COI Research Management Summary on behalf of the Department of Health

Title: ‘Worth Talking About’ Campaign Evaluation 2010 / 2011
Quantitative research conducted by TNS-BMRB

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Audience:
The key audiences for this research were:
- Children and Young People (CYP) aged 11-34 (and within this splitting out 11-15s, 16-24s and 25-34s); and
- Parents of children aged 11-17.

Background
With increased knowledge about teenage pregnancy and sexual health, the marketing communications strategy for these areas was substantially revised in 2009. As part of the new strategy, the ‘Worth Talking About’ campaign was launched in Autumn 2009. The new campaign included two main strands: one focusing on Chlamydia testing (specifically targeting 16-24 year olds) and the other on contraceptive choice (targeting female 16-24s), but with both feeding into the other communications strands of knowledge and understanding, communication and negotiation and condom access and carrying.

Research Objectives
The overall objective for the research was to evaluate the effectiveness of the Worth Talking About campaign among 11-15s, 16-24s, 25-34s and parents. Specific objectives were to:
- measure awareness and recognition of the Chlamydia and contraceptive choice strands of the campaign;
- determine message take-out from the campaign and reactions to it;
- assess response to the campaign (claimed action/likely future action); and
- monitor attitudes and behaviour in relation to sexual health and assess whether there have been any changes in key measures as a result of the campaign.

Methodology
Random location interviewing took place across England. In-home face-to-face multi-media CAPI was used (with self completion of sections asking sensitive questions) among both CYP and Parents as follows:
- CYP - Pre and post advertising research with respondents aged 11-34:
  - Target of 760 interviews including a boost to top up numbers in priority DCSF segments¹;
  - 794 interviews achieved at Pre wave and 796 at Post wave;
  - Sample designed to over-represent younger respondents and under-represent 25-34s, with age profile and segment profile adjusted via weighting at the analysis stage.
- Parents: 323 interviews completed with parents of children aged 11-17².

¹ Questions were included in the questionnaire to cover attitudes towards parents and family. From an algorithm supplied by DCSF, these questions, along with demographic information were used to replicate the DCSF Children and Young People segmentation which is applied to 11-19s within this survey. Priority DCSF segments were: C2 Happier at home, C4 Anxious and unsure, C5 Weakening Links and C7 Exploring independence.
² Research among the Parents is a Post wave only – although comparisons have been made to research conducted among Parents in February / March 2009.
Fieldwork Dates
- CYP: from 8 February to 23 March 2010 for the Post wave and from 25 September to 25 October 2009 for the Pre wave;
- Parents: from 22 February to 19 March 2010.

Key Findings

1. Overall advertising awareness and recognition
A high proportion of respondents (among both CYP and Parents audiences) were aware of advertising or publicity about sex and relationships generally - 65% among 11-15s, 82% among 16-24s, 77% among 25-34s and 81% among Parents at the Post wave. These compare to 64%, 85%, 80% and 57% respectively at the Pre wave.

Advertising awareness did not change Pre to Post for CYP, with the CYP audiences presumably thinking of other activity or previous campaigns at the Pre wave. However, when those who said they were aware were asked what they remembered seeing or hearing, good levels recalled details from the current campaign at the Post wave, with around three fifths in each age group able to describe something that could be linked to the Worth Talking About campaign.

Among Parents, an increased proportion in 2010 (81% vs 57% in 2009) said they were aware of advertising or publicity about sex and relationships generally and, among those aware, three fifths remembered something that could be liked to the current campaign.

‘Proven recall’ describes the proportion of all respondents, and not just those who said they had seen or heard advertising, who were able to describe an aspect of the current campaign. Proven recall for the campaign at a total level was 40% among 11-15s, 51% among 16-24s, 47% among 25-34s and 49% among Parents. The Chlamydia strand recorded slightly higher levels (31% among 11-15s, 39% among 16-24s, 34% among 25-34s and 40% among Parents) than the Contraception strand (at 25%, 28%, 30% and 27% respectively). However, among the target audience of 16-24 females for Contraception, this level was at 34%.

As discussed below, prompted recognition levels were very high for both strands of the campaign and there were also good levels of media integration among both the CYP and Parents audiences.

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3 This is based on Q5.1, which changed slightly from the Pre wave for CYP (‘Have you seen or heard any advertising or publicity recently about sexually transmitted infections, contraceptives or advice on sexual relationships?’) to the Post wave (‘Have you seen or heard any advertising or publicity recently about sexually transmitted infections (STIs), contraception or the importance of talking about sex and relationships?’). Parents were asked this question at Q2 and it also changed from 2009 (‘Have you seen or heard any advertising or publicity recently about young people and sex and relationships?’) to 2010 (‘Have you seen or heard any advertising or publicity recently about sexually transmitted infections (STIs), contraception or the importance of talking about sex and relationships?’).

4 It should also be noted, that the allocation of answers into ‘proven recall’ for each campaign is fairly subjective and therefore these figures should be treated with some caution.

5 By ‘media integration’ we mean the cross-over between the various campaign media.
Reflecting the higher spend for the Contraception strand, recognition was higher than for Chlamydia (albeit only slightly) and exceptionally high for a launch campaign among the media buying target of 16-24 females (at 96%).

2. Chlamydia advertising and key measures
With high levels of recognition (at 86% among the core target of 16-24s) and good media integration, the campaign has certainly communicated clearly about Chlamydia testing to both the CYP and the Parents audiences, with:
  • messages coming through clearly from the TV advert;
  • high levels agreeing strongly that the ads showed the importance of Chlamydia testing (52% of 11-15s, 55% of 16-24s, 69% of 25-34s and 59% among Parents);
  • good levels of claimed action taken / likely to take in response to the advertising especially among 16-24s, of whom 34% said when prompted, that they had done at least one of the actions listed\(^6\) with:
    o 12% claiming to have talked to friends about Chlamydia; and
    o 11% saying they had had a Chlamydia test as a result of seeing / hearing the adverts.
  • among Parents 68% said, when prompted, that they had taken or intend to take at least one of the actions listed\(^7\), with the most common actions taken or intended being:
    o ‘discuss Chlamydia testing with my child / children’ (27%);
    o ‘offer to my child / children more advice on sex and relationships’ (23%); and
    o ‘start talking to my child / children about sex and relationships’ (20%).

The facebook online advert in particular recorded good levels of recognition especially among 16-24s (at 39%, and rising to 47% among Facebook users of this age group).

The impact of the advertising was also shown by improvements since the Pre wave on a number of different measures, including:
  • awareness of Chlamydia among 11-15s, for whom it increased from 51% Pre to 61% Post;
  • knowing “a lot” about Chlamydia testing. This increased from 9% to 14% among 11-15s aware of Chlamydia and from 21% to 31% among 16-24s aware of Chlamydia);

\(^6\) Actions prompted with among the CYP audience (Q12.16a) were: Found out more about Chlamydia testing, Found out more information on where to go to be tested for Chlamydia, Considered asking for a Chlamydia test, Asked for a Chlamydia test, Had a Chlamydia test, Suggested to a friend that they might want have a Chlamydia test, Spoke to my partner about Chlamydia testing , Spoke to my friends about Chlamydia testing, Asked a doctor / nurse’s advice on Chlamydia testing, Booked an appointment to speak to a doctor or nurse about Chlamydia testing, Visited the “Worth Talking About” website and Suggested to a friend that they visit the “Worth Talking About” website.

\(^7\) Actions prompted with among the Parents audience (BQ57h) were: Start talking about sex and relationships with my child/children, Offer my child/children more advice on sex and relationships, Find out more about Chlamydia testing, Find out more information on where my child could go to be tested for Chlamydia, Consider suggesting to my child/children that they ask for a Chlamydia test, Suggest to my child/children that they ask for a Chlamydia test, Discuss Chlamydia testing with my child/children, Ask a doctor / nurse advice on Chlamydia testing, Visit the “Worth Talking About” website, Suggest to my child/children that they visit the “Worth Talking About” website and Visit the “Worth Talking About” website with my child/children.
• awareness that infertility is an outcome if Chlamydia is not treated, which increased from 14% to 24% among 11-15s aware of Chlamydia, from 38% to 47% among 16-24s aware and from 48% to 56% among 25-34s aware; and
• mentions of GP / practice nurse as a place to go if they wanted a Chlamydia test which rose from 51% to 58%, from 53% to 59% and from 47% to 71% for each age group respectively.

Among Parents there was also a considerable improvement in awareness of Chlamydia testing, from 72% of those aware of Chlamydia in 2009 to 91% in 2010.

However, although there was generally a positive pre-disposition towards Chlamydia testing with high levels happy to go for a test, there would still appear to be scope for improvement on the knowledge measures, particularly in terms of awareness of the lack of symptoms, infertility as an outcome, where to go for a test and how often you should be tested.

Among the core target of 16-24s, over two fifths felt the advertising was not relevant for them. While for many of these there would be good reasons for this, for a small proportion (e.g. those who had undertaken risky behaviours in the past 12 months) this is potentially an issue.

Indeed, levels of motivation of the campaign (the extent to which the campaign is engaging individuals and having a positive influence on their views of Chlamydia testing) as measured using TNS AdEval® were high across the board, apart from among 11-12s and male 11-15s who were less likely to have had sex and were not specifically targeted by the campaign either. However, motivation was also slightly lower than average among some groups who would be higher priority for the advertising, giving an indication of where greater efforts might be needed in the future, that is:

• among CYP – priority DCSF segments (51% were motivated vs 63% among non priority segments) and those undertaking risky behaviours in the past 12 months (58% vs 64% on average); and
• among Parents – those who found it difficult to talk to their child (55% vs 66% among those who found it easy) and those who felt they had given their child not a lot or no information about sex and relationships (48% vs 71% among those who had given child a lot / quite a lot of information).

As noted already, among the secondary audience of parents, the results were generally very positive, including high levels taking or intending to take action as a result of seeing or hearing the advertising, and this should in turn also have positive benefits among the CYP audience.

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8 Risky behaviours prompted with are: Had sex with someone within a few hours of meeting them for the first time, Had sex with someone (POST added: new) you met on a holiday during that holiday, Had sex with someone new when drunk, Had sex with someone new under the influence of drugs, Had sex with more than one person in the same week, Had unprotected sex with someone new.

9 To evaluate the impact of the Sexual Health campaign, TNS-BMRB included AdEval™ questions. After prompting with the all the advertising respondents are asked a series of yes/no AdEval™ questions (Q12.8a-12.14a for CYP and BQ57a-BQ57g for Parents). The AdEval™ analysis splits respondents into three typologies: Motivated, Involved and Recall only. Motivation in this instance refers to those for whom advertising is felt to be relevant and engaging and has had a positive influence on their views of Chlamydia testing.
3. Contraception advertising and key measures
Reflecting the higher spend on the Contraception strand, recognition was higher than for Chlamydia and exceptionally high among the media buying target of 16-24 females (at 96%).

Reactions to the campaign were also positive in terms of impressions, relevance and actions taken / intended. Furthermore, there was evidence of the campaign having an impact on awareness of LARCs (Long-Acting Reversible Contraceptives) – particularly the implant, with awareness of that increasing from the Pre to the Post wave across all age groups (from 22% to 36% among 11-15s, from 64% to 69% among 16-24s and from 64% to 74% among 25-34s).

However, in some respects and in spite of the higher spend the Contraception strand appears to have performed slightly less strongly than the Chlamydia strand, with:
- lower agreement that it is new news\(^{10}\); and
- lower motivation outside the core target of females 16-24\(^{11}\).

At a prompted level, messages about the range of contraception available were clear to respondents, with high levels of strong agreement with the statements ‘the adverts showed that there is a type of contraception that is right for everyone’ and ‘the adverts showed the range of contraceptives that are available’.

However at a spontaneous level, messages from the TV advertising specifically, about the range of contraceptives available and encouraging the target audience to ‘talk about’ the different options seemed to cut through less strongly, even among the specific target for the campaign (16-24 females). This is also likely to have impacted on the levels regarding the advertising as new news.

Relevance varied considerably by age with the highest level recorded among 16-24s, especially the core target of females within this age group (at 54% saying the adverts were very or quite relevant). The contraception advertising was considered least relevant by 25-34s (at 21% vs 37% overall), although this could be linked to the fact that they are more likely to be in a stable relationship and have chosen a method of contraception already. However, the lower relevance among this group could be tackled by stressing opportunities for re-evaluation of current methods of contraception. Relevance was also lower among 11-15s (at 37%) although for this group, this is likely to be due to the high proportion who had not yet had sex.

Even though males were not directly targeted by the campaign, recognition of the advertising was at good levels (82%) among this sub-group and 35% found the advertising relevant (vs 37% overall). However, motivation among males was particularly low (at 35% vs 47% overall) with evidence to suggest that the advertising may not be working as hard with this audience in terms of encouraging talking about contraception, with:
- lower agreement that ‘the adverts gave me more confidence to talk about contraception’ (40% among males vs 53% among females); and

\(^{10}\) 27% of 11-15s agreed strongly that it is new news (as did 17% of 16-24s, 9% of 25-34s and 14% of Parents). These levels compare to 39%, 27% and 25% and 26% for Chlamydia respectively.

\(^{11}\) 64% of the core target of females aged 16-24 were motivated compared to 44% among 11-15s and 25-34s and 48% among Parents. These levels compare to 67% among the core target of 16-24 years old for the Chlamydia strand vs 67% among 25-34s and 49% among 11-15s.
• less likely to feel positive about the idea of discussing contraception as a result of seeing and hearing the adverts (30% and 47% respectively).
It can also be hypothesised that greater use of male voices within the Contraception creative may help to make talking about contraception more acceptable to males.

4. Condom access & carrying
Communicating messages around condom access and carrying was a secondary objective of the above the line campaigns. It is therefore not surprising that these messages did not cut through to the same degree as was the case for the previous Condom Essential Wear campaign.

Claimed condom usage was stable from the Pre to the Post waves, but responses to other measures stress the need for on-going condom messages:
• around a third of those who had had sex were not carrying a condom on the occasion they first had sex with their last partner; and
• a higher proportion than this said that they never carry a condom, including 35% of those who had undertaken risky behaviours in the past 12 months.

Positively, 85% of those who had had sex named the condom as the most effective method in giving protection against STIs, with higher levels recorded among those spontaneously aware of the Chlamydia and Contraception advertising.

However, without the presence of the previous Condom Essential Wear campaign, there is also evidence of a decline in agreement across all age groups with some of the positive attitudes towards condom carrying and usage seen previously, such as: ‘People should always carry condoms with them’, ‘All my friends think you should carry a condom’ and ‘If my partner asked, I would agree to use a condom’.

More encouragingly though, the current campaign appears to be supporting other attitudes relating to STIs and discussion about contraception / condoms, with higher agreement among those spontaneously aware of the advertising - albeit without overall improvements recorded in these at this stage12.

5. Knowledge and understanding
Generally, there were already good levels of claimed knowledge about sex and relationships although, as would be expected, this was lower among 11-15s. 79% of 11-15s claimed to know a lot or quite a lot about sex and relationships, compared to 93% of 16-24s and 96% of 25-34s.

It is still early in the life of this campaign to expect to find evidence of impact on knowledge and myths and it is therefore not surprising that knowledge measures about sex and relationships have remained generally stable Pre to Post. There was, however, a decline in the proportion saying that it’s false that ‘a girl cannot get pregnant during her period’ (from 52% to 41% among 11-15s and from 66% to 52% among 16-17s).

On the whole, attitudes towards contraception correlated positively with whether the contraception advertising had been seen or not. However, it may be hypothesised that those who have seen the campaign are more pre-disposed to the messages covered in the advertising. At an overall level there was little change in these attitudes from the pre to the post wave.

12 Specifically, for the statements: I am not worried about catching an STI because they can be easily treated, It is possible for someone to have an STI even if they don’t show any symptoms, It’s my responsibility to protect myself against STIs and Using a condom is the best way to prevent STIs.
The research showed that parents recognised they have a responsibility to talk to and / or provide information about sex and relationships to their children. Although, as would be expected, knowledge about sex and relationships was better among parents than among their children, there are still some areas where knowledge could be improved including ‘A girl cannot get pregnant during her period’ and ‘A girl under 16 can get emergency contraception/the morning after pill without her parents’ consent’.

In terms of sources of information about sex and relationships, parents (especially mothers) are a key source for 11-15s, whereas doctors / nurses and clinics are most important for the older age groups. The internet is not as important a source of information than other sources but it plays a role nonetheless mainly for the older groups of 16-24s and 25-34s but also for Parents. Awareness of the Worth Talking About website was limited, although it should be borne in mind that this is very new site. When prompted with a screenshot of the website, however, 1 in 10 said they had visited it. The highest level recorded was among 16-24s (at 13% vs 9% among 11-15s, 6% among 25-34s and 7% among Parents).

6. Communication and negotiation
In terms of promoting discussion, the advertising appears to be targeting a relatively warm audience for the most part, with high levels of agreement among CYP and Parents with the statements around the importance of talking about sex and relationships. However, around a fifth of CYP who had had sex, felt they were too young when they first had sex and around a quarter felt pressure of some sort when they first had sex, emphasising the on-going need to promote discussion.

There is evidence that both strands of the campaign are supporting these positive attitudes towards talking about sex and relationships with:

- higher levels of agreement among those spontaneously aware of each campaign, particularly with the statements: ‘Talking to friends and family is important’ and ‘It’s important to talk to a partner about sexually transmitted infections (STIs) and contraception before having sex for the first time’;
- many of the actions taken as a result of the advertising relating to discussions with various people with young people likely to talk to friends, family or partners and Parents likely to talk to their children.

At a prompted level, in terms of topics of conversation, contraception in particular but also Chlamydia featured as topics discussed, but at lower levels between children and parents / parents and child than between children and friends or their partners. The advertising appears to be playing a role in encouraging conversations about contraception and / or Chlamydia with considerably higher levels recorded among those spontaneously aware of each campaign, those who had seen or heard more media and those falling into the motivated category.

7. Recommendations
Generally the campaign and particularly the Chlamydia strand appear to be working well in terms of recognition and encouraging action and it will be important to capitalise on the work done and continue with this moving forwards (as the decline of condom messages shows how quickly improvements can erode).

Although TV drives awareness, all media seem to be working well in combination, with no apparent weak links in the media mix.
The Facebook targeting appears to have worked particularly well in terms of recognition. It might also be worth considering whether Facebook or indeed other sites could be used to click through to the Worth Talking About website to drive traffic to the site.

More generally however, as awareness and usage of the WTA website is low, it would be beneficial, if there is another burst of the campaign, to promote the site more within the creative of both strands.

For the Contraception strand specifically, the focus of the messages could be more tailored to campaign objectives, emphasising the opportunity to re-evaluate contraceptive choice potentially for all demographic groups.

Using men / male voices more prominently in the creative for contraception could also make this strand more motivating among the male audience, if targeting males with contraceptive choice messages becomes a focus in future.

Consideration needs to be given to how best to address the erosion of the impact of the Condom Essential Wear campaign, although this was only evident in attitudes and intentions at this latest wave, rather than (claimed) condom carrying and usage.

The research demonstrates the important role friends play as a source of information about sex and relationships and the extent to which CYP talk to each other about these issues. As such, it will be important to continue the work to address myths and increase knowledge about sex and relationships amongst CYP and indeed their parents.