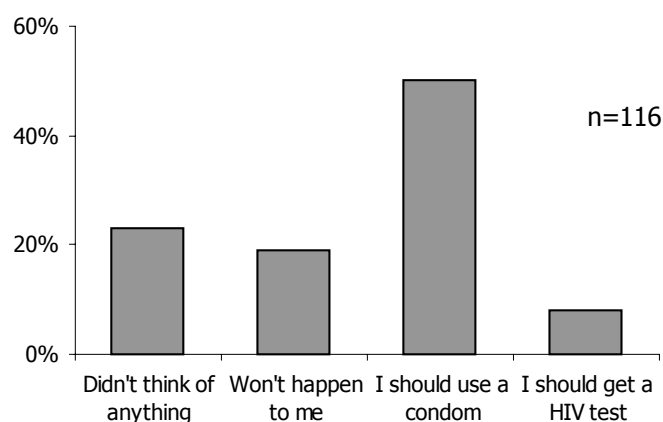
A total of 116 questionnaires were received. Twelve males completed the questionnaire. Eleven females stated they were over the age of 30, 11 were age unknown, and one person did not state their gender. Seventy-two per cent of respondents had seen the posters and 52 per cent had heard the radio ads. Of those respondents who had seen both posters and heard the radio ads, 35 per cent preferred the posters and 24 per cent preferred the radio ads.

Thirty-four per cent of respondents believed the campaign was aimed at both young men and women, 30 per cent indicated that it was aimed at young women, 20 per cent indicated that it was aimed at young women who frequent nightclubs, four per cent indicated that it was aimed at nightclub goers, one per cent thought it was aimed at young men, and 10 per cent did not respond. See Figure 1.

Figure 1 Responses to the question, "who is the campaign aimed at?"

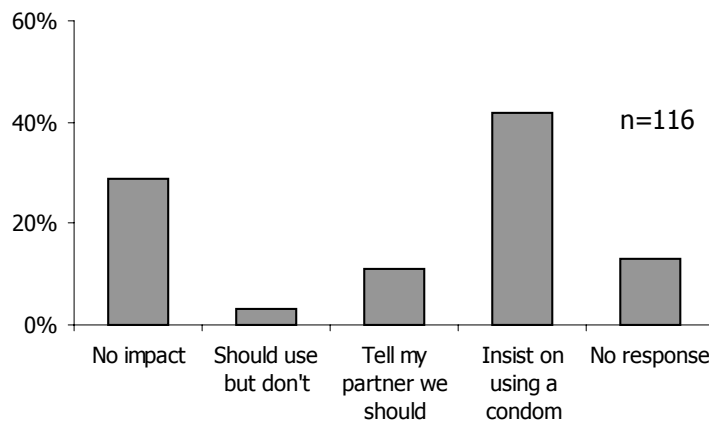
Seventy-two per cent of respondents indicated that the primary message from the posters and radio ads was about having safe sex. Eighteen per cent gave no response, five per cent said they got no message from this, and four per cent reported a negative message, e.g. *"slutty girls"*, degrading women.

In response to the question *"How did you feel when you first saw the posters or heard the ad?"*, Fifty per cent indicated that they should use a condom, 23 per cent indicated that the campaign did not make them think of anything, 19 per cent think that (HIV) *"won't happen to me"* and eight per cent said that they should get a HIV test. See Figure 2

Figure 2 Response about personalising the risk of HIV

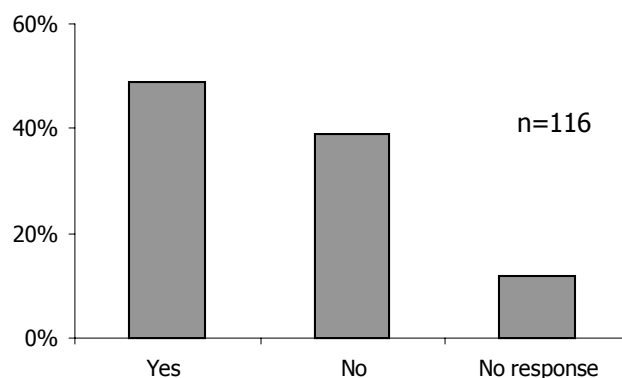
When asked if the campaign has changed their attitude towards casual sex, 42 per cent of respondents indicated they now insist on using condoms, 29 per cent said that it did not change their attitude, 11 per cent said that they now tell their partner to use condoms, and 13 per cent did not respond to this question. See Figure 3.

Figure 3 Impact of campaign messages on casual sex



In response to the question "*Has the campaign encouraged you to use condoms?*", 48 per cent said yes, 36 per cent said no, and 12 per cent did not respond. See Figure 4. The answers to this question varied slightly in comparison the answers in Figure 3, due to the open-ended response asked of participants. See Appendix 6, questions 9 and 11. Of the 36 per cent who said "*no*", the majority stated that they already used condoms or were in a relationship.

Figure 4 Campaign impact on condom usage



In response to the question, *"If you consider casual sex and your partner does not want to use a condom, what do you do?"*. Forty-one per cent said they would not have sex if a condom was not used, 32 per cent said that they would insist on condom usage, 17 per cent did not respond to this question, three per cent said that they would still have sex without a condom, and seven per cent could not be categorised

Forty-two per cent of respondents indicated that they had a very strong emotional response after unprotected sex with a casual partner. This ranged from feeling scared to confused, dirty, guilty and embarrassed. However, the primary thing the respondents thought about was the fear of pregnancy. Some respondents said that they would go for a pregnancy or HIV/STI test, and some respondents would take the morning after pill.

In response to the question, *"Have you ever had HIV and/or STIs tests?"* Fifty-eight per cent of respondents stated they had tested for HIV, 74 per cent for STIs, 53 per cent for both HIV and STIs, and 28 per cent had never tested for either HIV or STIs. Over half of the respondents gave a reason, other than exposure to the campaign, for testing for HIV/STIs. The reasons stated for seeking out testing included:

- unprotected sex
- as part of a pregnancy check up
- finding out their partner had cheated on them
- presentation of possible STI symptoms, and
- entering into a relationship and wanting to stop using condoms.

It cannot be ascertained from the responses given whether the tests were pre or post campaign, as these specific questions were not asked. See Appendix 6, questions 14 and 15.

All respondents (100 per cent) stated that this campaign should continue, including the two respondents who said that the campaign messages portrayed women in an unacceptable way. Respondents offered a number of suggestions to improve this campaign. The five most cited were:

- target both men and women
- target a younger age group
- extend the campaign to television
- provision of free condoms at venues such as nightclubs and high schools, and
- publicise the free HIV/STI testing services.

STAKEHOLDER INTERVIEWS

Six stakeholder representatives were interviewed about the appropriateness, effectiveness and efficiency of this campaign.

Appropriateness

Stakeholders stated that the process was heavily directed towards designing an appropriate campaign. This was evident through the involvement of the target group in developing the campaign messages and resources, e.g. feedback from the original focus group sessions revealed that young women like to listen to Hot 100 Radio. This station consequently was selected to play the radio ads during the campaign. The campaign slogan, *"Put it on so we can get it on"*, was viewed as a very positive message. In comparison, the slogan, *"If it's not on it's not on"*, developed in an earlier national campaign, was viewed as having negative connotations. Stakeholders stated that the posters were appropriately placed and well distributed to a wide range of locations, including UN personnel in East Timor, bush clinics and other NT regional centres, although young women in the Darwin urban area were the target group.

Stakeholders stated they felt the campaign needed to target the under 18 year olds as well as those over 18 and that the campaign could have targeted both young men and women. Others felt that sports clubs and high schools should be targeted as well as nightclubs.

Stakeholders felt the posters appealed to this age group. They were, *"out there, straight forward, easy to take in, straight to the point and in your face"*. They felt the campaign, *"got the message across"*, and that a large proportion of female clients had seen the posters.

Effectiveness

Stakeholders felt that the messages used in the campaign were effective. They were *"different, catchy"* and not simply giving a message to *"make sure you use a condom"*. Stakeholders believed that the campaign not only increased young women's awareness of the dangers of unsafe sex, but highlighted the need for women to take responsibility for their sexual health.

Some stakeholders stated that the campaign forged new partnerships amongst stakeholders. Others felt that the campaign raised industry awareness.

"It was effective on a number of levels. I think anything like this is worthwhile. It involved a cross section of stakeholders. There are other spin-offs as well, even if it didn't change behaviour it still puts it on the agenda and raises the profile. All of these things raise the awareness within the hospitality industry and with staff...so I think there are benefits here from both sides."

Stakeholders stated they believed the radio ad was well aired and effective. They also commented on the effectiveness of the process of engaging stakeholders and felt that they were kept well informed of campaign progress.

Efficiency

Stakeholders provided the following comments about the efficiency of the project management:

"The committee were very professional, very committed to youth sexual health – that was very apparent. Can't fault anything. All the people were great. They were fresh and energetic and looking for outcomes. They kept everyone involved, they really wanted to know what young people wanted to say. They wanted goals to be clear, the process was very clear".

"I was impressed with the whole campaign. It was very well organised. They were very thorough with developing the materials, the focus groups were a good idea. I was impressed with the research. The meetings were good and the feedback was good, even when I could not be there. The whole project was very well run".

"Project personnel are experts in their fields e.g. Women's Health Strategy Unit, HIV/AIDS Program – but were also willing to do all of the small things required to make the project a success, such as delivering focus group flyers to toilets in hotels and pubs".

CONCLUSIONS AND RECOMMENDATIONS

The campaign was designed with the long-term goal of preventing further cases of heterosexually acquired HIV in women aged 18–30 years residing in the Darwin urban area. Feedback from the focus groups and survey questionnaires revealed that respondents thought if the campaign was to be successful, it should target young men as well as women and target the under 18 year olds as well. This was because respondents felt that safe sex was a dual responsibility, that if men see the current posters they may think that safe sex is the women's responsibility, and that there are people younger than 18 years who go night-clubbing and engage in casual sex.

As the posters and radio ads could be seen and heard by people of any age group it is questionable whether an age target needs to be specified in future campaigns. By limiting the age these messages may not be targeted or distributed to a potentially wider group of people who may frequent nightclubs and/or may engage in unsafe sex. However, targeting a lower age group would also necessitate revisiting the design, content and distribution of future campaign products.

Recommendations

1. Campaign to target young men as well as women.
2. Campaign to target young people aged below 18 years, as well as the over 18 year old age group. This would necessitate revisiting the design, content and distribution of the campaign products.

There was universal support among survey respondents for the campaign to continue. However, this was with the proviso that it should extend to other media, that free condoms should be provided at a range of venues frequented by young people, such as nightclubs, high schools and cinemas, and that the free HIV/STI testing services should be better publicised. A significant number of survey respondents were concerned enough about the possibility of either having an STI or HIV to present for testing. Many more young people may be worried about their HIV/STI status but not be aware of the availability of free HIV/STI testing services.

Recommendations

3. Extend the campaign to other media e.g. television, newspapers or magazines, to get the message across.
4. Provide free condoms at a range of venues frequented by young people.
5. Better publicise free HIV/STI testing services.

The appropriateness and effectiveness of the particular campaign products in reaffirming young women's knowledge of healthy, safe sex practices can be gauged by the fact that the majority of survey respondents had seen the posters at the nightclub venues and to a lesser extent heard the radio ads and song. The campaign was also successful to the extent that the posters and radio ads *"got the message across about unsafe sex"* (72 per cent said this was their primary message). More participants said they preferred the posters to the radio ads. This probably was because feedback on the poster design was sought from the target group prior to production. This was not the case with the radio ads. Focus group participants also said they enjoyed being involved in the campaign process and that it helped personalise the potential risk of HIV *"in this town"*.

Recommendation

6. Target group input and feedback to be an essential component in all future sexual health campaign strategies.

In terms of the project objective 2, "To reinforce the danger of HIV", the feedback from the survey revealed that more than half personalised the risk of HIV (50 per cent said *"I should use a condom"*, and 8 per cent said *"I should get a HIV test"*).

However, feedback from the focus groups revealed that they had very little awareness of people with HIV in Darwin. The "invisible" nature of HIV in Darwin may make it difficult for this target group to believe this could happen to them and therefore to be aware of its danger. This was demonstrated in verbal feedback from some focus group members such as, judging a person's potential HIV status by their appearance. The lack of awareness may be compounded by the perception that HIV is a disease affecting homosexual men.

The high rates of STI infections in the NT, especially in those aged 15-19 years, and the relationship between STI and HIV transmission would mean that community education campaigns aimed at reinforcing the danger of HIV, need to equally highlight the danger of STIs. Clearly, any campaign that results in increased condom use will reduce the risk of both HIV and STI transmission.

Recommendation

7. Future education campaigns to provide information on the link between STIs and the increased risk of acquiring HIV, and the role that using a condom can play in reducing the risk of acquiring STIs and HIV.

Any future campaign needs to provide young people with not only knowledge about safe sex practices but also the skills to negotiate safe sex. For example, young women, in particular, need to feel at ease and confident to initiate and insist on the use of condoms. The literature review revealed that young women don't perceive themselves as vulnerable to contracting HIV. This was reinforced by statements by focus group participants that they were more fearful of getting pregnant than contracting HIV. HIV seemed a more distant possibility to them. Some women revealed that they felt protected by taking the pill. However, the catchy, fun message *"Put It On So We Can Get It On"* with visual messages of women taking control, is one reason this message stayed in the minds of the majority of focus group participants and survey respondents.

It is difficult to ascertain the extent to which objective 3 for the project, "To reduce the potential risk of HIV and other sexually transmitted diseases by increasing condom usage" was achieved, given the limited time period for the campaign. When posed with the question, *"has the campaign encouraged you to use condoms?"*, 48 per cent of respondents said "yes" and 36 per cent said "no" (see Figure 5). We have to be cautious of this result as this may be a short-term effect. Of the 36 per cent of respondents who said "no", respondents stated they already used condoms, were already in a stable relationship or did not have sex. The fact that neither the focus group questions nor the survey questionnaire sought information on the young women's current partner status (i.e. if they were engaging in casual sex or currently in a stable relationship) has increased the difficulty in drawing definitive conclusions to this question.

The literature review revealed that young people do not consistently use condoms with new and/or casual partners. Some focus group members stated in the verbal discussions that they used a condom when engaging in casual sex, but revealed in the written questionnaires their inconsistent use of condoms with a new and/or casual partner. It may have been difficult for those questioned to disclose and confront their unsafe sexual behaviour as the information sought was of a very personal nature.

It was difficult to form firm conclusions about the impact of the campaign on condom usage amongst young women engaging in casual sex. In response to the question, *"has the campaign changed your attitude towards casual sex?"*, focus group participants revealed that the campaign slogan, *"Put It On So We Can Get It On"*, has alerted them to the potential risk of unprotected sex with a casual partner, and that the slogan has become a commonly used phrase to indicate the need to use condoms.

Feedback from the returned questionnaires on the same question revealed that 53 per cent of respondents now either insist on or tell their partner to use a condom compared to a low three per cent of respondents who stated they would have casual sex without a condom. However, this contrasts to the high proportion of young women (53 per cent) who stated they had been for an HIV/STI test. This is certainly indicative of awareness of the potential negative consequences of casual sex. However, over half of the respondents gave a reason other than the campaign for undergoing HIV/STI testing, such as unprotected sex, finding out their partner had cheated on them and presentation of possible STI symptoms. Also, it cannot be ascertained whether the

testing was conducted prior to or following the campaign, as the survey only sought answers to the question, "have you ever had an HIV/STI test?"

Recommendation

8. Future campaigns to continue to focus not only on provision of information about safe sex, but on the skills to negotiate safe sex.

Stakeholders felt that the project funds were on the whole used efficiently. However, one stakeholder questioned the value of committing \$7,000 to a one-off campaign launch rather than staggering the amount over three or four events to publicise the campaign more widely over the six-month pilot period.

The campaign dance song whilst played frequently at the launch, had only limited radio airtime. This raised the question of whether the money was well spent.

The campaign posters and radio ads were designed with a Darwin city-based target audience in mind. The posters were distributed to remote centres but have not been evaluated as to their usefulness in these settings. The actual message, "*Put It On So We Can Get It On*", has a universal appeal regardless of setting. The challenge for planners is to develop cost-effective messages that appeal to young people who may engage in casual sex, regardless of location in the NT.

REFERENCES

- ACSHP (1999). *A Strategic Approach: Developing a National Communicable Diseases Strategy for Sexual Health*. A Policy Paper from the Australasian College of Sexual Health Physicians.
http://www.acshp.org.au/college/policies/sexual_health.htm Accessed 12/4/2003
- Bauer GR, Welles SL, (2001). *Beyond Assumptions Of Negligible Risk: Sexually Transmitted Diseases And Women Who Have Sex With Women*. American Journal of Public Health, 91 (8). pp.1282-1286.
- Bolton R, Vincke J, Mak R, Dennehy E (1992). *Alcohol and Risky Sex: In Search of an Elusive Connection*. Medical Anthropology, vol 14, pp. 323-363.
- Boyer CB and Kegeles SM (1991). *AIDS Risk and Prevention among Adolescents*. Soc. Sci. Med., vol 33 (1), pp. 11-23
- Catania JA, et al (1992) *Prevalence of AIDS-Related Risk Factors and Condom Use in the United States*. Science, vol. 258, pp 1101-1106
- Catania JA, et al (1994). *Correlates Of Condom Use among Black, Hispanic and White Heterosexuals in San Francisco: The Amen Longitudinal Survey*. AIDS Education and Prevention, vol. 6 (1), pp.12-26.
- CDC (2003). *Current Trends Heterosexual Behaviours and Factors that Influence Condom Use among Patients Attending a Sexually Transmitted Disease Clinic – San Francisco*,
<http://www.cdc.gov/mmwrpreview/mmwrhtml/oooo1787.htm> Accessed 16/08/2002.
- Commonwealth of Australia (2002). *Changes and Challenges*. National HIV/AIDS Strategy 1999-2000 to 2003-2004. Canberra ACT.
- Connors MM, (1992). *Risk Perception, Risk Taking and Risk Management among Intravenous Drug Users: Implications for AIDS Prevention*. Soc. Sci. Med., vol. 23 (6), pp 591-601
- Department of Health United Kingdom (2001). *The National Strategy for Sexual Health and HIV*. London UK.
- HIVDENT (2000). *UN forces play deadly role in spread of AIDS, ambassador says: condoms to be given to all peacekeepers*. <http://www.hivdent.org/publcp/ppunpqfaa032000.htm> Accessed 12/02/2002.
- Kim MY, Marmor M, Dubin N, Wolfe H (1993). *HIV Risk-Related Sexual Behaviours among Heterosexuals In New York City: Associations With Race, Sex And Intravenous Drug Use*. AIDS, vol. 7, pp. 409-414
- Krieger N, Fee E (1994). *Man-made Medicine and Women's Health. The Biopolitics of Sex/Gender and Race/Ethnicity*. International Journal of Health Services, vol. 24 (2), pp. 274-275
- NT AIDS/STD Program Surveillance Update 2003, Department of Health and Community Services, vol. 3(2)
- O'Donnell L, San Doval A, Vernfett R, O'Donnell R (1993). *STD Prevention and the Challenge of Gender and Cultural Diversity: Knowledge, Attitudes and Risk Behaviours among Black and Hispanic Inner-City STD Clinic Patients*. Sexually Transmitted Diseases, vol. 21 (3), p. 145.
- Paicheler G, (1999). *General Population and HIV Prevention: From Risk to Action*. *Cadernos de Saúde Pública*. [online]. 1999, vol.15 suppl.2, pp.93-105.
- Pinkerton SD, et al (2001). *Using Sexually Transmitted Disease Incidence as a Surrogate Marker for HIV Incidence in Prevention Trials*. Sexually Transmitted Diseases, vol. 29 (5), pp. 298-307.
- Pulerwitz J, Gortmaker SL, Dejong W (2002). *Measuring Sexual Relationship Power in HIV/STD Research*. AIDS-Care, vol. 14 (6), pp. 789-800
- Sibthorpe B (1992). *The Social Construction of Sexual Relationships as a Determinant of HIV Risk Perception and Condom Use among Injection Drug Users*. Medical Anthropology Quarterly, vol. 6 (3), pp. 255-270.
- Stall R, et al (1990). *Sexual Risk for HIV Transmission Among Singles-Bar Patrons in San Francisco*. Medical Anthropology Quarterly, vol. 4, pp. 115-28.

- Stein D, Ayotte B (1999). *East Timor: Extreme Deprivation of Health and Human Rights*. The Lancet, vol. 354, p. 2075.
- Territory Health Services, Northern Territory Government (1999). Chapter 1. *Education for Health* in The Public Health Bush Book. Volume 1, p. 9
- Territory Health Services, Northern Territory Government (1999). Chapter 3, *Strategies for Health Promotion* in The Public Health Bush Book. Volume 1 pp. 4-7
- UNAIDS (1999). *Gender And HIV/AIDS: Taking Stock Of Research And Programmes*. UNAIDS/99.16E, Geneva.
- UNIFEM (2000). *Gender and HIV/AIDS, Empower Women, Halt HIV/AIDS*.
http://www.unifem.undp.org/human_rights/hiv_aids.html Accessed 21/4/2003
- UNWire (2003). *Gender and HIV/AIDS Focus Concluded*. <http://archives.healthdev.net/gender-aids/msg00493.html>
 Accessed 21/4/2003
- Vail-Smith K, White DM (1992). *Risk Level, Knowledge and Preventive Behaviour for Human Papillomaviruses among Sexually Active College Women*. JACH, vol 40, pp. 227-230.
- Waldby C, Kippax S, Crawford J (1993). *Research Note: Heterosexual Men and 'Safe Sex' Practice*. Sociology of Health & Illness, vol. 15 (2), pp. 247-256.
- Weiss SH, Weston CB, Quirinale J (1993). *Safe Sex? Misconceptions, Gender Differences and Barriers Among Injection Drug Users: A Focus Group Approach*. AIDS Education and Prevention, vol. 5 (4), pp. 279-293.
- WHO (2000). *HIV/AIDS Report by the Director General*, World Health Organisation, Fifty-third World Health Assembly. http://www.who.int/gb/EB_WHA/PDF/WHA53/ea6.pdf Accessed 21/4/2003
- Worth D (1989). *Sexual Decision-Making and AIDS: Why Condom Promotion among Vulnerable Women is Likely to Fail*. Studies in Family Planning, vol. 20 (6), pp. 297, 303


ACRONYMS

DHCS	Department of Health and Community Services
HIV	Human Immunodeficiency Virus
NT	Northern Territory
NTU	Northern Territory University
PHOFA	Public Health Outcome Funding Agreement
STI	Sexually Transmittable Infection
STD	Sexually Transmitted Disease
UN	United Nations
UNTAET	United Nations Transitional Administration In East Timor
WHSU	Women's Health Strategy Unit
YWSH	Young Women's Sexual Health

APPENDICES

Appendix 1: The Young Women's Sexual Health Consultative Committee

- The Chief Minister's Round Table
- Office of the Youth Affairs
- YWCA
- Danila Dilba Health Service
- Family Planning NT
- NT AIDS Council
- NT Hoteliers Association
- Health Promotion Unit
- High School Nurses
- Women's Health Strategy Unit
- AIDS/STD Program, and
- UNTAET

Appendix 2: Sample of an advertisement to recruit focus group participants

SEX IN THE CITY

WOMEN WHO DO NIGHTCLUBS WANTED

We are a group of women working in Women's Health for the NT Government, and we are concerned about the increase of HIV and STD's in Darwin.
Women aged 18-30 years old are most at risk.

We need your help to design ads to raise awareness about how to protect yourself.

Are you:

- ❖ 18 - 30 years old?
- ❖ Live in the Darwin area?
- ❖ Enjoy going to clubs, pubs and/or bars?
- ❖ Willing to share your thoughts and experiences?

Your confidentiality and anonymity are assured.

Come along to share your ideas, have fun, and help design these important messages to keep other women safe.

We will provide yummy food and heaps of funky designer Gifts.

Two sessions to be held in the city
on Wednesday, 8 May and Thursday, 9 May 2002.

Bookings are essential. Please call Liz on 8999 2715 by 7 May.

Appendix 3: Focus Group Questions – Pre-Campaign

Setting the scene – “The Big Night Out”


1. Where do you usually go for a night out? Will you meet your friends somewhere first?
2. What do you want from a big night out?
3. What's in your handbag? (wallet, lipstick, condoms, etc?)
4. Who's coming?
5. Did you meet anyone?
6. What happened?
7. If you had sex, did you use a condom? Why/Why not?
8. What makes a man sexy? Servicemen/visitors??
9. Are you more likely to pick someone up when you've been drinking?
10. How many drinks have you had? What happened?

Slogan exercise

Break up into 2 or 3 small groups and groups take butchers paper and pens
Each group allocate a scribe and spokesperson/people
Look at the slogans on the butchers paper and discuss/write down your responses.

1. What do you think of the slogans?
2. Can you think of any other slogans/messages to promote safe sex to 18-30yr women?
3. What would make you take notice of a message (scare tactics, give aways, bright colours, statistics, others)
4. What are the best ways to promote safe sex to 18-30 women? (posters, tv, radio, nightclub campaign/ other ideas)
5. If we used posters, where are the best places to put them?
6. Where have you got info about safe sex?

Appendix 4: Written Focus Group Questions – Pre-Campaign



Northern Territory Government
Department of Health and Community Services

SEX IN THE CITY QUESTIONNAIRE

PLEASE ANSWER THESE QUESTIONS AND PUT IN THE BOX PROVIDED - NO NEED TO PUT YOUR NAME

(1) Have you ever had an STI test?

Why did you have it and when?

.....

.....

(2) Have you ever had a HIV test?

Why did you have it and when?

.....

.....

(3) In the last year, how many times have you had unsafe sex?

.....

(4) If you have had unsafe sex - how did you feel the next day? and what did you do?

.....

.....

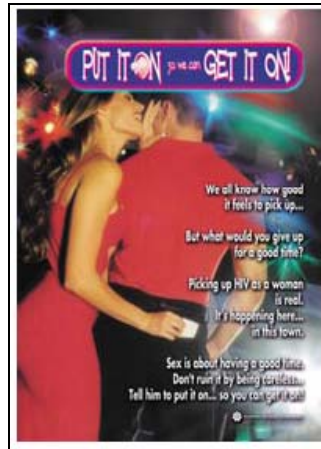
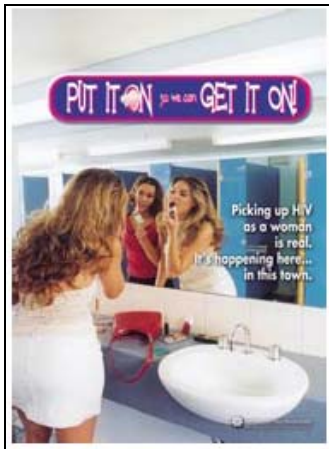
.....

.....

Thank You

Appendix 5: List of Campaign Products

a) Posters



b) Condom Wallets



Inside



Outside

c) Radio Jingle

Copy:

SFX: Dance beat harmonies

FVO: Put it on Put it on put it on So we can get it on!
Put it on Put it on put it on So we can get it on!

HIV? not for me so put it on so put it on!
We can go all the way But only when I say put it on
.... Put it on!

Put it on put it on put it on
So we can get it on!

We can go all the way But only when I say put it on!

FVO Tag: ,Unsafe sex is risky business so make sure he put's it on , before
you get it on.
Authorised by the Northern Territory Government Darwin.

c) Radio Advertisement

Advertisement 1

SFX: Loud throb of night club music in background

FVO1: Hey Sue Come to the ladies with me

FVO2: Oh is this about Brad

FVO1: Uh huh!

Transition sound effects

FVO2: You going to sleep with him?

FVO1: I really want to, but he won't wear a condom, and HIV is a risk

FVO2: Just tell him *"Put It On so We Can Get It On"*

Transition sound effects

FVO1: Brad do you want to come back to my place?

MVO1: Year sure!

FVO1: Have you got a condom?

MVO1: A condom?

FVO1: Yes Brad, I'll take you home, but I won't take any risk with HIV

Tag (FVO): *"Put It On so We Can Get It On"*

Authorised by the Northern Territory Government

Advertisement 2

SFX: Mobile phone text message warning

FVO1: Oh cool, a message from Natalie

FVO2: Well Sue, the Brad and me thing finally happened
and I can't believe how easy it was to get him to wear a condom.
.....It was soooooooooo gooooooooood!

FVO1: Giggles

FVO2: And I feel really good.....I took control, no worries, and no
chance of HIV
Ring me later

Tag (FVO) *"Put It On so We Can Get It On"*

Authorised by the Northern Territory Government

Appendix 6: Focus Group Questions – Post Campaign

Verbal

1. When was the last time you went out? Where did you go?
2. Have you seen these posters? Where did you see them? What did the message ask you to do?
3. What do you think of the posters – the models, the clothes, the message?
4. Did you hear the radio ad? (play) What about the song? How often did you hear them? What is your opinion of them?
5. Did you go to any of the "Sexy and Safe" nights at Discovery - 22 & 23 November? What sort of message do you think it got across? Do you remember hearing the song at Discovery?
6. Did hearing the song etc, cause you to talk more with friends or your partner about safe sex? What did you talk about? (*Prompt: using condoms, HIV, STDs?*)
7. Has reading the posters, hearing the song etc. made any difference to your attitude to casual sex?
8. Whose responsibility is it to carry condoms? What do you say when you ask a guy to use a condom?
9. Do you see HIV as a threat to you personally? Why/why not?
10. This campaign ran for 6 months. How do you think it has affected attitudes and behaviours?
11. Have you heard any comments from guys about the campaign? (*Prompt: are guys happy to use condoms*)

Written

1. Have you ever had an STD test? Yes No If Yes, what made you go for testing? Radio Ad
Poster Friend Other
- If 'Other' please explain
2. Have you ever had an HIV test? Yes No If Yes, what made you go for testing? Radio Ad
Poster Friend Other
- If 'Other' please explain
3. If you have had unsafe sex – how did you feel the next day? What did you do?
4. If you are going to have casual sex, do you ...

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not think about condoms?	Leave it up to the guy to initiate using a condom?	Suggest using a condom?	Insist on using a condom?
5. Did you know that there has been an increase in cases of HIV in young women in Darwin over the last 2 years? Yes No

What do you think might be the reason for this?

.....

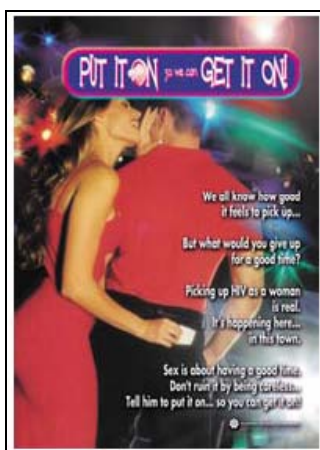
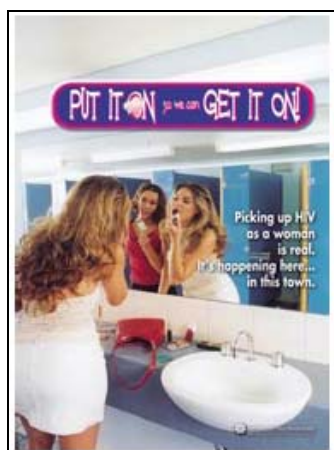
Appendix 7: Survey Questionnaire

SURVEY QUESTIONNAIRE

PLEASE COMPLETE BOTH SIDES OF THE QUESTIONNAIRE

Your age Male ☐ Female ☐ (tick the boxes)

1. Have you seen either of these posters?

Yes ☐ No ☐If **Yes**, where was the poster?

Nightclub ☐

Doctor's Surgery ☐

Clinic ☐

Other ☐

If 'Other' where?

.....

2. Have you heard the ad on the radio that says "Put it on so we can get it on"?

Yes ☐ No ☐3. If you answered **Yes** to questions 1 & 2, which **one** was the best? Poster ☐ Radio ad ☐

Why?

4. Did you go to the "Sexy & Safe" launch at Discovery? (22 or 23 November) Yes ☐ No ☐

What did you think of it? What message did it get across?

.....

5. When you first saw the posters or heard the ad, what message did you get? (please circle)

Didn't think about it It won't happen to me I should use a condom I should get an HIV test

6. How did you feel when you first saw the posters or heard the ad?

.....

7. Who do you think it was aimed at? (Please circle)

Young women

Young men

Both men and women

Nightclub goers

8. Since seeing the posters or hearing the ad, have you had any discussions with friends or a partner about safe sex? (Please circle)

Not at all Once or twice Several times Lot of discussions

9. Have the messages from the posters, ad, etc. changed what you do if you have casual sex? (Please circle)

Not at all I know I should use a condom but I don't I tell my partner we should use a condom I insist on using a condom

10. Have any of your friends changed what they do, or maybe had check-ups because of the campaign? Yes No

What did they do?

11. Has the campaign encouraged you to use condoms? Yes No

Why?

12. If you consider casual sex and your partner does not want to use a condom, what do you do?

.....

13. After unsafe sex – how did you feel? What did you do?

.....

.....

14. Have you ever had an HIV test? Yes No If **Yes**, what made you go for testing?

Radio ad Poster Friend Other

If 'Other' please explain.

.....

15. Have you ever had an STD test? Yes No If **Yes**, what made you go for testing?

Radio ad Poster Friend Other

If 'Other' please explain.

16. Do you think the campaign should continue? Yes ☐ No ☐

How could it be made more effective?

.....

THANK YOU FOR YOUR TIME IN COMPLETING THIS SURVEY
YOUR ASSISTANCE IS GREATLY APPRECIATED!