Teenage Pregnancy and Sexual Health Marketing Strategy
Executive Summary

1. Public information campaigns have traditionally played an important role supporting teenage pregnancy and sexual health policy and have no doubt contributed to the progress that has been made to date (for example reducing the under 18 conception rate by 10.7% and under 18 conceptions leading to birth by 23% since 1998, and significantly raising awareness of STIs and the importance of condom use).

2. However, teenage pregnancy and sexual health policies have evolved in recent years as more is understood about both the causes of the problems and the strategies that help to address them – for example, new policy initiatives include increasing investment in contraceptive services and choice, introducing the National Chlamydia Screening Programme, access to GUM clinics, supporting HIV programmes for the most at-risk population groups and strengthened joint working between Local Authorities and PCTs to implement teenage pregnancy and sexual health policy.

3. Consequently, a review of the relevant public information campaigns (Condom Essential Wear, RU Thinking and Want Respect) has been conducted in order to assess how communication can best support this new policy environment. Learning from behaviour change theory, research on risk factors, and the evidence on what works in practice have been used as the foundations of a new marketing and communications strategy. This sets out the implications for the public information campaigns supporting teenage pregnancy and sexual health.

4. Behaviour change theory highlights the many factors over and above personal attitudes and beliefs, which influence young people’s sexual behaviour. Social norms and peer pressure, perceived behavioural control (self-efficacy) and risk images all play an important role in shaping both behavioural intention and, in young and/or inexperienced young people, behavioural willingness. These factors are, in turn, influenced by a wide range of ‘informants’ including parents and healthcare professionals, the media and society/culture in general. A key finding is that rather than influencing sexual behaviour directly, the impact of these factors is mediated by ‘preparatory sexual behaviours’, namely communication or talking with one’s partner, accessing free contraception and carrying condoms. Consequently, it is recommended that the marketing strategy focuses on influencing these preparatory behaviours rather than sex itself, and where possible, does so by influencing multiple factors. This will require an approach that reaches a broader audience than past campaigns have targeted, including not just young people but their parents, health care professionals, teachers and the wider youth workforce.

5. The evidence for what works in practice comes from three sources: studies of sex and relationships education programmes, international experience and some of the more innovative social marketing programmes taking place across the UK. The key conclusion from SRE is that successful programmes tackle multiple levers of influence and often engage multiple audiences (e.g. young people and their parents). The international evidence from countries such as the Netherlands, which has a strong track record in tackling the issues, highlights the role of creating open and honest discussion and building a culture that frames sexual behaviour among young people as a normal part of their development. Creating a fundamental change in UK culture will not be easy. However, by normalising safer sexual practices (and promoting open and honest discussion about them), a broader culture change could play an important role in tackling teenage pregnancy and poor sexual health in
England. Finally, the success of some regional social marketing programmes suggests the potential for local campaigns of this sort to reach at risk groups who are not easily engaged by more conventional forms of marketing and communication.

6. Further evidence for using more intense social marketing interventions to support the highest risk groups comes from closer analysis of their behaviours and attitudes. A number of different segmentations describe the at-risk audiences, and a clear finding from these studies is that the young people in these groups often present with multiple risk factors such as poor engagement in school, poor relationships with their parents and misuse of alcohol and/or illicit drugs, in addition to risky sexual behaviours. These young people often require support in many areas of their lives and therefore interventions targeting high-risk young people are usually more intense than for other groups, and reflect their multiple vulnerabilities. Consequently, communication alone is probably unlikely to have a significant, direct influence on the sexual behaviour of the highest-risk individuals; rather it can be used to shape the attitudes of parents, teachers and peers, who have more power to influence the behaviour of the highest risk individuals.

7. Drawing together the insight from these multiple sources, it is recommended that the marketing and communications strategy aims to influence a wider audience, and address a broader range of factors relating to sexual behaviour, with the overall aim being to act as a catalyst for culture change: creating a more open, positive, supportive and respectful backdrop against which a range of policy interventions can happen.

8. In line with this overall aim, a new model for marketing and communications is recommended. It defines three complementary objectives:
   i. Communications can help prevent teenage pregnancies and poor sexual health by promoting the attitudes, knowledge and communications skills that make safer sexual practices more likely
   ii. Communications can help protect individuals from the consequences of risky sexual behaviour by encouraging protective behaviours (such as screening and more effective contraception methods)
   iii. Marketing can provide intensive support for the most vulnerable and at risk groups through marketing-led interventions designed around their specific service and communications needs.

9. To deliver against these three objectives, five campaign strands or work streams are proposed:
   • ‘Knowledge and understanding’ will focus on asserting social norms and promoting areas of consensus, e.g. the fact that the majority of young people are not sexually active before 16 and that both parents and young people broadly agree on an appropriate age for first sex. It will also give people the facts about sexual health and teenage pregnancy, and dispel some of the myths that currently exist
   • ‘Communication and negotiation’ will aim to promote more discussion between and within audience groups - for example, helping parents and children talk more effectively, and encouraging couples to talk more about contraception
   • A strand relating to chlamydia screening will promote the screening programme whilst continuing to reinforce the message that chlamydia is asymptomatic in many cases but has serious consequences
• A campaign around **contraceptive choice** aims to increase awareness of the range of effective contraceptives available to women, particularly newer and less familiar forms such as LARCs.

• Finally, **condom use** will be promoted as a secondary message in all communications and further supported through a below the line campaign to increase access to and carrying of condoms (e.g. by expanding the programme of partnerships).

It is envisaged that knowledge and understanding, and communication and negotiation will contribute to the 'prevention' objective, whereas the last three strands will contribute to the 'protection' objective. Mass market communication is unlikely to be used to support the third objective - delivering intensive support. The activity that contributes towards this objective is more likely to comprise very targeted campaigns that are experiential in nature, are integrated where possible with SRE in both schools and out of school settings, and including engagement with NHS services as a core part of the intervention.

10. The campaign will target multiple audiences. Young people and teenagers remain the most important audience - those under 16/not sexually active require an authoritative information source on all aspects of sex and relationships but especially one that stresses the importance of delaying early sex and of mutually agreed consensual sexual activity until they are ready, in conjunction with accurate information about contraception and practical help to resist peer pressure. Information about chlamydia screening and effective contraception use are key issues for those over 16/sexually active. In addition to young people, parents and carers are a critical audience given their influence over the younger age group. Their core need is for help communicating effectively and accurately about sex and relationship issues with their children. Finally, healthcare practitioners and other stakeholders in touch with young people, play a vital role in coordinating and delivering services, and are a critical audience to engage to ensure that there is consistency of message from campaign through to service delivery.

11. As well as conveying specific messages to relevant groups, communications can help create a 'sum of the parts' effect that will catalyse broad cultural change through the creation of a single campaign identity and information resource, which is accessible to all audience groups and promotes and encourages open discussion of the issues. The 'umbrella identity' will be based on the concept that 'more talk = safer sex and better relationships'. By anchoring the campaign identity around 'talking', the aim is to encourage one of the key preparatory behaviours identified in behaviour change theory, and to promote discussion and debate among all audiences.

12. Creatively, this idea will be dramatised through conversations about topics relating to sexual behaviour to show that sex and relationships are 'Worth talking about.' It is anticipated that this campaign idea will work in a way that is similar to Change 4 Life, carrying the multiple messages to different audiences and in conjunction with a range of different delivery partners (e.g. the NHS, LAs, Brook, FPA, Terrence Higgins Trust, and other relevant NGOs).

A revised channel strategy is required that makes the campaign more visible to a wider audience using the full spectrum of broadcast channels. In addition, there is also a need to deliver highly targeted messages to specific audiences through trusted and credible channels. This will be achieved through a three-staged process designed to increase the quantity and quality of conversations about sex and relationships - using a mix of broadcast (TV, radio, PR) and more.
discrete/narrowcast channels including digital advertising and search, and extensive partnership and stakeholder activities.

13. A full range of key performance indicators have been defined to enable comprehensive monitoring of the campaign’s progress and evaluation of its outcomes.

14. In summary, the revised marketing communications strategy for teenage pregnancy and sexual health sets out a vision for how communication can be used to shape an open, honest and respectful culture, in which multiple messages are conveyed using a new campaign identity to engage young people, their parents and stakeholders. Annual plans for the next three years will follow this strategy, taking into account policy priorities, and budget constraints. In so doing, communication will continue to play a vital role in supporting the Government’s teenage pregnancy and sexual health strategies.