Safer Sex Evaluation Summary

Prepared for:
The Ministry of Health

Prepared by:

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1.0 Overview of Campaign Effectiveness

In support of the Government’s Sexual and Reproductive Health Strategy (2001), the Ministry of Health funded a communication campaign (summer of 2004/2005) to promote and increase safer sexual health practices.

The health objective of the campaign was to reduce the incidence of STIs among this audience. The key goal for the campaign was for at least 80 percent of the priority audiences (15 to 19 year old New Zealanders - with emphasis on Māori rangatahi and Pacific youth) to be aware of the campaign.

This summary report evaluates the effectiveness of the summer campaign.

Objectives

As outlined in the evaluation proposal, assessment of the summer campaign’s effectiveness is focused on the extent to which:

- The campaign has been noticed, the messages have been received and the messages have been accepted, by the target audience.
- The campaign has achieved the desired change in attitudes for the target audience.
- The campaign has prompted contemplation of behaviour change and self report of behaviour change.
- The campaign has achieved an increase in awareness, engagement and behaviour change across the whole target audience, including Māori rangatahi and Pacific youth.
- The campaign has resulted in improvements in health outcomes (wellbeing).

It is important to note that the short length of this campaign determines that the assessment of effectiveness should primarily be focussed on the early stages of change (i.e. changes in awareness, attitude and contemplation of behaviour change).

Three key strands of research have been compiled to assess the campaign effectiveness:

- Quantitative research with the audience, pre and post the campaign.
- Qualitative interviews with key stakeholders.
- Analysis of secondary sources (e.g. print media, internet statistics, online media).

The main body of this report overviews the campaign and the findings of each part of the research. The quantitative findings section also includes an explanation of the reasoning for the quantitative methodology chosen.
Overview of effectiveness

- Overall, the campaign has been very successful at raising awareness of safer sex issues. This is evidenced via high awareness of the advertising (target audience) and increased coverage in the media. The high awareness of the campaign spans across the Pakeha, Māori and Pacific audiences.

- There has been change in attitudes and contemplation of behaviour change. This is evidenced via: half of the youth surveyed indicating that the campaign has increased the likelihood that they will use condoms in the future; and a decrease in the proportion of youth who say they would have sex without a condom.

- The long term effects of the campaign at the behavioural level (i.e. the continual use of condoms) is at this stage undetermined due to the short time-frame of the campaign. Any long term behaviour measure will need to look at actual behaviour over an extended period of time.

- Stakeholder interviews suggest that a considerably longer and more multifaceted campaign (i.e. including school based education) would be required to achieve behaviour change. This is consistent with other social marketing campaigns.

- Stakeholder interviews also indicate that a strong level of buy-in (to the campaign) was achieved with sector representatives.

The following table assesses the campaign effectiveness against the objectives set at the outset of the evaluation:

<table>
<thead>
<tr>
<th>Awareness</th>
<th>Objective: The campaign has been noticed</th>
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<tbody>
<tr>
<td></td>
<td>Awareness of advertising about STIs, condoms and condom use increased dramatically pre and post the campaign. Awareness of STI advertising rose from 25 percent to 73 percent, condom advertising rose from 52 percent to 77 percent and condom use rose from 28 percent to 80 percent.</td>
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<tr>
<td></td>
<td>The ‘No Rubba, No Hubba Hubba’ television advertisement had a high unprompted recall (74%). The prompted awareness of the heterosexual version was almost at absolute levels (97%), while there was a lower awareness (although still high at 84%) of the men having sex with men (MSM) version of the advertisement. (This TVC was played at lighter media weights than the heterosexual version).</td>
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<td></td>
<td>Stakeholders felt that the campaign had had very high awareness.</td>
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<tr>
<th>Objective: The messages have been received</th>
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<tr>
<td>Key messages (unprompted) taken from the advertisement were: to always use condoms (54%), no condoms no sex (28%), have safer sex (14%), and condoms offer the best protection (10%).</td>
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<tr>
<td>High media activity indicated that the campaign had caused a significant increase in public discussion regarding safer sex.</td>
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</table>
### Objective: The messages have been accepted

Prompted, over half the youth surveyed agreed that both versions of the advertisements reminded them they needed to use a condom every time they had sex, they had talked with their friends about the advertisements, they thought the animation was ‘wicked’ and they could say no to sex if a condom was not available.

The key stakeholder interviews and the secondary analysis suggest that the ‘No Rubba, No Hubba Hubba’ language has entered into our culture. Quantitative research showed that three quarters of teenagers referred unprompted to the campaign name.

Presence in the print media, both regionally and nationally, supported the campaign. Whilst there was a mixed response, the positive articles utilised credible spokespeople as opposed to the negative, which typically were letters to the editor.

### Attitudes and contemplation of behaviour change.

#### Objective: The campaign has achieved the desired change in attitudes for the target audience. The campaign has prompted contemplation of behaviour change and self report behaviour change

Pre and post-campaign perceptions of condoms generally did not change. There was, however, an increase in those likely to agree that condoms are the best form of protection against STIs.

Positively, almost half (49%) the respondents indicated the campaign had ‘definitely’ or ‘probably’ increased their likelihood of using condoms in the future.

Positively, the proportion of respondents who said they would still have sex if no condom was available decreased significantly between the pre and post campaign (36%, down from 46%).

Disappointingly, there has not been a change in proportion of youth that agree having a condom is still necessary when having sex with someone they are going out with or know well.

### Spanned across target audiences

#### Objective: The campaign has achieved an increase in awareness, engagement and behaviour change across the whole target audience, including Māori rangatahi and Pacific youth.

The survey research with youth showed that awareness of the campaign and changes in attitude spanned the Pakeha, Māori and Pacific youth communities.

**Māori**

Overall Māori were significantly more likely to either like, or feel neutral about the advertisements (76 percent, compared to 57 percent of the main sample). Māori respondents were more likely to rate the advertisement as cool and like the animation.
There has been a significant reduction in the proportion of Māori respondents who said they would still have sex if no condom was available (43%, down from 59%).

Forty-nine percent of Māori respondents said that as a result of seeing the campaign they are now more likely to use condoms in the future (similar to the main sample).

Like the main sample, there has not been a significant change in the proportion of Māori, pre and post the campaign, that agree a condom is still necessary when having sex with someone they are going out with or know well.

**Pacific**

Pacific respondents had slightly lower awareness than the general sample (not significantly) of the ‘No Rubba, No Hubba Hubba’ television advertisement (68%).

Key messages taken by Pacific youth from the campaign were to always use condoms (54%), no condoms, no sex (35%), and have safer sex (16%), this was similar to the main sample.

Overall Pacific were significantly more likely to either like, or feel neutral about the advertisements (75 percent, compared to 57 percent for Pakeha respondents). Pacific respondents were also more likely to agree the advertisement reminded them about the need to use a condom every time they had sex (81% versus 69% for the whole sample).

Sixty-three percent of Pacific respondents said that as a result of seeing the campaign they are now more likely to use condoms in the future (this was higher, though not significantly, than the main sample, 49%).

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<th>Wellbeing</th>
<th><strong>Objective: The campaign has resulted in improvements in health outcomes</strong></th>
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<td>Change at this level can not be accurately assessed on current information, nor should it be expected of a short campaign.</td>
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**Recommendations**

- This campaign should be regarded as having taken a first step in the journey to reducing the incidence of STIs. In order to maintain the increased awareness and interest in safer sex issues generated by this campaign a longer term programme of action is required.

- Any future programme of activity should focus on the higher levels of social change (that is increased change at the behaviour contemplation and actual behaviour change levels). Research will be required to determine how to lift the change to these levels.
• Stakeholder input suggests that a future programme of activity should be broadened (i.e. to include school based education) and lengthened to ensure ongoing improvement in the reduction of STIs.

• A key issue to address with further communication should be reinforcement of the message that condoms should be used on a ‘no exceptions’ basis. That is they should still always be used, even when the partner is known (including in a relationship) and no matter what the circumstance (i.e. when drinking alcohol).

• A further key issue to promote is the relative effectiveness of condoms versus other forms of protection, to ensure youth consistently use forms of contraception that will protect them from STIs.
2.0 Safer Sex Campaign

Sexual and Reproductive Health Strategy

In 2001 The Ministry of Health released the Sexual and Reproductive Health Strategy. Positive sexuality and healthy sexual and reproductive health are Government priorities. Key concerns addressed by the strategy were New Zealand’s increasing number of sexually transmitted infections (STIs), particularly Chlamydia, Gonorrhoea and HIV and the high level of unintended/unwanted pregnancies.

The Strategy comprised two phases:

- Phase One: provided the guiding principles and outlined the strategic direction.
- Phase Two: covered the development of a series of action plans to address key issues, such as reducing sexually transmitted infections, sexual abuse and unwanted/unintended pregnancies, and maximising the health of at-risk groups, such as Youth, Māori and Pacific Peoples.

Sexually Transmitted Infections

New Zealand has a high (and increasing) rate of bacterial sexually transmitted infections (STIs). For example, the rates for Chlamydia and Gonorrhoea are five and two times higher respectively, than those reported in Australia.

In 2002 the Ministry of Health reported that sexually transmitted infection (STI) figures showed many New Zealanders were not using condoms and protecting themselves against STIs when having sex. They reported further, that a disproportionately high rate of bacterial STIs occurred among people aged 25 years or younger (especially Māori and Pacific Peoples), with approximately two-thirds of Chlamydia, Gonorrhoea and Genital Warts cases occurring in this age group. Figures also showed that young people were more likely to be diagnosed with concurrent STIs.

It is well established in the literature that safer sex is essential for controlling the spread of STIs. A central part of practising safer sex is the use of condoms, and delaying having sex if condoms are not available.

Common characteristics of countries with good sexual health outcomes include: open discussion about sex and sexuality, long-term education, and access to free or low-cost contraception.

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1 Sexual and reproductive health is an area where major inequalities exist between Māori and non-Māori.
2 Based on data from the Sexually Transmitted Infections Annual Survey 2001.
Safer Sex Campaign

In support of the Government’s Sexual and Reproductive Health Strategy the Ministry of Health funded a summer campaign, in 2004, to promote and increase safer sexual health practices. The goal was for at least 80 percent of the priority audiences (15 to 19 year old New Zealanders - with emphasis on Māori rangatahi and Pacific youth) to be aware of the campaign. The health objective of the campaign was to reduce the incidence of STIs among this audience.

Given the importance of the campaign (the first of its type in over a decade) the Ministry of Health consulted widely with the sector and key stakeholders such as the Family Planning Association and the New Zealand AIDS Foundation. Credible health sector organisations such as the Royal New Zealand College of General Practitioners endorsed the campaign to minimise the expected polarisation of New Zealanders and subsequent criticism surrounding the promotion of the emotive topic of youth sexual health.

One of the key challenges for the campaign was the short time-frame. The campaign was funded as a summer campaign only, with just four months to achieve its objectives.

Campaign Process

The development of the campaign included:

- convening a sector working group
- investigative research about youth most at risk
- several hui with representatives of the sector group
- concept development in consultation with core audience representatives.

The sexual health sector was kept informed throughout the campaign, including presentation of materials around the country, the regular Sexual Health Campaign Update newsletter and articles in sector publications such as The Practice Nurse and Medspeak.

Campaign Concept Testing

Draft communication concepts were created and formal audience testing was used to determine which of the concepts would be the most effective:

The most popular concept shown with all of the audience groups, and particularly with Māori and Pacific 15-19 year olds, was the ‘No Rubba, No Hubba Hubba’ concept. The audience testing showed that this concept would raise and reinforce awareness of the need to use condoms to protect against STIs.

Youth felt that the concept allowed them to be in charge and make their own decisions. The TVC felt realistic and, most critically, the audience understood the messages being delivered.

The concept testing did however, reinforce that such a short campaign would raise awareness, but was unlikely to have significant early impact at the behavioural level.
Key Considerations

Key considerations for the effectiveness of the campaign, determined via the concept testing research were:

- Youth have little knowledge of individual STIs.
- Some youth know that STIs can have a permanent or temporary impact on health (or can be potentially fatal in the case of AIDS).
- A small number of youth know that some STIs can be without symptoms, e.g. chlamydia.
- Most youth know that STIs can be passed on, but don’t typically consider the spreading effect.
- For many youth, pregnancy is more of a worry than STIs.
- Most youth believe there is a low risk of getting an STI because a condom would typically be used in perceived risky situations, e.g. having sex with a stranger.
- STIs are not a regular topic of conversation for either males or females.
- Youth are likely to believe they know enough about STIs.
- Youth are unlikely to seek further information about STIs until after the event.

Condoms are used by youth in the following situations:

- When having casual sex or the sexual partner is a stranger – do not know his/her history or reputation.
- If the sexual partner is/has been known to or is rumoured to have an STI.
- If the sexual partner is known to have multiple partners (recently).

Condom use may not occur in the following situations:

**Moment Barriers**

- A condom isn’t readily accessible, e.g. on self or within arm’s reach
- The packet is too difficult to open
- A condom tears and no spares are available
- When under the influence of alcohol or drugs

**Relationship Barriers**

- When in a long term-relationship (meaning anything from 10 days)
- In a monogamous relationship
- When the partner is perceived trustworthy or states they do not have an STI or has been tested and is clear.

**Friendship Barriers**

- When a casual sexual partner is known
- When the person has a reputation for not ‘getting around’
- When the person is perceived trustworthy or states they do not have an STI or has been tested and is clear.

The safer sex campaign set out to say “use a condom every time you have sex”. Youth felt that the key messages could be perceived as negative and instructional - even judgmental. To overcome this the concept needed to be upbeat, positive, non-judgmental and something youth could relate to.
The Campaign

A variety of mediums were used to promote the ‘No Rubba, No Hubba Hubba’ message, these included: TVCs, cinema, a website (www.hubba.co.nz), magazines, radio, outdoor media, event promotion and resources.

The TV commercials used a rap party theme. There were two key versions of the advertisement: heterosexual and men who have sex with men - MSM. Two messages, one Chlamydia and Gonorrhoea focused and one HIV focussed rotated between the two versions. Te reo Māori versions of the advertisements were also developed.

Campaign advertising featured in a range of magazines (i.e. New Zealand Performance Car, Spasifik, Tu Mai, and Tearaway magazines). A sealed section on STIs and safer sex was also published in Cleo magazine followed by Hubba Hubba branding. Radio advertising featured on mainstream radio stations and some campaign-related discussion occurred on talk back radio.

The campaign was promoted at numerous events around the country including the Edgefest (in 4 locations), Outdoor cinema events in Waitakere and Manukau, and Matatini as well as orientation at tertiary education institutions. At the events resources were given away including brochures, and condoms and lube in reusable mobile phone holders.

An adult resource was also developed and made available through health providers. This resource was for all adults, but in particular for Māori and Pacific parents.
3.0 Pre- and Post-Campaign Quantitative Research

3.1 Research Objectives and Method

The research objectives for the **pre and post-campaign quantitative research** were to benchmark and monitor the attitudes and behaviours of 15 to 19 year olds, on the following:

- Awareness of STI and condom advertising.
- Attitudes towards condoms.
- Level of sexual activity and use of condoms.
- Perceptions of what can and can not protect against STIs.

**Methodological Considerations – Quantitative pre and post quantitative survey**

In designing the pre and post campaign surveys a number of key considerations were taken into account:

- The sample of respondents needed to represent 15-19 year old New Zealanders (i.e. requiring a quantitative approach)
- The methodology needed to be replicable (i.e. the same for both the pre and the post surveys)
- Only 12 percent of New Zealand households include someone aged 15-19 years
- People aged 15-19 years tend to have very low response rates to traditional survey methodologies
- The survey topic is highly personal and sensitive
- Maori and Pacific youth needed to be included in the survey
- The total budget for the evaluation was proportionate to the size of the campaign

On balance, the best approach to the pre and post quantitative surveys was an online survey, using a panel population.

The advantages to this approach are:

- The online method allows confidential and frank responses
- A panel population allows efficient sourcing of people in the target age group, including Maori and Pacific Peoples (i.e. just people in the target population can be approached to undertake the survey)
- The methodology is replicable
- People aged 15-19 years are known to have higher response rates to online methods.

The disadvantages to this approach are:

- Using a panel population limits the potential respondents to members of the panel only (the panel used is purpose built to reflect the demographic profile of New Zealanders. The panel has also been validated against traditional methods to ensure comparability in survey responses)
- Only people who have access to the internet can participate in the survey (we know that at least 70 percent of New Zealand households with children have access to the internet)
• Maori and Pacific Peoples, and people of lower socio-economic profiles are likely to be under-represented (this is also a recognised issue in traditional survey methodologies). In the case of this research, this was overcome by using a stratified sample where smaller populations of interest (i.e. Maori and Pacific) were proportionally sent a higher number of invitations to participate in the survey than other populations.

The SmileCity (Panel) Population

The quantitative research used an online population to source the sample. The online population has 83,000 members, including 10,000 people from the target age group.

The online population was reviewed to ensure that there were significant proportions of Maori and Pacific people. Nine percent of the online population aged 15 to 19 years old are Maori and three percent are Pacific.

The population for the survey is people who have chosen to join SmileCity and is only people who have access to the internet (we know that 70% of households in New Zealanders, with children, have access to the internet – via a telephone survey of n=1,000 people). Thus it is not possible for people who are not members of SmileCity to be in the survey sample.

The sample for the safer sex survey was a randomly chosen sample from the target age group enrolled on SmileCity. All randomly selected respondents were sent an email inviting them to participate in the survey.

Importantly:

• No respondents were able to self select into the survey.

• No respondents were able to complete both the pre and post survey.

Online Validation

A large number of validation studies have been completed overseas to validate online surveying. TNS NZ conducted two such studies in 2002 and 2004.

• The 2002 study was completed by 5,000 people online and 5,000 people through a self completion questionnaire. Results were tested across a number of attitudinal and lifestyle statements to assess whether online respondents firstly, had a different attitudinal outlook and secondly, responded to the same questions in a similar way. This research found that response to the questions were similar across both surveys.

• In 2004 TNS New Zealand completed a similar study, but comparing online response behaviour versus behaviour on the telephone. This survey was completed by n=750 respondents online and n=1,000 by telephone. The survey found that overall responses to a number of social response questions were very similar.

Method

Given the methodological considerations outlined previously, an online methodology was chosen. In the post-campaign survey a sample of n=313 youth were surveyed from Smile City.
An invitation to participate in the survey was emailed to randomly selected SmileCity members. Respondents were screened to ensure they were aged between 15 and 19 years old. Given the online nature of the survey, respondents were also run through a quota system where potential respondents were screened according to ethnicity. The sample was stratified to ensure sufficient representation of Māori and pacific peoples.

A sample of n=301 15-19 year olds were randomly surveyed pre-campaign (4th – 22 October 2004) via the Smile City online population. (For more information see www.smilecity.co.nz). Post-campaign n=313 15-19 year olds were randomly surveyed via the same medium.

The sample includes booster samples of Māori and Pacific Youth (appropriate weighting was applied).

In making comparisons between the pre and post campaign surveys, all results have been tested for statistically significant change.

### 3.2 Summary of Research Findings

#### Awareness of STIs and Condom Advertising

- Awareness of advertising about STIs, condoms and condom use increased dramatically pre and post the campaign. Awareness of STI advertising rose from 25 percent to 73 percent, condom advertising rose from 52 percent to 77 percent and condom use rose from 28 percent to 80 percent.

- The ‘No Rubba, No Hubba Hubba’ television advertisement had a very high unprompted recall (74%). The prompted awareness of the heterosexual version was almost at absolute levels (97%), while there was a lower awareness (although still very high at 84%) of the MSM version of the advertisement.

- Key messages (unprompted) taken from the advertisement were: to always use condoms (54%), no condoms, no sex (28%), have safer sex (14%), and condoms offer the best protection (10%).

- Prompted, over half the respondents agreed that: both versions of the advertisements reminded them they needed to use a condom every time they had sex; they had talked with their friends about the advertisements; they thought the animation was ‘wicked’ and they could say no to sex if a condom was not available.

- The appeal of the advertisement was mixed. Almost a third of respondents (30%) either ‘loved it’ or ‘liked it’, one third (34%) were impartial, while the remaining third (35%) either ‘disliked it’ or ‘hated it’. The advertisement appealed more to Māori (76% thought it was okay, liked it or loved it compared to 58% for Pakeha and 75% for Pacific respondents). The Advertisement also had less appeal among males (57% thought is was okay, liked it or loved it compared to 71% of females).

- Positive responses included: the message worked, the advertisement was memorable and the respondents liked the music. Negative responses included the advertisement was too annoying, too cheesy and the respondent did not like the music.

- Other ‘No Rubba, No Hubba Hubba’ campaign elements had varying degrees of prominence. Prompted, two-thirds (66%) of respondents had heard radio advertisements, 59 percent had seen bus shelter advertisements, over a third (39%)
cinema advertising, almost a quarter (23%) had attended an event with a ‘No Rubba, No Hubba Hubba’ presence and one-fifth (19%) had seen magazine advertising.

**Attitudes Towards Condoms**

- Pre and post-campaign perceptions of condoms generally did not change, with the exception that more respondents (91%, up from 81%) were likely to agree that condoms are the best form of protection against STIs. Pacific participants’ agreement increased from 75 to 90 percent, whilst Māori participants’ agreement increased from 83 to 89 percent⁴. This message of condoms being the best form was important as it was an important message in the campaign.

- Positively, almost half (49%) the respondents indicated the campaign had ‘definitely’ or ‘probably’ increased their likelihood of using condoms in the future. A third (34%) indicated it had made no difference as they would always use them anyway. Six percent said they still would not use condoms, while 12 percent indicated it ‘probably’ or ‘definitely’ had not increased the likelihood they would use condoms in the future.

- Also positively, the proportion of respondents who said they would still have sex if no condom was available decreased significantly between the pre and post campaign (36%, down from 46%).

- There has not, however, been a significant change in the proportion of youth who say that a condom is still necessary when having sex with someone they are going out with or know well (67% pre and 71% post).

**Level of Sexual Activity and Use of Condoms**

- The proportion of respondents who had had sex pre-campaign (56%) and post-campaign (49%) were similar.

- Condoms were by far (87% pre-campaign and 91% post) the most commonly used form of protection against STIs.

- As would be expected, historical condom usage has not changed in such a short period of time. About one third of respondents (32%) use a condom every time they have sex, another third (35%) almost every time, a quarter (26%) sometimes and seven percent never.

⁴ Note: Neither are significant differences.
Perceptions of Protection Against STIs

- Knowledge of STIs post-campaign has remained similar to pre-campaign, although there was an increase in the number of respondents (69%, up from 62%) who agreed that STIs are easy to catch. There was also increased prompted awareness (85%, up from 75%) of gonorrhoea.

- Pre and post-campaign, almost all teenagers believe condoms are a good form of protection against STIs. Some however think that other forms of contraceptives are good protection against STIs, including: diaphragms (16%), dental dam (11%), emergency contraceptive (9%), combined contraceptive (7%), vasectomy (7%), Depo Provera (6%), progesterone pill (5%), tubal ligation (3%), and IUDs (3%).

Māori

- Similar to the general sample, awareness of advertising about STIs, condoms and condom use increased pre and post the campaign for Māori youth. Awareness of STI advertising rose from 35 percent to 79 percent, condom advertising rose from 51 percent to 80 percent and condom use rose from 33 percent to 79 percent.

- Similar to the general sample, the ‘No Rubba, No Hubba Hubba’ television advertisement had high unprompted recall (73%).

- Again, similar to the main sample key messages (unprompted) taken from the advertisement by Māori were: to always use condoms (49%), no condoms, no sex (36%) and have safer sex (12%).

- Overall, Māori were significantly more likely to either like, or feel neutral about the advertisements (76 percent, compared to 57 percent of the main sample). Māori respondents were more likely to rate the advertisement as cool and like the animation.

- Pre and post-campaign perceptions of condoms generally did not change. For Māori, agreement that condoms are the best form of protection from STIs increased from 83 to 89 percent5.

- Forty-nine percent of Māori respondents said that as a result of seeing the campaign they are now more likely to use condoms in the future (similar to the main sample).

- There has been a significant reduction in the proportion of Māori respondents who said they would still have sex if no condom was available (43%, down from 59%).

- Like the main sample, there has not been a significant change in the proportion of Māori, pre and post the campaign, that agree a condom is still necessary when having sex with someone they are going out with or know well.

- Like the main sample, knowledge of STIs remained similar, including almost all Māori (93%) believe that condoms are a good form of protection against STIs.

5 Note: This is not a significant differences.
Pacific

Like the main sample and Māori, there was very high awareness of the campaign for Pacific youth. Awareness of STI advertising rose from 40 percent to 69 percent, condom advertising rose from 57 percent to 79 percent and awareness of advertising promoting condom use rose from 38 percent to 79 percent.

Pacific respondents had slightly lower awareness than the general sample (not significantly) of the 'No Rubba, No Hubba Hubba' television advertisement (68%).

Key messages taken by Pacific youth from the campaign were to always use condoms (54%), no condoms, no sex (35%), and have safer sex (16%), this was similar to the main sample.

Overall, Pacific were significantly more likely to either like, or feel neutral about the advertisements (75 percent, compared to 57 percent for Pakeha respondents). Pacific respondents were also more likely to agree the advertisement reminded them about the need to use a condom every time they had sex (81% versus 69% for the whole sample).

As with the main sample, pre and post-campaign perceptions of condoms generally did not change.

Sixty-three percent of Pacific respondents said that as a result of seeing the campaign they are now more likely to use condoms in the future (this was higher, though not significantly, than the main sample, 49%).

Like the main sample, knowledge of STIs remained similar. There is slightly lower agreement by Pacific respondents that condoms are a good form of protection against STIs, however this slightly increased in the post campaign survey (from 78% to 85%).
4.0 Secondary Research

4.1 Print Media

Print Media articles were collected from late July 2004 to early March 2005 (using a combination of a professional media search agent and in-house media searching).

Key words used in the collection of media included teenagers, sex, sex education and sexually transmitted diseases. In total, 334 articles have been analysed.

**Volume Tracking**

- The number of articles collected increased in the months before the campaign (with the exception of October), peaked during November (the month of the campaign launch) and then decreased again month by month.

- In the week following the launch (November 23rd-29th) 41 articles were collected, 15 were published on World AIDS Day (December 1st), 10 in the week leading up to Christmas, and 13 in the week leading up to New Years Eve.

- Post the campaign launch there was increased specific reference to the ‘No Rubba, No Hubba Hubba’ campaign, as opposed to just reference to the safer sex campaign.

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<th></th>
<th>Jul (28th – 31st) n=</th>
<th>Aug n=</th>
<th>Sep n=</th>
<th>Oct n=</th>
<th>Nov n=</th>
<th>Dec n=</th>
<th>Jan n=</th>
<th>Feb n=</th>
<th>Mar (1st-2nd) n=</th>
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<tr>
<td>All articles</td>
<td>1</td>
<td>16</td>
<td>52</td>
<td>42</td>
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<td>2</td>
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<tr>
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<td>-</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>19</td>
<td>10</td>
<td>4</td>
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<td>-</td>
</tr>
<tr>
<td>Referred to campaign by name</td>
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<td>-</td>
<td>-</td>
<td>23</td>
<td>23</td>
<td>9</td>
<td>14</td>
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**Discussions Pre and Post Campaign (Including Use of Evidence Based Messages)**

- The July and August articles were broadly themed; the most topical issues being the legalisation of prostitution, the Civil Union Bill endorsing homosexuality, teenage health in general and the high incidence of chlamydia in New Zealand. Most messages communicated were not evidence based, and included STIs in general, underage sex, sexual health and sexual health services available.

- In September, topical issues were the proposed change to the Care of Children Bill, and a study which has linked teenage sexual behaviour to television behaviour. There was an increased number of evidence based messages including the number of abortions in New Zealand, high chlamydia statistics and increasing HIV statistics. Other prominent topics included underage sex, promotion of abstinence, sex-based nature of commercial culture and the promotion of safer sex.
Prominent themes in October were a continuation of the abortion debate, the results of the Durex Global Sex Survey and a number of articles relating to teenage sex, including the proposed Crimes Amendment (No 2) Bill. High Chlamydia statistics was the only prominent evidence based message. Other aspects commonly discussed were STIs, underage sex, unsafe sex practices by New Zealanders, promotion of safer sex, and unplanned pregnancies.

In the first three weeks of November, (prior to the launch) a prominent theme continued to be teenage sex, which was discussed at the Family Planning Association’s annual conference and focused on increasing STI rates. Teen pregnancy was also a prominent issue. STI and pregnancy statistics were commonly used evidence based messages. Other discussion included the promotion of safer sex, underage sex, STIs in general, the need for education and unplanned pregnancies.

For the remainder of November, post the campaign launch, half the articles focused on the campaign. Evidence based messages were once again more prominent than in preceding months and included chlamydia, gonorrhoea, and HIV statistics. Promotion of safer sex practices, Destiny Church policies (e.g. abstinence, anti-homosexuality) and abstinence were all frequently mentioned.

The campaign continued to have a high profile in December, accounting for over a quarter of the related articles. Other prominent themes were teenage health, teenage sex and the Destiny Church. Chlamydia statistics continued to be the most frequently quoted, followed by gonorrhoea statistics and the effectiveness of varying forms of contraception. Key messages were the promotion of safer sex, sexual health generally and Destiny Church policies.

In January, the campaign remained a topical issue alongside teenage sex. Evidence based messages were barely evident this month. Abstinence was the key message, followed by the promotion of safer sex.

While the profile of the campaign had decreased by February and March, it was still the most prominent theme. Evidence based STI and gonorrhoea messages were also prominent.

Response to the Campaign

As expected, there was higher media coverage of the campaign in the initial months of the campaign. There was a mixed response to the campaign throughout the monitoring.

As well as either positive or negative media coverage, some coverage was also neutral (i.e. it merely mentioned the existence of the campaign or discussed both positive and negative aspects of the campaign). The negative coverage as a ratio of the positive coverage decreased in January and February.
See the table below for measures of the ratio of negative and positive media.

<table>
<thead>
<tr>
<th>Article</th>
<th>November n=</th>
<th>December n=</th>
<th>January n=</th>
<th>February/March n=</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>18</td>
<td>16</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Neutral/both</td>
<td>14</td>
<td>7</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Negative</td>
<td>10</td>
<td>10</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

The main positive aspect of the campaign reported on was that it promoted safer sex and the use of condoms. Common positive aspects were that the campaign:

- had been tested and liked by the target audience (typically this was mentioned by the Ministry of Health)
- created awareness about the transition of STIs
- was simple/obvious
- encouraged young people to think carefully about having sex
- was non-judgemental
- promoted discussion, even if the campaign itself was not liked.

Common negative aspects (typically found in letters written by adults outside the target audience group to editors) were that the campaign:

- should promote abstinence/monogamy
- promoted condoms, which were not the answer due to their high failure rate,
- would not work as other campaigns/ previous education had not succeeded
- ‘Hubba Hubba’ was not understood by the target audience
- was old fashioned
- would not work alone
- was cheesy
- promoted sex.

**Aversion of Risks**

The most prominent risk prior to the campaign, identified in the analysis of printed media, was the promotion of abstinence (both in general and as one of Destiny Church’s policies) which continued its prominence during the campaign. During the campaign both the Destiny Church and the campaign encouraged young people to think carefully before having sex.

It was occasionally reported that whilst abstinence was part of the safer sex strategy, overseas experiences had shown that abstinence alone did not work. Participants in abstinence programmes had not been educated of the benefits of condoms and subsequently did not use them when becoming sexually active; increasing the likelihood they would expose themselves to STIs.

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6 These letters were likely to have been written by adults and not the target audience of the campaign.

7 This analysis was undertaken post-campaign and is not to be confused with any risks the campaign working group may have identified prior to the campaign.
Further risks identified in analysis of printed media, prior to the campaign were:

- parents who did not wish their young teenagers to be exposed to sex, believing it was the parent’s role (e.g. in response to a Bro Town TV advertisement featuring a condom being screened in the early evening)
- condom failure rates (mentioned in relation to abortions (letter to an editor))
- adults who felt that the promotion of condoms promoted sex (e.g. in response to a school incident where free condoms where disseminated with ball tickets).

The first two risks were averted to some degree with justification for the campaign being that many teenagers were having sex and if this is the case they should be able to protect themselves. Using condoms may not be 100 percent full-proof, but they are the most effective way to protect oneself from STIs.

The Ministry also responded to the third listed risk, indicating no statistics proved advertising condoms promoted sex.

**Use of Credible Spokespeople**

- Ministry of Health staff including the Acting Director of Public Health (Dr Douglas Lush) and the Project Manager ‘No Rubba, No Hubba Hubba’ (Sally Hughes) were prominent in the print media both before and after the campaign launch. The Minster of Health (Annette King) also featured. Opposition health spokespeople typically gave minor criticism of the campaign.

- Family Planning Association Executive Director (Dr Gill Greer), doctors, and regional sexual health promoters frequently appeared in print in support of the campaign.

- In comparison to those who were anti the campaign (typically the general public who wrote letters to newspaper editors), the spokespeople were more prominent members of the community.

**Use of Regional and Local Media**

- The campaign featured often in regional and local media, where there was a focus on a particular and therefore relevant community. Local coverage of issues relating to safer sex increased dramatically after the campaign launch.

**Promotion of Campaign Mediums**

- Aside from television advertising, campaign elements commonly mentioned were;
  - the website
  - magazines
  - pamphlets/brochures
  - radio
  - and cinema advertising.
4.2 Family Planning Association Survey

- Findings from a four week survey (from mid-December) of Family Planning Clinic clients\(^8\) showed that almost all (90%) had seen the advertisement.

- Some evidence of the impact of the campaign was identified in this survey, as 15 percent of clients said they were prompted, by the advertisement, to visit the clinic.

4.3 Website Statistics

- As at May 5 2005 the www.hubba.co.nz website had had 42,000 unique hosts\(^9\) and 67,500 visits\(^10\). This equates to an average usage of 1.6 visits per host\(^11\). Half (50%) of the unique hosts were recorded in the first five weeks of the campaign, with a further 20 percent of unique hosts recorded late January/early February.

- Since the website was launched, it has received over 2.64 million hits\(^12\). The large majority of these hits (1.83 million) were in the first five weeks after the campaign launch. Again there was also an increase in activity late January/early February (315,000 hits).

- Visitors to the www.hubba.co.nz were from 77 countries, with the majority of these (80%) from New Zealand.

- Over a quarter of visitors (28%) had used the word ‘hubba’ in their search to access the website. Two-thirds of visitors (67%) entered the website via the home page.

- Aside from the home page, the two most popular pages were the pages regarding herpes (12%) and genital warts (11%). The booklet was the most popular download (22% of all downloads) followed by STI tests (16%) and genital-herpes (15%).

- On average visitors spent 4 minutes and 15 seconds visiting the website and viewed 7.8 pages. The most common words used in local searches were free (9%) and condoms (8%).

- Validation – According to Census data in 2001 there are approximately 265,000 New Zealanders aged 15 -19 years old. The quantitative post-campaign data showed that 13 percent of 15 -19 year olds had visited the www.hubba.co.nz website. This equates to an estimated 34,450 visits. There were approximately 32,340 New Zealand based unique hosts to the www.hubba.co.nz website.

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\(^8\) Clients were surveyed at the Auckland, Hamilton, Wellington, Blenheim, Christchurch, Greymouth and Dunedin clinics.

\(^9\) A unique host address (or IP number) that has visited the site.

\(^10\) The number of distinct visits to or sessions on a website.

\(^11\) It is recorded however on the website as 1.8.

\(^12\) A single request for any item on a website. This can include images, animations, audio, video, downloads, PDF or Word documents or anything else that you allow visitors to access.
4.4 Safer Sex Campaign Event Presence

- The campaign had presence at a large number of events (throughout New Zealand) from November 2004 to March 2005. Some events were a one off (e.g. Edgefest at four locations, Cinema in the Park at two locations and Te Matatini (national Kapa Haka competition)). Others were gatherings of young people (e.g. tertiary orientation events and holidaying at camp sites).

- The campaign directly sponsored Edgefest at four locations (Auckland, Hamilton, Wellington, and Christchurch). In total these events were attended by 50,000 people with an estimated 50 percent being aged 15 to 19 years old. Feedback from Edgefest organisers concluded that the Hubba Hubba presence was successfully incorporated into the event, and the target group widely attended and accepted giveaways from the Hubba Hubba stall.

- The campaign also directly sponsored Edgefest at four locations (Auckland, Hamilton, Wellington, Cinema in the Park and Christchurch). In total these events had a strong Māori presence. These events were attended by around 30,000 people with around half being aged 15 to 19 years old. Feedback from Edgefest organisers concluded that the Hubba Hubba presence greatly enhanced each event in many ways and Hubba hubba giveaways were really popular. There were only minor concerns from some at giveaways with condoms being given to younger attendee’s, however this was not at all a major concern to organisers.

- The campaign also directly sponsored Cinema in the Park and Te Matatini (national Kapa Haka competition) which had a strong Māori presence and was attended by over 35,000 people (estimated) over the four days of competition.

- The Hubba Hubba campaign event presence also extended to a wide range orientation events. Data was collected and reported by the Family Planning Association from these events. It was reported that presence at a few institutions was not always possible, reasons for this ranged from attending other events, to the institution did not allow a ‘Hubba hubba’ presence.

- Student visitation to orientation stalls varied from 50 students to several hundred (not quantified). Competitions, free condoms and free resources (booklets and posters) encouraged visitation to the stalls. Students were not always the campaign’s target audience (at some institutions attendees were mature students) and Māori and Pacific Peoples (many were Pakeha, but there was also interest shown by Asian students).

- There was evidence that orientation presence was adapted to suit the different institutions. Evidence of this included producing a Mandarin brochure for international Asian students, meeting with medical staff about the ‘Hubba hubba’ campaign, organising follow-up visits and talks to groups of students, and passing out Family Planning Association business cards to students encouraging clinic visitation.

- There was little negative feedback about the ‘Hubba hubba’ orientation presence and the campaign. Positive feedback included the campaign facilitated parent and teenagers discussion about sex and safer sexual practices, and the prominence of ‘Hubba hubba’ terminology.

- Overall feedback from public health groups who facilitated the No Rubba, No Hubba Hubba campaign in regional areas at events experienced mainly positive feedback.
about the campaign, including that it appealed to young people and the resources provided were useful.
4.5 Health Professional Communications

- Health professionals were advised of, and updated on the ‘Hubba hubba’ campaign via electronic newsletters (GP Pulse and the Sexual Health Campaign Update). These communications often reported the evidence based reasons for the campaign and that both the sector and the target audience had been involved in the development. Both the target audience and communication mediums to be used were promoted. Health sector professionals were thanked for their involvement to date and encouraged to aid the campaign by promoting regional STIs statistics and undertaking regional activities.

- Post the campaign launch the campaign featured in a variety of health professional communications (e.g. newHealth, The Practice Nurse, and The New Zealand Venerelological Society Bulletin) and was the focus of the campaign specific communication Sexual Health Campaign Update. The focus of the articles post-campaign shifted to demonstrating the support given by health sector organisations (e.g. The Family Planning Association, The Royal New Zealand College of General Practitioners, The New Zealand Medical Association and other medical professionals). There was reflection on the success of the campaign, the www.hubba.co.nz website and the health sector working together.

4.6 Internet References

- A number of websites mentioned the campaign; including news sites, chat sites, blog, directory and question and answer sites.

- Many of the New Zealand Internet news references to the campaign were primarily campaign related and typically appeared to utilise Ministry of Health press releases. Feedback outside of the Ministry promotion was both positive and negative, but with no particular theme. There was little mention of the campaign mediums and some mention of health professionals’ support for the campaign.

- What appeared to be Ministry of Health press releases were featured on a small number of international news Internet sites. All utilised evidence based messages for reasons for the campaign and reported the campaign mediums that were being utilised. There was some mention of health professionals’ support for the campaign.

- The majority of the chat sites featured both positive and negative discussion about the www.hubba.co.nz. Positive feedback however, was more prominent than negative feedback. Much of the positive feedback was about the campaign and included: that it was brave in promoting homosexuality, that it was catchy, it was good generally, and that it encouraged discussion about safer sex. Some chat room participants also indicated that they liked the game that featured on the www.hubba.co.nz.

- Several sites featured only brief mentions on the ‘Hubba hubba’ campaign, but importantly included links to the www.hubba.co.nz website.
5.0 Key Stakeholder Research

5.1 Research Objectives and Method

The research objectives for the **stakeholder research** were to:

- Gather feedback on the overall campaign.
- Ascertain whether stakeholder consultation/involvement was at an appropriate level.
- Understand acceptance and appropriateness of the campaign.
- Explore perceptions of the impact on the target audience.

For the **stakeholder research**, interviews were conducted with six key stakeholders to the STI campaign. Both face to face and telephone interviews were conducted in March 2005. Participants were based across New Zealand. Key stakeholders comprised a mix of gender, age and ethnicity, and represented both sexual health physicians and health promoters.

5.2 Summary of Research Findings

**Overall**

- Stakeholders perceived the campaign to have successfully reached the target audience (Rangatahi Māori and Pacific youth 15-19 years old). The use of hip hop culture in particular has enabled messages to be delivered to young people.
- Stakeholders perceive the campaign as a “good start”; however many felt it should be part of an ongoing strategy to reduce STIs. Some indicated the campaign needed to run for longer, although others felt it had achieved a high level of absorption. Suggestions included new messages (e.g. education and services) and broadening the audience.
- Many stakeholders perceive that to encourage behaviour to change, the campaign should be part of a broader safer sex strategy incorporating marketing, improved education (in schools in particular – using peer educators ideally), and improved access to services. Many believe that in isolation, the campaign may raise young people’s awareness, but is unlikely to change young people’s behaviours.

**Consultation with Stakeholders**

- Most stakeholders thought the campaign was consistent with their organisation’s ethos. Some thought family planning and HIV could have been promoted more, but knew that a clear and simple message was needed, and promoting condom use covered everything (STIs, HIV, unwanted pregnancy) in one.
- Consultation with stakeholders was well regarded for the most part; open, and representative. Stakeholders perceived that initially sexual health physicians were not included as part of the core working party, however this was remedied at a later stage. They would have liked to have been involved in earlier decision making (e.g. funding usage and the target audience).
Suggestions for improving consultation were that:

- youth social services (rather than health services), particularly in the South Island, could be more actively engaged
- by extending timeframes, more background scoping/research could be undertaken about what needs and preferences the key audience groups had in terms of messages.

**Appropriateness of the Campaign**

- Most people thought the campaign’s messages were appropriate for young people. However, while some people thought the campaign was quite hard hitting and brave, others thought it could have been less subtle. Some were unsure if the ‘Hubba Hubba’ slogan was ‘edgy’ enough.

- A few stakeholders thought some subtlety was necessary to reach Māori and Pacific young people particularly, for whom sex is a somewhat taboo subject. They thought the campaign was effective in this regard, and it did not make them feel ‘whakama’ (shame) and the use of animation helped to achieve this.

- The campaign was considered to have been less effective with the following groups:
  - young people who are not into hip hop
  - MSM young people who are not into hip hop (though they liked being included in the campaign)
  - the hard to reach group (i.e. youth offenders/at risk young people)
  - older young people, who needed an edgier/hipper message.

**Impact**

- Stakeholders felt there was some anecdotal evidence that the campaign had raised awareness particularly amongst the target audience.

- Some stakeholders perceive that ‘Hubba Hubba’ language has entered into youth culture, and in doing so provided a language for young people to talk either to each other, or with adults, about STIs and safer sex. They regard this as a positive outcome.

- While difficult to substantiate, some stakeholders perceive there may be a shift in the target group’s attitudes – toward thinking that it is not ‘uncool’ to wear a condom.

- Most stakeholders believe it is too early to see behaviour changes in young people.

- Stakeholders believe monitoring the impact of the campaign could include the following:
  - measure the number of condoms given out at FPA clinics
  - survey young people who are attending Family Planning or other sexual health clinics, about their awareness and perception of the campaign.
  - monitor STI rates over time, noting that increased awareness of STIs is likely to increase the number of people presenting with infections in the short term.