

Winnipeg Regional Health Authority
Population and Public Health
Healthy Sexuality Marketing Campaign
Evaluation Report 2015



Winnipeg Regional Health Authority
Caring for Health

Office régional de la santé de Winnipeg

À l'écoute de notre santé

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Executive Summary

The Winnipeg Regional Health Authority (WRHA) implemented a healthy sexuality marketing campaign to help reduce the spread of sexually-transmitted infections (STIs). The target audience of the campaign was Winnipeg youth, ages 17 - 21 years with anticipated spill-over to 16 - 24 year olds. The short term goals of the WRHA were (1) to implement a healthy sexuality marketing campaign that targeted youth, and (2) to deliver a campaign that is relevant to their experience. The long term goals are to impact the sexual health attitudes, knowledge and behaviours of youth.

Key Findings

Reach

When asked if they recalled seeing a campaign related to STIs in the past few months, **almost 60% of those who completed a post-campaign survey remembered seeing a campaign** – and most accurately described messages related to condom use with specific mention of Chlamydia and or “what you can’t see can hurt you.” Over a third recalled seeing the ad in bus stops, followed by online ads (17%).

During the campaign period, traffic to the WRHA www.getsomecondoms.com website increased compared to the same period in 2014 (January – June). Notably, web analytics show that traffic to pages about chlamydia and gonorrhea increased in rank from 41st most visited page to 22nd most visited page in 2015 – most likely as a direct result of the campaign itself. The number of visits to the clinic and condom finder page also increased slightly (1,795 in 2014, 2,305 in 2015).

Online ads also generated increased website activity over the campaign period. An analysis of online impressions and number of clicks showed increased activity over two periods of the campaign. Click through rates (CTR) increased from .304% for the period of January 19 to March 31, 2015 to .461% (March 31 to June 1, 2015). The combined CTR was .38%, much higher than the 0.1% average CTR for online advertising¹.

The campaign reached downtown youth; a large portion of downtown survey respondents (60%) saw the ads. Downtown youth were represented in the post campaign focus groups and survey.

Acceptability

Campaign development was informed by direct engagement with the target audience, including focus groups to test messaging and assumptions.

Focus group participants felt the simple design of the campaign grabbed attention. A number of participants found the campaign direct, “not stupid looking like a lot of ads.” Another said, “it gives a problem and a solution to that problem.” The use of statistics and messaging related to Winnipeg was received positively – making the campaign real for young people in Winnipeg.

Although participants generally liked the simplicity of the campaign design, a number said they would like to have more information support the campaign message.

¹¹ Personal communication with McKim and online research <http://www.smartsights.com/internet-advertising/internet-advertising-analytics/display-advertising-clickthrough-rates/>

For many young people, the reliability and credibility lent by the WRHA logo – or equivalent, trusted health source – is critical; without this, many young people are hesitant to click or connect with information (websites, online media).

Some young people felt the campaign lacked diversity – and was not inclusive of women and non-white youth. Some focus group participants felt ads that don't speak to both women and men are a lost opportunity. When speaking of targeting women, participants said women are perceived to be more "conscientious" and more likely to take positive steps to be healthy.

A key to campaign acceptability is the use of relevant media tools. Focus group participants felt that failing to engage in interactive, relevant media, such as Twitter or text-based ads, was a missed opportunity. Tools that allow for greater anonymity coupled with information on relevant platforms may contribute to greater uptake by the target audience, as well as improve rates of information seeking and sharing.

Impact

Initial evaluation results indicate that the survey influences attitudes; this finding is presented with caution, as more data is needed to confirm this association.

Some key findings relate to women and attitudes towards condoms. When asked if seeing the ads made them think about practicing safe sex, 71% said yes. **Women who saw the campaign had improved attitudes towards condoms and condom use compared to those who did not see the campaign.** The biggest difference related to feeling that both partners are responsible for carrying condoms.

Among all respondents (male and female) the overall biggest shift in attitudes related to reasons for wearing condoms. **Those who recalled the campaign were far more likely to feel more strongly that the most important reason for wearing condoms is to prevent STIs rather than prevent pregnancy.**

Focus group participants said that campaign impact may be limited for younger teens. Both young and older teens felt the content was effective to reach an older audience; many were uncertain if it connected younger audiences with content that was specific to chlamydia, as many were not familiar with the STI, and felt that STI prevention was secondary to avoiding pregnancy.

Lessons Learned

- Make better use of available and relevant technology to improve interactivity, generate interest and increase uptake of information, such as connecting youth directly to credible information resources via twitter campaigns and texting.
- Diversity and inclusivity is important to personal relevance and uptake. Specifically respondents noted a need for better representation of people of colour and that seemingly targeting men with the image of a penis missed an opportunity to engage women who may be more positively influenced by sexual health messaging.
- Credibility is key – particularly in an online environment. Ensuring information is coming from a trusted source like the WRHA contributes to increased likelihood that the ads will be noticed.

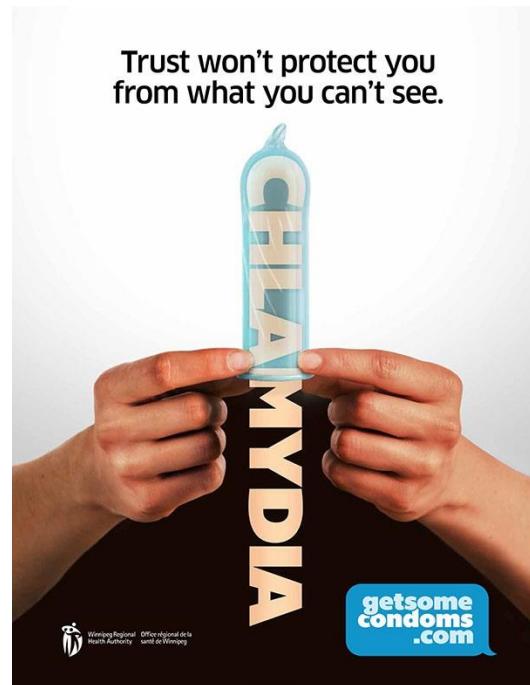
- Strengthen the campaign's connection to reliable information. The campaign successfully drove people to the website, including information pages about chlamydia. Further improvements to accessible, easily understood web content will reinforce initial messaging.
- Work with youth champions to develop and evaluate campaigns, drawing on both human and digital connections.
- Test success of campaigns regularly by using one-time, recurring, short surveys. Shortening the survey will increase uptake and narrow data collection to metrics directly related to the campaign reach and outcomes, such as condom attitude and ad recall – allowing comparison over time between those exposed to the campaign versus not. The brief, cross-sectional survey could be put into the field annually or bi-annually.

Introduction

The Winnipeg Regional Health Authority (WRHA) implemented a healthy sexuality marketing campaign to help reduce the spread of sexually-transmitted infections (STIs). The target audience of the campaign was Winnipeg youth, ages 17 - 21 years with anticipated spill-over to 16 - 24 year olds. The short term goals of the WRHA were (1) to implement a healthy sexuality marketing campaign that targeted youth, and (2) to deliver a campaign that is relevant to their experience. The long term goals are to impact the sexual health attitudes, knowledge and behaviours of youth.

In particular, the WRHA identified a focus on reducing chlamydia rates; chlamydia² rates in Manitoba are the highest in Canada. The highest rates are consistently concentrated in the downtown Winnipeg area, yet chlamydia impacts all areas of the city and individuals outside "high-risk" groups.³ Young people aged 15-24 and women, in particular, appear more impacted. Chlamydia can be asymptomatic for a long time, resulting in delayed treatment and potential long-term health issues like infertility.⁴

Social marketing campaign development was undertaken by McKim Communications Group, a Winnipeg-based marketing and communications group. The campaign was launched in January 2015. The campaign aimed to target attitudes, beliefs, risk-perception, and/or norms around safer sex behaviours, and to communicate practical information about condoms. The campaign was web and print based, and included updating the WRHA webpage (www.getsomecondoms.com) with the campaign messaging.



Evaluation Methods

The purpose of the evaluation was to analyze campaign implementation and outcomes.

Evaluation Questions

1. What was the campaign reach?
2. Was the campaign acceptable to the target audience(s)?
3. Did the campaign impact the attitudes, knowledge and behaviours of the target audience(s)?

Evaluation methods for the campaign include document review of campaign development and roll out, a pre- and post-campaign survey, and focus groups.

² Winnipeg Free Press (June 2, 2010). *Youth STIs spread at alarming rates*.

³ WRHA (2013). *Heads Up?! Sexually transmitted infections (STIS) are widespread!*

⁴ Routledge, M. (2012). *Sex in the City. Wave.*

Survey

A pre and post-campaign survey was used to assess knowledge, attitudes and behaviour both before and after the campaign. Pre and post surveys were linked using anonymous identifiers and change in attitudes measured and compared between those who saw the campaign and those who did not. Initial response rates were favourable; 283 surveys were completed prior to the campaign. Of these, 93 completed a follow-up survey. Table 1 shows demographic profiles of those who completed both the pre and post, and those who completed only a pre survey. Those completing a post-campaign survey tended to be older and female. To incentivize survey participation, survey respondents voluntarily provided contact information to be included in a ballot draw for an ipad.

Figure 1 - Survey recruitment tool



Table 1: Participants completing pre-test only vs those completing both pre and post

	Pre only N = 188	Pre and Post N = 93
Gender		
Male	34%	24%
Female	63%	71%
Trans	3%	5%
Age		
16 – 18	34%	16%
19 – 21	27%	35%
22 - 25	39%	48%
Sexual orientation		
Straight	78%	68%
Gay	4%	11%
Lesbian	1%	7%
Bisexual	18%	15%
Location		
Downtown/Point Douglas	26%	29%
Other community areas	74%	71%
Sexually active	85%	90%

Focus groups

A total of 34 participants took part in focus groups held in May, 2015. One series of focus groups (one for men, another for women) was held at a Winnipeg high school; representatives were members of grade 11. A second series of focus groups (one for young men, a second for young women) was hosted in downtown Winnipeg; participants of these groups were a mix of high school students and older, and were recruited through social media.

Figure 2 - Campaign ad



Findings

Campaign Reach

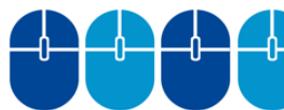
The campaign was launched in January 2015 and ran online and as print advertising until June 2015 (16 weeks total). Web-based ads were placed on sites frequented by the target population, and clicks on these ads directed to the campaign website, www.getsomecondoms.com. Print advertising included posters at 18 transit stops over a four-week period in April as well as posters at convenience stores, restaurants, bars and campus restrooms (88 locations in total).

Analysis of online impressions (number of potential views) and number of clicks are broken down across two periods. Flight one (January 19 to March 31, 2015) generated a total of 3,415,746 impressions and 10,375 clicks (i.e. number of times a person clicked on the ad) for an overall click through rate (CTR) of .304%. During flight two (March 31 to June 1, 2015) the ads generated 1,229,129 impressions and 5,661 clicks for CTR of .461%.

Campaign Click Through Rate (CTR)



On average, 1/1,000 people (0.1%) click on an online ad.



The campaign CTR is .38%.

Traffic to [getsomecondoms.com](http://www.getsomecondoms.com) increased

Over the same time period, www.getsomecondoms.com had a total of 25,816 visits from all sources, including clicks on campaign ads. This is an increase when compared to the same time period in 2014 (21,369 visits). The number of 'unique' visitors increased from 16,973 in 2014 to 22,215 in 2015. The 2015 campaign period saw more sustained web activity over a longer period of time;

daily page views fluctuated around 200 per day from Jan to mid - May. In 2014, there was a peak period of activity through mid-February to mid-March (during a rerun of the previous Heads Up campaign) but lower levels of activity in the remaining months. Notably, 2015 web analytics show that visits to pages about chlamydia and gonorrhea increased in rank from the 41st most visited page to 22nd - most likely as a direct result of the campaign itself. The number of visits to the 'Clinic and Condom Finder' page also increased slightly (1,795 in 2014, 2,305 in 2015).

More than half of survey respondents remembered the campaign

Ninety-three people completed both a pre and post survey. Given the voluntary nature of the survey and relatively small sample, conclusions can only be drawn on the basis of the responses provided, no generalizations can be made.

Without a visual aid, 56/93 (60%) of respondents indicated having seen an STI-related ad in the past few months – and most accurately described messages related to condom use with specific mention of Chlamydia and or “what you can’t see can hurt you.” When shown a visual of the campaign itself, recall dropped slightly to 54/93 or 58%. Males and females were equally likely to recall the campaign with visual aids (59% and 58% respectively).

Participants at the downtown focus groups recalled the campaign without visual or verbal prompts

Participants in the male and female focus groups held in downtown Winnipeg had high unaided recall of the campaign (17 of 20). Without being prompted with a visual or verbal aid, a number of participants recalled key aspects of the campaign design and layout – or simply “I’ve seen that chlamydia one.” A number recalled that chlamydia was central to the campaign.

I've seen one that says chlamydia and has a condom going over the word.

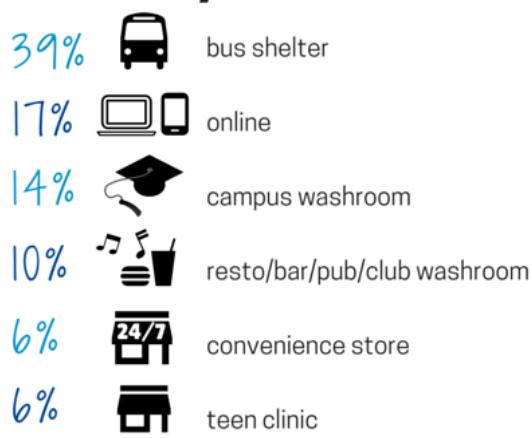
More participants in the downtown Winnipeg focus group remembered the ad than the high school based focus group; only one of the 14 high school-based participants recalled the campaign – although two described the WRHA’s previous Heads Up campaign.

Location, location, location

A larger proportion of those who saw the ads live in Downtown Winnipeg/Point Douglas (63%) compared to those from all other neighbourhoods (57%). The difference was not statistically

significant. Based on selections from a pre-defined list, respondents most commonly saw the campaign in bus shelters (39%) and online ads (17%).

Where did you see the ad?



Almost half of the focus group participants who recalled the campaign reported seeing it in bus stops as well as on the side of buildings. One participant mentioned “health related places,” while another recalled seeing the campaign on a gaming site pop up.

I live downtown so I just walk around everywhere and I look and there's nothing really to look at. I read stuff. I saw this on the side of a corner store.

It popped up on my cell phone one day in those free games. I also saw it on the side of a building.

Heads Up still getting hits

When asked whether they had seen a recent campaign about sex and condoms, many focus group participants described the previous WRHA Heads Up campaign – “the syphilis heads up with the ball hitting her head.” Others recalled the web and broadcast media presence of Heads Up “in movies, online, Facebook, bus stops.” A small number of survey respondents (6) also referenced “Heads Up” to describe a recently viewed campaign.

Participants also compared the current WRHA campaign with Heads Up in terms of inclusivity. Some felt Heads Up was more inclusive, and had broader relevance to youth – as one male participant summed up:

The one thing I liked about ...[Heads Up] is that I wanted to see this be a thing for everybody. It's everybody's responsibility and it hits everybody. In this [current campaign]...I just see people's penis[es]...

Campaign Acceptability

Campaign development by McKim Communications Group was grounded in a review of relevant literature (peer review journals, white papers and popular articles), and independent market research, and drew on a prior WRHA healthy sexuality campaign evaluation.⁵ Literature was drawn from the academic fields of sexual health, public health, marketing, and communications; online medical and health sites; and polling data on youth sexual health captured in mainstream media. The campaign’s theoretical framework was based on research that identified barriers to condom use and ways of addressing these.⁶ Relevance of campaign messages and approach was tested by further research and youth input.

Campaign development was vetted by youth and service providers

Local Winnipeg youth provided their input to the campaign development. In spring 2014, two panels of sexually active local youth (17-19 years old, eight men and eight women, N=16) provided input at the outset of campaign development to test research assumptions related to condoms (condom bias, condom fatigue, accessibility and knowledge issues, and use), identify knowledge gaps related to STIs, and vet proposed campaign materials.

A second series of focus groups was held in fall 2014 to test the proposed campaign (nine men and nine women, N=18). Participants provided feedback on final creative, messaging, location of advertising, perceived impact on sexual behavior, current knowledge of STIs, and identified sexual health information needed.⁷ All focus group participants were provided a financial incentive, and all panels were separated by gender.

A small number of service providers provided feedback on final campaign creative; providers also identified opportunities within the proposed creative to educate young people, such as ensuring that the images demonstrate the right way to put on a condom.

⁵ Documents provided by McKim Communications include: *Preliminary research presumptions and knowledge gaps*, April 29, 2014; *Healthy Sexuality Campaign Research*, June 12, 2014; *Moderators' Guide*, May 14, 2014; *Focus group workbook*, May 2014; *WRHA campaign plan*, June 11, 2014; *WRHA Healthy Sexuality Ad Campaign Testing report*, Nov 19, 2014.

⁶ McKim (April 2014). *Preliminary research presumptions and knowledge gaps*.

⁷ McKim (November 2014). *WRHA Healthy Sexuality Ad Campaign Testing report*.

Participants' reactions to the campaign

Focus group participants had strong positive and negative reactions to the campaign. Many said they liked the simple design and clear messaging about high rates of chlamydia in Winnipeg; others said they did not identify with, or were interested in the campaign. For many, campaign acceptability was rooted in whether they felt the campaign was directed at them (perceived intended audience). Acceptability was also influenced by design, provision of information, perceived validity and campaign media.

*"Really attention grabbing.
They were able to really
market it. They really
thought about how it was
positioned and placed."*

Simple design attracts attention

Overall, many participants found the campaign design of the vertical (print) poster attention grabbing; many commented positively on the white and black background, and the clean design with short, succinct text. One participant commented that campaign placement also helped to grab attention.

It's short, it's simple. You look at it. You understand what it means. You get the point across right away. Like he said, it's not just big, huge paragraphs.

A smaller number of participants said the campaign was "too clinical" or simply, was "boring." Other participants found the penis in the campaign was too flagrant.

Make it less sexual. More presentable for a general audience. It might make someone uncomfortable.

Provide more information

Although participants generally liked the simplicity of the campaign design, a number said they would like to have more information support the campaign message.

I really like the statistics on that and the other one that says "Winnipeg is Canadian Hotspot" really makes me think - it's relevant to me. That [web based ad] doesn't give me anything about the disease itself or what are the symptoms or anything like that.

It was a reminder but there is no education from this ad. If somebody didn't know what chlamydia was they wouldn't have the information from this ad.

One focus group felt it was a missed opportunity that the web-based elements of the campaign could not be clicked on – and another noted that it is not obvious to all viewers that www.getsomecondoms.com is a site with a range of sexual health information.

I see these kind of things as the head catcher and you click on that specific slide to learn about it.

I think the domain of 'get some condoms' just implies that, "okay I'm not having sex right now so I don't need condoms, so I don't need to follow up on this ad at all."

One male participant said "one of [his] biggest concerns" was the condom didn't seem to be put on properly.

You talkin' to me?

For many participants, acceptability of the campaign was rooted in whether youth felt the campaign was “speaking” to them. Some participants agreed that “anyone can see [the campaign]... and kind of understand – not just a target group of people,” and others felt the hands on the current campaign poster could be either male or female. This androgyny was seen as a positive, as the campaign could appeal to a broader audience.

“Feels like it’s more geared to men.

Because it’s in the shape of a penis.”

In contrast, a significant number of male and female participants found the campaign to be “male oriented.” For many, the campaign is “kind of generated towards a male person, mid to late twenties.”

Feels like an ad that’s directed at men in such a way that people without penis’ may ignore it. Because it feels like it’s directed at men so you don’t have to pay attention to it if you don’t have penis.

In the minds of some participants, targeting men was the wrong choice as women are perceived to be more “conscientious.”

I agree, especially when he was mentioning if someone did have chlamydia I think a female would be more conscientious about disclosing that to people or her partners than the guy would. For men, depending on your upbringing and the things you are taught and learned, it might be taboo. I.e., men don’t talk about their feelings so you wouldn’t want to bring something like that up.

Discussion in two focus groups noted that targeting men was a missed opportunity – particularly in light of the high rates of chlamydia in Winnipeg women. In the words of one female participant:

And it’s male geared but only 50% of men [don’t have symptoms] and 80% of women. Why wouldn’t they do a woman one?

Some queer focus group participants said they could not relate to the campaign – and felt excluded.

There still is a target audience and the target is straight couples. I have sex with women so that doesn’t apply to me but it does make me think of chlamydia. So I have to kind of look at that message and think of how I would apply that to myself. I’m always sidelined anyways so I guess I’m used to it but... I would like to see something that applies to me.

Questioning the diversity of the campaign, participants called for “different coloured hands, the hands don’t have to be the same colour,” and said “not have the hands be from white person.” It should be noted, that different versions of the campaign images featured hands of different colour – in focus groups, participants were shown images from both genders but only Caucasian hands.

Content more accessible for older cohort

Participants of two focus groups said the campaign targeted an older, more sexually active cohort. For most of the older participants, the content was clear and understandable:

It's a fairly clear ad. It's chlamydia and a condom. It's fairly easy to infer that you're protecting yourself from chlamydia with a condom.

The campaign focus on chlamydia may not translate for a younger audience. As one man said, "I wouldn't read this ad and say wear a condom to avoid this, this, and this. Especially for a younger demographic of people." A small minority of participants were confused by the language in the ad. As one high school student said; "It doesn't make sense. Or didn't at first. I didn't know what chlamydia was." One participant offered that messaging for younger adolescents should focus on teen pregnancy.

I think that they shouldn't advertise for chlamydia and it should be something that people our age are afraid of like anti pregnancy. That's, like, the big consequence in our age group. So I think that they should advertise more on teen pregnancy.

Doesn't show you what could happen or what really is - I don't even know what Chlamydia is. I assume it's a gross disease.

Figure 3 - Campaign ad



The personal and funny are memorable

Looking at the campaign, participants discussed what they understood and learned. When asked about the key message of the campaign, the majority of participants understood that "from having unsafe sex you could get chlamydia." Others also understood that STIs can be asymptomatic; as one participant said, "just because you can't see something doesn't mean it's not there so you should protect yourself." Some participants felt the simple design strongly supported comprehension.

"This one just hits you in the face with chlamydia right away."

The huge shock value of "chlamydia". That's one of the big things about ads is that there's so much shit on the ads that you can't actually see it. This one just hits you in the face with chlamydia right away.

Campaign messaging struck a chord with participants. The idea that "you can't always see it" was understood by a number of participants. Many others spoke about the prevalence of chlamydia in Winnipeg. The use of statistics made the issue of STIs feel more "real" and was "effective." Others agreed that highlighting Winnipeg as a chlamydia hotspot was "gross" – but put a "spotlight" on the issue.

They were right with the stats, they make it real.

But with statistics it gives me specific information about where I live. Makes me think I don't want to go there. So, it would motivate you to wear condom? Yeah.

Speaking about condom use or healthy sexuality campaigns, a small number of participants spoke about the funny or unusual ads they have seen; one male focus group discussed a “TV ad about guy putting his dick in a car door and slamming it” (Durex Ultra Mega Thin condoms) – prompting much discussion and laughter.

One female participant said the campaign “was not enough” – noting that the ads need to be edgier to capture attention. She continued, “it’s like the stop smoking ads on the cig packs. It’s not like the person who’s [sic] smoking is going to look at the picture and say they’re not going to smoke.”

A number of participants found the campaign direct, “not stupid looking like a lot of ads.” Another said, “it gives a problem and a solution to that problem.”

Sharing the ad

Among focus group participants, no one shared the campaign with others; others said the perceived stigma of STIs is a hindrance to sharing this campaign or others.

*“People might say,
'ew do you have
chlamydia!”*

*Ties into the whole stigma – you don't want to be promoting it. People
might see you in a different light.*

Participants noted that being comfortable talking about sex impacts how freely information is shared. For some, feeling comfortable with this topic is connected to age and being more mature. Some

participants said there is stigma for younger teens to be carrying condoms – and many agreed there are more negative reputational consequences for young women who are perceived to be sexually active. Participants felt that maturity and ability to step outside of perceived stigma contributes to young people feeling confident to share resources that promote healthy sexuality.

It comes down to sex education too. My health teacher was fairly old fashioned. If people are embarrassed to talk about sex then people are going to be embarrassed to get the tools to have safe sex.

Depends on your social group and grade level and who you hang around with (99% of grade 12's wouldn't care - but grade 9 or 10 you'd get made fun of quite a lot).

Especially girls – people will say 'you're a whore.'

Social media potential and hazards

Participants are wary of web-based ads, and cautioned that hesitation to “click” when online may limit engagement with web-based campaigns. Some said they would not click on an ad about condoms, or would hesitate before doing so; many agreed they would be suspicious of where the ad would lead. Another said that ads on social media are largely ignored.

I guess if you click it but so many people are so scared to click ads nowadays too. Because of viruses.

As a rule I never click on ads on an outside site. So many viruses.

If this shows up in an ad on a social media site, I don't think people would read it but they would just keep scrolling. It just goes to the back of your head.

One participant said that the three-panel animation on the front page of the website was not useful, as it cannot be clicked through to access other content, and no one would read all three panels.

This specific 3 point slide. I feel like if I'm coming here I'm going to look for specific information and there's nothing else really on this page. Cause it's like okay I'm here to look at STIs but I'm not going to sit here to look at the 15 second roll over...

WRHA has street cred

A credible sponsor of the campaign is important. Focus group participants repeated that the WRHA logo “makes [the campaign] credible,” and tells young people that information is provided by a trusted source. When the logo is missing – or too small – participants felt the impact of the campaign could be undermined.

I would feel more safe clicking on it because you know that these people know about these things.

If there was the [WRHA] logo on the banner then I wouldn't have any hesitation.

The health authority logo is so small. You couldn't really make that out. If I saw an ad like that I'm seeing the chlamydia and maybe the getsomecondoms.com. They will probably pay not attention to that. It's important because it's going to help show more that it's based around helping people stay healthy.

Attitudinal Shifts

The pre/post survey included questions related to general attitudes about condom use. Two levels of analysis were carried out. First, cross-sectional analysis of attitudes on the post-campaign survey were compared between those who reported seeing the ads and those who did not (see table 2 below). The second level of analysis compared individual responses on the pre and post survey to measure change in attitudes from before and after the campaign. Changes in attitude were coded as either improved, no change or worse from pre to post and compared between those who saw the ad and those who did not (see table 3 below).

On the post-survey, when asked if the ads made them think about practicing safe sex, 71% of those who saw the ads said that they had.

Other questions asked participants to indicate how much they agreed or disagreed with a range of statements about condoms and condom use. It should be acknowledged that, overall, responses were somewhat discouraging. Respondents tended not to indicate being comfortable using, carrying, or finding condoms.



Table 2: Proportion of respondents with favourable attitude post campaign by gender and exposure to campaign⁸

	Female (66)		Male (22)		All ⁹ (93)	
	Saw Ad	Did NOT see ad	Saw Ad	Did NOT see ad	Saw Ad	Did NOT see ad
Both partners responsible for using condoms	55.4%	38.5%	38.1%	47.6%	46.2%	41.8%
Easy to get condoms when needed	49.2%	34.9%	31.8%	40.9%	43.3%	37.8%
Know where to get information about sex	43.8%	39.1%	27.3%	36.4%	38.5%	39.6%
Comfortable carrying condoms	40.6%	32.8%	14.3%	33.3%	33.3%	33.3%
Guys should always carry condoms	35.9%	34.4%	19.0%	33.3%	31.1%	34.4%
Most important reason to use condoms is to prevent STIs	31.3%	23.4%	31.8%	31.5%	30.8%	24.2%
Girls should always carry condoms	31.3%	28.1%	25.0%	35.0%	29.2%	30.3%
Carrying a condom means you are responsible	39.9%	25.0%	28.6%	23.8%	33.3%	25.6%
I am more likely to have sex when I have condoms	24.6%	17.5%	4.8%	23.8%	28.1%	21.3%
I am not at risk for an STI if in a monogamous relationship	31.7%	20.6%	23.8%	19.0%	38.5%	36.3%

Results for males are based on a very small sample ($n = 22$) and should be interpreted with caution. Further data collection is needed to have a clearer sense of the campaign's impact on males.

Women who saw the campaign had improved attitudes towards condoms and condom use compared to those who did not see the campaign. The biggest difference related to feeling that both partners are responsible for carrying condoms.

Initial results suggest attitudes shifted

Where possible, pre and post surveys were linked and compared to assess individual shifts in attitudes from before and after the campaign. Differences from pre to post were compared between those who reported seeing the ads versus those who did not. Respondents were categorized as either having improved attitudes after the campaign or not.

Among all respondents (male and female) the overall biggest shift in attitudes related to reasons for wearing condoms. On the post campaign survey, those who recalled the campaign felt more strongly that STI prevention is an important reason for using condoms. Fifteen percent (15%) of those who saw the ads improved their attitude towards condoms as important protection against STIs (compared to 8% of those who did not see the ads).

Table 3: Proportion of respondents with improved attitudes from pre to post campaign by exposure ($p < .001$)¹⁰

	Saw Ad	Did NOT See Ad
condoms are for preventing pregnancy	40.4%	27.8%
condoms are important for STIs	15.1%	8.3%
It's easy to get condoms when needed	21.6%	16.7%

⁸ Chi square tests on the entire sample ($n = 93$) showed no significant difference. Due to small cell values, chi square was not possible on gender groups.

⁹ Includes 5 transgender respondents

¹⁰ McNemar's chi square showed significant differences on the three variables shown in the table.

Although no causal associations can be made on the basis of this evaluation, initial survey results suggest potential associations with improved attitudes, in particular among women. Additional data collection is needed to increase the sample size and allow for more robust analysis.

Gaps & Opportunities

Focus group participants identified gaps and opportunities for future campaigns; these were organized in three themes – education, inclusivity and media.

Campaign Education

Participants felt that the campaign could offer more information about sexual health. Suggestions included a link for information (and where to get tested), a domain name that is not related to securing condoms, expanding the campaign scope beyond chlamydia, and more interactive or user-friendly website content.

Some participants suggested negative framed messaging would have greater impact on viewers, such as “Teen died because of this, click it ‘cause you’ll die too.”

Would be cool to show pictures of somebody who has it or what the effects could be – could be gross but if you see that you would feel gross – feel oh my god I don't want that.

Although negative-framed messages can be effective in STI-prevention messages, this approach has been avoided by the WRHA, out of concern that the collateral consequences of this—in terms of contributing to sex-negative and shaming attitudes around youth sexuality—would outweigh the benefits of a ‘successful’ campaign.

Inclusivity

As noted, a number of participants said they did not feel the campaign was speaking to them; others identified barriers related to gender, sexual orientation or ethnicity. Recommendations included developing a campaign directed at women, and greater representation of ethnic and queer communities.

“More diversity in terms of advertisement. Who it's directed towards. Changing the skin colour. Ads targeting different populations.”

Maybe if the ad showed silhouettes of women who all look the same and there was a question saying, ‘how many people have chlamydia’ and most of them do and you didn’t even know it before you saw the ad. Doing something with that would be really effective.

More representation – gays, lesbians, bisexual. You never see it anymore. AIDS was a big thing but you don’t really see it anymore. It’s a big part of our community.

As with negative-framed messages, messaging aimed at diverse communities has been avoided due to fears that ‘targeting’ could exacerbate stigma against these populations. In the case of women-targeted messaging, this was rejected by program leadership out of concern that this would appear to suggest that female partners are solely responsible for safer sex choices. This is not to suggest that a different strategy could not be used in future iterations of the campaign.

Media

Participants were clear about what media they don't use; "More on social media type stuff - nobody watches tv anymore." Participants identified a number of media platforms the campaign could use to solicit attention of young people, including Twitter, YouTube, Instagram, Facebook – and to "just secretly add it in to things that we usually do."

You know how they have the #BellLetsTalk day on Twitter? Do something like that. Lots of people tweet out the hashtag. Almost everyone retweets that.

Yeah that gains awareness!

Participants encouraged the WRHA to consider what media young people use to get information. Text was unanimously considered a safe way to get information from a safe source, and web based applications like a "condom locator app" or "teen clinic app" were considered useful resources.

Text is huge because text is a personal thing.

If I was that age and I WAS curious and needed to know something it would be great to know that I can text this and delete it. I would feel pretty comfortable.

Teen health app that tells you what you need to know about STIs, testing, getting condoms, symptoms - more information.

Some participants suggested engaging "famous and influential" YouTube personalities "to talk about condoms," as well as peer stories.

I feel like what would appeal to us is that people who have actually gone through the consequences and things like this.

One suggestion connected reducing stigma, normalizing healthy sex, and popular media; one focus group talked about using movies to show the realities of sex and condom use.

In sex scenes in movies they should show that they are using a condom – opening a package or something. People nowadays watch movies all the time!

TV shows and media, they have a more powerful impact than these ads. Even if you tell them to make it colourful... the media that people watch is more appealing to them – they catch it more than this ad.

Conclusion

The *Protect Yourself* evaluation sought to establish the degree to which the campaign achieved its primary aims: reaching the target audience through relevant and appropriate messaging, and driving traffic to the getsomecondoms.com website. Of secondary interest was the degree to which the campaign contributed towards attitudinal shifts among youth who saw the ads.

The campaign successfully reached the target audience. Ad recall on surveys and focus groups was 60%, with respondents accurately describing the campaign imaging and message without prompts. In addition to robust recall of the campaign, visits to the campaign website increased and was sustained during the campaign period. Generating online "clicks" is challenging in an already

saturated market. The campaign achieved a click through rate of .38% where a standard CTR of .1% is considered acceptable..

Respondents generally agreed that the campaign was visually appealing and the messaging informative. Feedback repeatedly noted that direct and targeted messages have more impact. Youth want to see messages that speak to where they live (Winnipeg facts and stats), gender (speaking directly to women) and all communities (socially and ethnically diverse images). The campaign itself was considered more resonant among older youth. The degree to which messages “trickled down” to younger youth is unknown. Using humour and edge to capture attention were suggested to broaden reach and make messages stick.

Survey results, while limited to a small, non-generalizable cohort, suggest that the campaign has potential to affect attitudes. Women, in particular, appeared more likely to adopt or reinforce positive attitudes towards condoms and condom use. When individual attitudes were compared from pre to post-campaign, the most notable finding was an increased likelihood of respondents who had seen the campaign to agree that condoms are important for preventing STIs (rather than as birth control).

Opportunities to improve campaign impact include improving content and information on the WRHA website, stronger connections to reliable and trusted information, developing inclusive, targeted campaigns and using interactive social media tools used by youth to further engage the audience.

Lessons Learned

- Make better use of available and relevant technology to improve interactivity, generate interest and increase uptake of information, such as connecting youth directly to credible information resources via Twitter campaigns and texting.
- Diversity and inclusivity is important to personal relevance and uptake. Specifically respondents noted a need for better representation of people of colour and that seemingly targeting men with the image of a penis missed an opportunity to engage women who may be more positively influenced by sexual health messaging.
- Credibility is key – particularly in an online environment. Ensuring information is coming from a trusted source like the WRHA contributes to increased likelihood that the ads will be noticed.
- Strengthen the campaign’s connection to reliable information. The campaign successfully drove people to the website, including information pages about chlamydia. Further improvements to accessible, easily understood web content will reinforce initial messaging.
- Work with youth champions to develop and evaluate campaigns, drawing on both human and digital connections.
- Test success of campaigns regularly by using one-time, recurring, short surveys. Shortening the survey will increase uptake and narrow data collection to metrics directly related to the campaign reach and outcomes, such as condom attitude and ad recall – allowing comparison over time between those exposed to the campaign versus not. The brief, cross-sectional survey could be put into the field annually or bi-annually.